

**State:** Arkansas **Filing Company:** First Catholic Slovak Ladies Association of the United States of America  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** WP2012  
**Project Name/Number:** /

### Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America  
Product Name: WP2012  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 10/03/2012  
SERFF Tr Num: BBLB-128712675  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: WP2012  
  
Implementation: On Approval  
Date Requested:  
Author(s): Beth Pestka, Denise Martin  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 10/08/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** First Catholic Slovak Ladies Association of the United States of America  
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**General Information**

Project Name: Status of Filing in Domicile:  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 10/08/2012  
 State Status Changed: 10/08/2012  
 Deemer Date: Created By: Denise Martin  
 Submitted By: Denise Martin Corresponding Filing Tracking Number:  
 Filing Description:  
 Please see cover letter

**Company and Contact**

**Filing Contact Information**

Jerry Alexander, FLMI jalexander@babco.us.com  
 916 Sherwood Drive 888-278-2310 [Phone]  
 Lake Bluff, IL 60044 847-295-6206 [FAX]

**Filing Company Information**

(This filing was made by a third party - bab01)

First Catholic Slovak Ladies CoCode: 56332 State of Domicile: Ohio  
 Association of the United States of Group Code: Company Type: Fraternal  
 America Group Name: Benefit Society  
 24950 Chagrin Blvd FEIN Number: 34-0220540 State ID Number:  
 Beachwood, OH 44122  
 (800) 464-4642 ext. [Phone]

**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
First Catholic Slovak Ladies Association of the United States of America	\$50.00	10/03/2012	63367020

SERFF Tracking #:

BBLB-128712675

State Tracking #:

Company Tracking #:

WP2012

State:

Arkansas

Filing Company:

First Catholic Slovak Ladies Association of the United States of America

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

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WP2012

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/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/08/2012	10/08/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover letter	Denise Martin	10/03/2012	10/03/2012

**SERFF Tracking #:**

BBLB-128712675

**State Tracking #:****Company Tracking #:**

WP2012

**State:**

Arkansas

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## Disposition

Disposition Date: 10/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Authorization to File		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Sample schedule pages		Yes
Supporting Document	Certificates of Compliance		Yes
Supporting Document	Cover letter		Yes
Form	WP2012		Yes

SERFF Tracking #:

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WP2012

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/

## Amendment Letter

Submitted Date:

10/03/2012

Comments:

please see attached cover letter

Changed Items:

### Supporting Document Schedule Item Changes:

User Added -Name: Cover letter

Comment:

FCSLA WP2012 Filing Letter-AR.pdf

State: Arkansas

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## Form Schedule

### Lead Form Number: WP2012

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		WP2012	POLA	WP2012	Initial:	52.699	WP2012 Waiver of Premium Benefit Rider.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America



[24950 Chagrin Blvd., Beachwood, Ohio 44122 1-800-464-4642 [www.fcsla.org](http://www.fcsla.org)]

*A Fraternal Benefit Society - Since 1892*

## **WAIVER OF PREMIUM BENEFIT RIDER**

The Rider is attached to and made a part of a contract issued by the First Catholic Slovak Ladies Association of the United States of America. This Rider is subject to all of the terms and provisions of the contract that are not in conflict with its terms and provisions. This Rider is issued in consideration of: (1) the Application, a copy of which is included in and made a part of the contract; and (2) the payment of the first premium for this Rider.

### **DEFINITIONS**

**INSURED.** The person named as such in the contract Schedule.

**FCSLA.** The First Catholic Slovak Ladies Association of the United States of America.

**OWNER.** The Owner of the contract in which this Rider is included.

**QUALIFYING FOR WAIVER OF PREMIUM.** The Insured will qualify for Waiver of Premium if they are Totally Disabled for a consecutive period of six (6) months.

**TOTAL DISABILITY DEFINED.** As used in this Rider, total disability means:

1. the complete inability, as a result of illness or injury, of the Insured to perform: (1) for a continuous period of 24 months, the substantial and material duties of the Insured's own occupation; and (2) after such 24 month period, the substantial and material duties of any occupation for which the Insured is or become reasonably fitted by: education, training or experience;
2. the Insured's total and permanent loss of the sight of both eyes; or
3. the Insured's loss, by actual and continued severance at or above the wrist or ankle joint, of: (1) both hands; (2) both feet; or (3) one hand and one foot.

Any loss, stated in 2 or 3 above, which existed prior to the effective date of this Rider will not be eligible for consideration in any determination of total disability.

Recurrent periods of total disability will be considered as one period unless: (1) such periods are separated by a continuous period of not less than six months; or (2) such total disability results from a cause or causes not related to the cause or causes of the just prior period. Premium due in the period between such periods will not be waived.

### **DISABILITY BENEFITS**

FCSLA will waive the payment of premium for the contract and any included Rider upon receipt of due proof of the total disability of the Insured. The total disability must occur as follows:

1. while the contract and this Rider are in full force and effect; and
2. on or after the anniversary nearest the Insured's 18<sup>th</sup> birthday; and
- 3A. if the Insured's total disability begins before the contract anniversary on which the Insured attains age 60, FCSLA will waive all premiums due for the period of continuing total disability; or
- 3B. if the Insured's total disability begins after the contract anniversary on which the Insured attains age 60, FCSLA will waive all premiums due for the Insured under the contract for the period that the Insured continues to be totally disabled but only up to the benefit anniversary on which the Insured attains age 65.

## EXCEPTIONS

FCSLA will not waive premiums when the total disability of the Insured results from intentional, self-inflicted, injury.

## PREMIUM

**PAYMENT.** Any premium that is due prior to the date of occurrence of a claim must be paid. Any premium that is due and paid after the date of occurrence of a claim will be refunded upon receipt of due proof of a claim. Should a claim occur during the Grace Period for payment of a due premium, premium will not be waived until a pro-rata premium is paid. Such pro-rata premium will be that portion of a monthly premium for the period from the premium due date to the date of the claim occurrence.

**PREMIUM MODE.** During any period in which premiums are waived, the mode of premium payment will not be changed from that in effect at the start of such period.

**BENEFITS AND VALUES.** The benefits and values, if any, provided by the contract and any included Rider will be the same as if the premium waived had been paid in cash.

## CLAIMS

**NOTICE OF TOTAL DISABILITY.** FCSLA should receive written notice of total disability: (1) during the lifetime and continued total disability of the Insured; or (2) as soon thereafter as is reasonably possible. Such notice may be delivered or mailed to: (1) FCSLA at its Home Office; or (2) an authorized FCSLA representative. Any notice provided that includes information sufficient to identify the Insured will be deemed notice.

**PROOF OF TOTAL DISABILITY.** Due proof of the total disability of the Insured may be provided: (1) at any time during the lifetime and continued total disability of the Insured; or (2) as soon thereafter as is reasonably possible. Proof must be received not later than one year after the time proof is otherwise required except in the absence of legal capacity; if later received, benefits may be limited to those for the most recent 12 month period. Proof will not be required more often than once each year. FCSLA may require an examination of the Insured. Any such examination shall be: (1) at FCSLA's expense; and (2) by a physician FCSLA chooses. Waiver of premium will stop, and premiums will be payable as due, when any required proof is not received.

## TERMINATION

This Rider will terminate on the first to occur of:

1. the anniversary nearest the Insured's 65<sup>th</sup> birthday;
2. the end of the Grace Period for the payment of a due premium for the contract and this Rider; unless, the premium qualifies to be waived;
3. the lapse, termination, surrender, exchange or continuation under a nonforfeiture option of the contract in which this Rider is included; or
4. the premium due date that first follows the date FCSLA receives: (1) the Owner's written request for termination of this Rider; and (2) the contract for endorsement.

Termination will not affect an otherwise valid claim which occurs prior to termination. Premium is not payable for this Rider after it terminates; should any such premium be paid, FCSLA's only liability shall be to return the amount paid to the Owner.

## GENERAL

**INCONTESTABLE.** This Rider is subject to the contract Incontestable provision. The period of time stated in that provision will start on the effective date for this Rider.



SERFF Tracking #:

BBLB-128712675

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WP2012

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Product Name: WP2012

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### Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
FCSLA WP2012 Readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization to File		
Comments:			
Attachment(s):			
FCSLA Authorization to file.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
FCSLA WP2012-Memo of variable material.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Sample schedule pages		
Comments:			
Attachment(s):			
FCSLA 01-10PL-05 Schedule pg filled in.pdf			
FCSLA 01-20PL-05 Schedule pg filled in.pdf			
FCSLA 01-LP85-05 Schedule pg filled in.pdf			
FCSLA LT0707 Scheduled pg filled in.pdf			

Item Status:

Status Date:

SERFF Tracking #:

BBLB-128712675

State Tracking #:

Company Tracking #:

WP2012

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Product Name: WP2012

Project Name/Number: /

Satisfied - Item:	Certificates of Compliance		
Comments:			
Attachment(s):			
FCSLA AR Cert re rule 19.PDF			
FCSLA AR cert of comp re Codes.PDF			

Item Status:

Status Date:

Satisfied - Item:	Cover letter		
Comments:			
Attachment(s):			
FCSLA WP2012 Filing Letter-AR.pdf			

READABILITY CERTIFICATION

A. Form

Form No.

Waiver of Premium Benefit Rider

WP2012

[ ] Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

[x] Score shown in D, below, is for the form listed.

B. [x] Test applied to entire form.

[ ] Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

[x] the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

[x] the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

[x] the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

[x] the section titles are captioned in bold face or otherwise stand out significantly from the text.

[x] unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

[ ] the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

[ ] a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 52.699

Number of:  
Sentences: 70

Ratio of:  
Words to Sentences: 14.914

Words: 1,044

Syllables to Words: 1.643

Syllables: 1,715

Bruce and Bruce Company

Consulting Actuaries for: First Catholic Slovak Ladies Association of the U.S.A. Date 9/10/2012



By: \_\_\_\_\_  
Jerry L. Alexander, FLMI, Consultant



By: \_\_\_\_\_, President

Date: April 12, 2012

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**Of the United States of America**  
A Fraternal Benefit Society  
Cleveland Ohio 44122

**AUTHORIZATION**

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf, of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: March 27, 2012

Alice Ann M. Serch  
SECRETARY

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION  
Of the United States of America**

**Memorandum of Variable Material  
Form: WP2012**

Date: October 1, 2012

All Variable Material is bracketed.

Page 1

Address and phone number may change if Society moves.

Website address may be changed.

Page 3

A later signing and effective date will be the date of issue for the Rider when issued separately from the contract.

Officers may change.

In the event the title of an Officer signing the policy form changes, any new title utilized will be the title of an Officer of the Society.

## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

<b>BENEFIT</b>	<b>AMOUNT</b>	<b>MODE PREMIUM</b>	<b>PAYABLE</b>
Whole Life Insurance	\$10,000.00	\$335.00	Annually for 10 Years

### ADDITIONAL BENEFITS

<b>FORM NO.</b>	<b>DESCRIPTION OF BENEFIT</b>	<b>ANNUAL CHARGE</b>	<b>YEARS PAYABLE</b>
WP2012	WAIVER OF PREMIUM	\$1.30	10 YEARS

**BENEFICIARY:** Jane Doe

<b>INSURED:</b>	John Doe	<b>CONTRACT NUMBER:</b>	Specimen
<b>AGE/SEX:</b>	35/Male	<b>FACE AMOUNT:</b>	\$10,000.00
<b>PREMIUM CLASS:</b>	Non Tobacco	<b>DATE OF ISSUE:</b>	January 15, 2007
<b>PREMIUM MODE:</b>	Annual	<b>MATURITY DATE:</b>	1/15/2093 Provided the Insured is then living, We will pay, in one sum: the then Face Amount; plus, any then dividend additions or accumulation; less, any Debt.
<b>BRANCH NO.:</b>	XXXXXX	<b>BRANCH LOCATION:</b>	XXXXXX, XX

## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

<b>BENEFIT</b>	<b>AMOUNT</b>	<b>MODE PREMIUM</b>	<b>PAYABLE</b>
Whole Life Insurance	\$10,000.00	\$181.10	Annually for 20 Years

### ADDITIONAL BENEFITS

<b>FORM NO.</b>	<b>DESCRIPTION OF BENEFIT</b>	<b>ANNUAL CHARGE</b>	<b>YEARS PAYABLE</b>
WP2012	WAIVER OF PREMIUM	\$1.90	20 YEARS

**BENEFICIARY:** Jane Doe

<b>INSURED:</b>	John Doe	<b>CONTRACT NUMBER:</b>	Specimen
<b>AGE/SEX:</b>	35/Male	<b>FACE AMOUNT:</b>	\$10,000.00
<b>PREMIUM CLASS:</b>	Non Tobacco	<b>DATE OF ISSUE:</b>	June 15, 2005
<b>PREMIUM MODE:</b>	Annual	<b>MATURITY DATE:</b>	6/15/2091 Provided the Insured is then living, We will pay, in one sum: the then Face Amount; plus, any then dividend additions or accumulation; less, any Debt.
<b>BRANCH NO.:</b>	XXXXXX	<b>BRANCH LOCATION:</b>	XXXXXX, XX

## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

<b>BENEFIT</b>	<b>AMOUNT</b>	<b>MODE PREMIUM</b>	<b>PAYABLE</b>
Whole Life Insurance	\$10,000.00	\$138.40	Annually to Age 85

### ADDITIONAL BENEFITS

<b>FORM NO.</b>	<b>DESCRIPTION OF BENEFIT</b>	<b>ANNUAL CHARGE</b>	<b>YEARS PAYABLE</b>
WP2012	WAIVER OF PREMIUM	\$2.70	25 YEARS

**BENEFICIARY:** Jane Doe

<b>INSURED:</b>	John Doe	<b>CONTRACT NUMBER:</b>	Specimen
<b>AGE/SEX:</b>	35/Male	<b>FACE AMOUNT:</b>	\$10,000.00
<b>PREMIUM CLASS:</b>	Non Tobacco	<b>DATE OF ISSUE:</b>	June 15, 2005
<b>PREMIUM MODE:</b>	Annual	<b>MATURITY DATE:</b>	6/15/2091 Provided the Insured is then living, We will pay, in one sum: the then Face Amount; plus, any then dividend additions or accumulation; less, any Debt.
<b>BRANCH NO.:</b>	XXXXXX	<b>BRANCH LOCATION:</b>	XXXXXX, XX

## SCHEDULE

**BENEFITS AND PREMIUMS.** The premium for each benefit listed is payable from the Date of Issue: (1) for the number of years shown; (2) to any date shown; or (3) to the Anniversary nearest the Insured's attainment of any age shown.

<b>BENEFIT</b>	<b>AMOUNT</b>	<b>MODE PREMIUM</b>	<b>PAYABLE</b>
20 Year Level Term	\$100,000	\$140.00	20 Years

### ADDITIONAL BENEFITS

Form No.	Description of Benefit	Annual Charge	Years Payable
WP2012	WAIVER OF PREMIUM	\$6.00	20 YEARS

Mode Premium	Annual	Semi-Annual	Quarterly	Monthly
	\$146.00	\$75.92	\$38.69	\$13.14

**BENEFICIARY:** Jane Doe

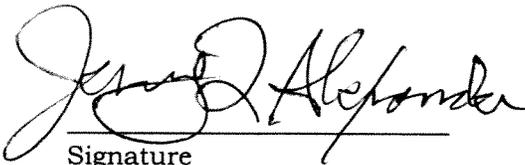
Dividends are not anticipated for this contract.

<b>INSURED:</b>	John Doe	<b>CONTRACT NUMBER:</b>	Specimen
<b>AGE/SEX:</b>	35/Male	<b>DATE OF ISSUE:</b>	June 6, 2007
<b>PREMIUM CLASS:</b>	Non-Tobacco	<b>FACE AMOUNT:</b>	\$100,000.00
<b>PREMIUM MODE:</b>	Annual	<b>EXPIRY DATE:</b>	June 6, 2027
<b>BRANCH NO.:</b>	XXXX	<b>BRANCH LOCATION:</b>	Anywhere, XX

First Catholic Slovak Ladies Association of the  
United States of America

Certification Regarding Rule 19

On behalf of the First Catholic Slovak Ladies Association of the United States of America I  
certify that the Forms submission meets the requirements of Rule 19, as well as all applicable  
requirements of the Department.



Handwritten signature of Janet Q. Alexander in cursive script, written over a horizontal line.

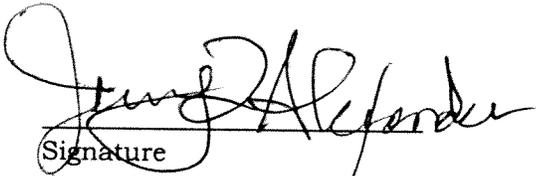
Signature  
Authorized Consultant

8-15-2012  
Date

First Catholic Slovak Ladies Association of the  
United States of America

Compliance with Arkansas Code 23-79-138 and Bulletins 6-87 and 11-88.

On behalf of the First Catholic Slovak Ladies Association of the United States of America I  
certify the Association will comply with Arkansas Code 23-79-138 as well as Bulletins 6-87 and  
11-88.

  
Signature  
Authorized Consultant

8-20-2012  
Date

# Bruce and Bruce Company

CONSULTING ACTUARIES

916 SHERWOOD DRIVE, LAKE BLUFF, ILLINOIS 60044-2284

PHONE (847)295-6200 FAX (847) 295-6206

(888) 278-2310

September 28, 2012

VIA SERFF - Arkansas

RE: FIRST CATHOLIC SLOVAK LADIES ASSOCIATION OF THE UNITED STATES OF AMERICA  
NAIC 56332, FEIN 34-0220540  
Form: WP2012, Waiver of Premium Benefit Rider

We enclose the referenced form for approval. The form is new and in final print as will be used for issue. This Rider form does not replace any current Waiver of Premium Rider.

The new Rider will be offered with the Society's approved Whole Life Insurance Contract and the approved Level Term Life Insurance Contract. The Whole Life Insurance Contract is offered with a 10 pay life plan, and a 20 pay life plan, and a life paid up at 85 plan. The Level Term Life Insurance Contract is offered as 20 year level term life insurance. These contract forms have been approved as follows:

<u>Form</u>	<u>Form #</u>	<u>SERFF/State Filing #</u>	<u>Approval Date</u>
Whole Life Insurance Contract	01-WL-05	BBLB-125822879	10-6-2008
Level Term Life Insurance Contract	LT0707	BBLB-125823384	10-7-2008

The Waiver of Premium benefit provides for the contract premiums, and the Rider premiums, to be waived for the balance of the premium period during continuing disability of the Insured. Any premium paid during the claim period will be refunded. Rider premium payments cease at age 60 or at onset of a claim, if earlier.

Issue ages are 18-55.

Definition for disability and conditions for filing a claim appear in the Rider.

The Rider will be sold with contracts at the time the contract is issued. The Rider may be issued later than the contract to which it will be attached in some circumstances, such as a Juvenile Insured electing to add the Rider when he reaches age 18.

Commissions will be paid, on Rider premiums received, in accordance with the Society's agreements with its agents. At the present time the Society does not anticipate reinsuring the waiver of premium benefit.

In addition to the Rider form, we enclose the following:

1. Authorization to file.
2. Actuarial Memorandum.
3. Readability Certification.
4. Statement of Variability.
5. Sample Schedule Pages for 10 Pay Life, 20 Pay Life, Life Paid Up at 85 Plans and 20 Year Level Term Plan.
6. Certification of Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and IL88.
7. Certification Regarding Rule 19.
8. Fee, \$50 Retaliatory.

Sincerely,  
Bruce and Bruce Company  
Consulting Actuaries



Jerry L. Alexander, FLMI

Toll Free: 888/278-2310

E-Mail: [jalexander@babco.us.com](mailto:jalexander@babco.us.com)