

SERFF Tracking Number: YTYC-127964460 State: Arkansas  
Filing Company: Zale Indemnity Company State Tracking Number:  
Company Tracking Number: ZIC-AR-SP-LOA-F-1/12  
TOI: CR03G Group Credit - FMLA Sub-TOI: CR03G.003 Single Premium  
Product Name: Single Premium Credit Leave of Absence  
Project Name/Number: ZIC-AR-SP-LOA-F-1/12/Ryan

## Filing at a Glance

Company: Zale Indemnity Company

Product Name: Single Premium Credit Leave of SERFF Tr Num: YTYC-127964460 State: Arkansas

Absence

TOI: CR03G Group Credit - FMLA

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: CR03G.003 Single Premium

Co Tr Num: ZIC-AR-SP-LOA-F-  
1/12 State Status: Approved-Closed

Filing Type: Form

Author: Ryan Rush

Reviewer(s): Linda Bird

Date Submitted: 01/06/2012

Disposition Date: 01/11/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ZIC-AR-SP-LOA-F-1/12

Status of Filing in Domicile:

Project Number: Ryan

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/11/2012

State Status Changed: 01/11/2012

Deemer Date:

Created By: Ryan Rush

Submitted By: Ryan Rush

Corresponding Filing Tracking Number:

Filing Description:

To Whom It May Concern:

We are submitting the attached for your review and approval.

The attached Master Policy will replace the Master Policy submitted and approved on May 25, 2011 under SERFF tracking number YTYC-127173344, state tracking number 48812. We have removed the Notice of Nonrenewal provision. No other changes have been made.

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Your acknowledgement of approval of this filing will be appreciated.

Sincerely,  
 Ryan Rush  
 Year to Year Consulting L.L.C.

## Company and Contact

### Filing Contact Information

Ryan Rush, Compliance Specialist ryan.rush@y2yc.com  
 1580 N. Point Prairie Road 636-639-1880 [Phone]  
 Foristell, MO 63348 636-639-1233 [FAX]

### Filing Company Information

(This filing was made by a third party - yeartoyearconsultingllc)

Zale Indemnity Company	CoCode: 30325	State of Domicile: Texas
901 W. Walnut Hill Lane	Group Code: 669	Company Type: Property/Casualty
Mail Sta. 5A-9	Group Name:	State ID Number:
Irving, TX 75038	FEIN Number: 75-1428560	
(972) 580-4080 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Policy Form = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zale Indemnity Company	\$50.00	01/06/2012	55105327

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/11/2012	01/11/2012

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## Disposition

Disposition Date: 01/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Filing Authorization		Yes
Form	Master Policy		Yes

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## Form Schedule

**Lead Form Number: ZIC-LOA-MP-AR**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ZIC-LOA-MP-AR	Policy/Cont Master Policy ract/Fratern al Certificate	Revised	Replaced Form #: ZIC-LOA-MP-AR Previous Filing #: YTYC-127173344		ZIC-LOA-MP-AR.pdf

# ZALE INDEMNITY COMPANY

A Stock Company

IRVING, TEXAS

Executive Office: 901 W. Walnut Hill Lane, Irving, Texas 75038-1003

For claims call: 1-800-999-7829

(called "we," "us" or "our")

Creditor: \_\_\_\_\_

Group Master Policy No.: \_\_\_\_\_

Policy Effective Date\*: \_\_\_\_\_

\*Effective from 12:01 a.m. Standard Time at the creditor's address

## INSURING AGREEMENT

Zale Indemnity Company agrees to insure certain debtors and promises to pay benefits according to the terms of this group master policy (called "policy"). The application of the creditor and payment of all premiums put this policy in force. This policy is issued to the creditor listed in the schedule above.

## GENERAL PROVISIONS

**CERTIFICATES OF INSURANCE:** We will issue to the debtor or to the creditor, for delivery to the debtor insured hereunder, an individual certificate stating the terms of the insurance. The certificate will be issued at the time the debtor is accepted for insurance. Only one certificate will be issued in connection with the election of insurance and acceptance by us. Each eligible debtor will become insured under this policy on the effective date shown in the certificate schedule.

**ENTIRE CONTRACT; CHANGES:** This policy, the application for this policy and any attached papers including the certificate(s) and any endorsement(s) attached to it (them), constitutes the entire contract of insurance. The insurance and provisions applicable to each insured debtor are in the certificate(s) and any attached endorsement(s). No change in this policy shall be made unless approved in writing by our President or Secretary.

**NOTICE OF CHANGE:** We will mail or deliver to the creditor at the mailing address shown on this policy written notice of premium increase, change in deductible or reduction in limits or substantial reduction in coverage at least sixty (60) days before the expiration date of this policy. If we fail to provide the sixty (60) days' notice, the coverage provided under this policy remains in effect until notice is given or until the effective date of replacement coverage obtained by the creditor, whichever occurs first. Notice is considered given sixty (60) days following the date of mailing or delivery of the notice. If the creditor elects not to renew, any premium charged for certificates issued during the period of extension for this policy shall be calculated pro rata at the lower of the current or previous year's rate. If the creditor accepts the renewal, the premium increase, if any, and other changes are effective the day following the prior policy's expiration date or anniversary date.

**POLICY TERM; RENEWAL:** This policy goes into effect on the policy effective date shown above for the term of one (1) year. Unless discontinued as herein provided, this policy shall be automatically renewed from year to year.

### CANCELLATION OF THIS POLICY:

1. **By the creditor:** This policy may be canceled by the creditor by prior written notice to us stating when such cancellation will become effective at 12:01 a.m. local standard time at the creditor's address.
2. **By us:** During the first sixty (60) days, we may cancel this policy for any reason. After the first sixty (60) days, we may cancel this policy by furnishing at least sixty (60) days (ten (10) days for nonpayment of premium) prior written notice for any one of the following reasons:
  - a. non-payment of premium;
  - b. fraud or a material misrepresentation made with the knowledge of the creditor;
  - c. a change or increase in the risk;
  - d. an act or omission that increased the hazard;
  - e. violation or breach by the creditor of any policy terms or conditions;
  - f. due to the fact that the policy's continuation would jeopardize our solvency; or
  - g. any other reasons that are approved by the commissioner of insurance.

Cancellation will be effective at 12:01 a.m. standard time at the creditor's address. After cancellation, no new insurance shall become effective under this policy with respect to any debtor of the creditor.

**PREMIUM:** A single premium will be paid to us:

1. for each new debtor to be insured;
2. in advance for the term;
3. at the rate shown in the attached rate schedule; and
4. on an agreed upon date of each month.

### PREMIUM RATES MAY BE CHANGED:

1. on each anniversary of the policy date; or
2. when the terms of this policy change.

**REQUIRED DATA:** The creditor will furnish to us, on forms provided by us, with data:

1. on an agreed upon date each month;
2. showing the names and amounts of insurance of all new debtors in the prior month;

3. for changes and cancellations;
4. that we may require.

**INSPECTIONS OF RECORDS:** We may inspect the creditor's records to verify data sent to us.

**CLERICAL ERRORS:** Clerical errors will not deprive any debtor of insurance hereunder; nor will failure to record the termination of insurance of any debtor operate to continue such debtor's insurance beyond the date of termination as set out herein.

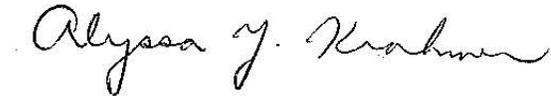
**NONPARTICIPATING POLICY:** This policy does not entitle the creditor nor any debtor to share in our surplus earnings.

**CONFORMITY TO STATUTES:** Terms of this policy which are in conflict with the statutes of the state wherein this policy is delivered or issued for delivery, are hereby amended to conform to such statutes.

In WITNESS WHEREOF, Zale Indemnity Company has caused this policy to be signed by its President and attested by its Secretary.



PRESIDENT



SECRETARY

GROUP MASTER POLICY FOR CREDIT INSURANCE  
Single Premium, Credit Family Leave of Absence Insurance

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification  
**Comments:**  
**Attachment:**  
Readability Certification.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application  
**Comments:**  
The application for this policy was filed and approved on May 25, 2011 under SERFF tracking number YTYC-127173344, state tracking number 48812.

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Life & Annuity - Acturial Memo  
**Bypass Reason:** N/A, Form Filing  
**Comments:**

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Third Party Filing Authorization  
**Comments:**  
**Attachment:**  
ZIC-Filing Authorization - 5-11 (Signed).pdf

## FLESCH READABILITY

The undersigned, being an officer of Zale Indemnity Company, does hereby certify to the best of his/her knowledge, information and belief, that the Group Master Policy (ZIC-LOA-MP-AR) has a Flesch Readability Score of 37.9. The Group Policy Application and the Group Master Policy do not meet the minimum Flesch Readability Score; however, we request the acceptance of these forms.

Michael R. Sabin

Digitally signed by Michael R. Sabin  
DN: CN = Michael R. Sabin, C = US, O =  
Zale Indemnity Company, OU = Senior  
Vice President/COO  
Date: 2012.01.06 15:47:58 -06'00'

Name \_\_\_\_\_

Title Senior Vice President/COO

Date 1/6/12

# Zale Indemnity Company

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901 W. Walnut Hill Lane  
Mail Sta. 5A-9  
Irving, TX 75038-1003

May 2, 2011

Commissioner of Insurance

Re: Zale Indemnity Company  
NAIC Number: 30325  
Programs:  
Single Premium Credit Property  
Single Premium Credit Involuntary Unemployment  
Single Premium Credit Leave of Absence  
Single Premium Credit Disability

To Whom It May Concern:

This is notification that we authorize the following firm to file the above captioned programs on behalf of Zale Indemnity Company and to address any questions posed by the insurance department relative to this filing and follow up as may otherwise be necessary:

Year to Year Consulting, L.L.C.  
1580 N Point Prairie Rd  
Foristell, MO 63348  
Phone: 636-639-1880  
Contact person: Steve Rush, Managing Member

Should you have any questions regarding the above, please contact me accordingly.

Sincerely,



Michael R. Sabin  
Senior Vice President/COO  
Zale Indemnity Company  
Direct: 972-580-5232  
E-mail: msabin@zalecorp.com