

State: Arkansas **Filing Company:** Life Insurance Company of the Southwest
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Computer View Illustration Certification - LSW Informational
Project Name/Number: Computer View Illustration Certification - LSW Informational/20127(0812)

Filing at a Glance

Company: Life Insurance Company of the Southwest
Product Name: Computer View Illustration Certification - LSW Informational
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/25/2012
SERFF Tr Num: NALF-128743464
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num: 20127(0812)
Implementation: On Approval
Date Requested:
Author(s): Susan Carey, Michelle Goodwin, Susan Sawyer, Jessica Zelich
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/31/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** Life Insurance Company of the Southwest
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General Information

Project Name: Computer View Illustration Certification - LSW Informational Status of Filing in Domicile: Pending
 Project Number: 20127(0812) Date Approved in Domicile:
 Requested Filing Mode: Informational Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 10/31/2012
 State Status Changed: 10/31/2012
 Deemer Date: Created By: Jessica Zelich
 Submitted By: Jessica Zelich Corresponding Filing Tracking Number:

Filing Description:

RE: Informational Filing – Computer View Illustration Certification

Life Insurance Company of the Southwest
 NAIC No. 0634-65528
 FEIN No. 75-0953004

Our Compliance Unit requested that we file for informational purposes, a Computer View Illustration Certification form. Agents are now taking their laptops to their appointments with clients and may show a policy illustration on their laptop instead of giving the client the actual paper illustration at time of appointment. This Computer View Illustration Certification form is to be signed by the client and the agent stating that the computer screen illustration was viewed and that no paper copy of the illustration was given at that time. It further confirms that an illustration conforming to the policy will be provided to the client by the time of policy delivery.

A separate filing has been made to our subsidiary company National Life Insurance Company.

We appreciate your consideration of this submission. If you have any questions, I may be reached by telephone (collect) at 802/229-7110, by E-mail at JZelich@NationalLife.com, or by Fax at 802/229-3743.

Company and Contact

Filing Contact Information

Jessica Zelich, Support Clerk jzelich@nationallifegroup.com
 National Life Insurance Company 802-229-7110 [Phone]
 Montpelier, VT 05604 802-229-3131 [FAX]

Filing Company Information

Life Insurance Company of the Southwest CoCode: 65528 State of Domicile: Texas
 15455 Dallas Parkway Group Code: 634 Company Type:
 Suite 800 Group Name: National Life Group State ID Number: 1117
 Addison, TX 75001 FEIN Number: 75-0953004
 (214) 638-9316 ext. [Phone]

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: TX charges \$50 for informational filings
Per Company: No

Company	Amount	Date Processed	Transaction #
Life Insurance Company of the Southwest	\$50.00	10/25/2012	64258165

SERFF Tracking #:

NALF-128743464

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20127(0812)

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	10/31/2012	10/31/2012

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Disposition

Disposition Date: 10/31/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Computer View Illustration Certification		No
Supporting Document	Statement of Variabilty		No
Supporting Document	3rd Party Authorization		No

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Computer View Illustration Certification		
Comments:			
Attachment(s):			
20127.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variabilty		
Comments:			
Attachment(s):			
SOV.pdf			

		Item Status:	Status Date:
Satisfied - Item:	3rd Party Authorization		
Comments:			
Attachment(s):			
Authorization Form.pdf			



National Life Insurance Company®
 Life Insurance Company of the Southwest™
Computer View Illustration Certification

Complete one form for each application

Name of primary Proposed Insured: *(print title, first, middle, last name and suffix, as applicable)*

Name of Owner if other than Proposed Insured:

I certify that I displayed a computer screen illustration for (name) _____

that complies with state requirements and for which no paper copy was furnished. The illustration was based on the following personal and contract information:

Plan of insurance:

Underwriting or rating class:

Gender	Age	Initial death benefit	Annual Premium	Dividend option/death benefit option
<input type="checkbox"/> M <input type="checkbox"/> F				

Signature of Licensed Agent

Date Signed: *(mm/dd/yyyy)*

Licensed Agent Name & Number *(Print)*

I acknowledge that I viewed a computer screen illustration based on the information as stated above. No paper copy of the illustration was furnished. I understand that an illustration conforming to the contract as issued will be provided to me no later than at the time the contract is delivered.

Signature of Primary Proposed Insured age 15 & up *(or Parent or Guardian)*

Date Signed: *(mm/dd/yyyy)*

Signature of Other Proposed Insured

Date Signed: *(mm/dd/yyyy)*

Signature of Applicant/Owner *(if other than First Proposed Insured)*

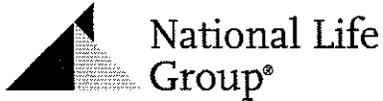
Date Signed: *(mm/dd/yyyy)*

**LIFE INSURANCE COMPANY OF THE SOUTHWEST
NATIONAL LIFE INSURANCE COMPANY**

STATEMENT OF VARIABILITY

**COMPUTER VIEW ILLUSTRATION CERTIFICATION
Form Number: 20127(0812)**

Variables for the company address, website address, and logo – these are subject to change.



October 18, 2012

To Whom It May Concern:

This letter is to authorize **Jessica Zelich**, Support Clerk, of National Life Insurance Company, Montpelier, Vermont, as a **Designated Representative** of Life Insurance Company of the Southwest to submit product filings on their behalf.

All questions and comments regarding this filing should first be addressed to Ms. Zelich. I stand ready, however, to answer for Life Insurance Company of the Southwest directly should that need arise.

Ms. Zelich may be contacted at:

National Life Insurance Company
One National Life Drive
Montpelier, Vermont 05604
Phone: 802-229-7110
Fax: 802-229-3743

Life Insurance Company of the Southwest thanks you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Wade H. Mayo".

Wade H. Mayo
President & Chief Executive Officer
Life Insurance Company of the Southwest