Filing at a Glance

Company:	Kilpatrick Life Insurance Company
Product Name:	Annuity
State:	Arkansas
TOI:	A02I Individual Annuities- Deferred Non-Variable
Sub-TOI:	A02I.002 Flexible Premium
Filing Type:	Form
Date Submitted:	11/15/2012
SERFF Tr Num:	EWLE-128773713
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation Date Requested:	
Author(s):	Suzanne Heasley
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/28/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *Kilpatrick Life Insurance Company*
TOI/Sub-TOI: *A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium*
Product Name: *Annuity*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type:
Filing Status Changed: 11/28/2012
State Status Changed: 11/28/2012
Created By: Suzanne Heasley
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Overall Rate Impact:

Deemer Date:
Submitted By: Suzanne Heasley

Filing Description:
See attached submission letter

Company and Contact

Filing Contact Information

Suzanne Heasley, Compliance
2325 Havard Oak Drive
Plano, TX 75074

sheasley@lewisellis.com
972-398-3733 [Phone]

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

Kilpatrick Life Insurance Company
1818 Marshall Street
Shreveport, LA 71161
(318) 222-0555 ext. [Phone]

CoCode: 74918
Group Code:
Group Name:
FEIN Number: 72-0229180

State of Domicile: Louisiana
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: $50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Kilpatrick Life Insurance Company	$50.00	11/15/2012	64955362

State: *Arkansas* **Filing Company:** *Kilpatrick Life Insurance Company*
TOI/Sub-TOI: *A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium*
Product Name: *Annuity*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/28/2012	11/28/2012

State: *Arkansas* **Filing Company:** *Kilpatrick Life Insurance Company*
TOI/Sub-TOI: *A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium*
Product Name: *Annuity*
Project Name/Number: */*

Disposition

Disposition Date: 11/28/2012
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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Submission letter		Yes
Supporting Document	Authorization to file		Yes
Form	Flexible premium deferred annuity		Yes

State: *Arkansas* **Filing Company:** *Kilpatrick Life Insurance Company*
TOI/Sub-TOI: *A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium*
Product Name: *Annuity*
Project Name/Number: */*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Flexible premium deferred annuity	FORM FPDA-2013-AR	POL	Initial			KLIC_Annuity_2013_AR revised.pdf

Form Type Legend:

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

KILPATRICK
LIFE INSURANCE COMPANY

Agreement	The Company will pay benefits in accordance with the terms of this Policy. This Policy is a legal contract between the Owner and the Company.
Consideration for Issuing this Policy	This Policy is issued in consideration of : 1. the application; and 2. the payment of the initial premium shown in the Policy Specifications
Ten-Day Right to Examine Policy	Within 10 days after this Policy is first received, it may be cancelled for any reason by delivering or mailing it to the agent through whom it was purchased or the Home Office of the Company. Upon cancellation, the Company will return any premium paid and this Policy shall be void from the beginning.
Important Notice	Please read this Policy and the attached application carefully. Write the Company if any of the information shown is not correct and complete.

Signed for Kilpatrick Life Insurance Company at Shreveport, Louisiana.

Vice President Treasurer

President

POLICY SPECIFICATIONS

Annuitant : [JOHN DOE]

Policy Number : [L0218198]

Age at Issue : [70]

Owner : [JOHN DOE]

Date of Issue : [JUNE 01, 2012]

Initial Premium : [$649.00]

Initial Credited Interest Rate : 3.0%

FLEXIBLE PREMIUM DEFERRED ANNUITY
NONPARTICIPATING

CONTENTS OF POLICY

Agreements ..... Page 1
Policy Specifications ..... Page 1
Policy Definitions ..... Page 3
Premiums ..... Page 3
Policy Benefits ..... Page 4
Policy Values ..... Page 4
Policy Loans and Indebtedness ..... Page 5
General Provisions ..... Page 6
Settlement Options ..... Page 8

POLICY PROVISIONS IN ALPHABETICAL ORDER

Age ..... Page 6
Amount ..... Page 3
Annuitant ..... Page 3
Annuity Proceeds ..... Page 8
Application ..... Page 3
Assignment ..... Page 8
Average Daily Cash Value ..... Page 5
Beneficiary ..... Page 7
Cash Surrender ..... Page 5
Company ..... Page 3
Contract Year ..... Page 6
Control ..... Page 7
Death Benefit ..... Page 4
Election of Options ..... Page 8
Elections, Designations, Changes & Requests ..... Page 7
Home Office ..... Page 3
Incontestability ..... Page 7
Indebtedness ..... Page 6
Interest ..... Page 5
Maturity Benefit ..... Page 4
Misstatement of Age at Issue or Sex ..... Page 7
Net Cash Surrender Value ..... Page 5
Net Premium ..... Page 3
Nonparticipating ..... Page 3
Owner ..... Page 3
Policy ..... Page 3
Policy Anniversary ..... Page 3
Policy Loan ..... Page 5
Premium ..... Page 3
The Contract ..... Page 6
Where Payable ..... Page 3

POLICY DEFINITIONS

Company	Kilpatrick Life Insurance Company
Owner	The owner of this policy. The Owner is as shown in the Application unless later changed as provided in this Policy.
Annuitant	The person named in the Application.
Home Office	1818 Marshall Street, Shreveport, Louisiana 71101.
Application	The form used to apply for this Policy.
Policy	This legal contract between the Insured and the Company. The Policy does not, on its own constitute a pre-paid funeral contract.
Nonparticipating	This Policy will not share in the surplus earnings of the Company.
Policy Anniversary	The date in each calendar year after the Date of Issue which has the same month and day as the Date of Issue.
Premium	The Initial Premium as shown in the Policy Specifications.

PREMIUMS

Where Payable	Premiums are payable to the Company either at its Home Office or elsewhere through a representative authorized to receive premium payments. A receipt for Premium payments, signed by the President or the Secretary of the Company and countersigned by a representative, will be furnished on request.
Amount	The Premium for this policy shall be the sum of the Initial Premium shown in the Policy Specifications and any additional Premium received by the Company.
Net Premium	The Net Premium shall be 95% of the Premium received.

POLICY BENEFITS

Death Benefit

The Death Benefit of this Policy shall be the greater of the net Cash Surrender Value of this Policy on the date of death or the sum of the Premiums paid for this Policy.

If the Owner dies on or after the Maturity Date, any Annuity Proceeds payable upon the death of the Owner must be distributed at least as rapidly as under the settlement option being used as of the date of the Owner's death.

If the Owner dies prior to the Maturity Date, the Annuity Proceeds will be paid to the Beneficiary either (1) within 5 years after the Owner's death, or (2) commencing within 1 year of the Owner's death over a period not extending beyond the life expectancy of the Beneficiary.

If the Owner ides prior to the Maturity Date and there is no surviving Beneficiary, the Annuity Proceeds must be paid within 5 years after the Owner's death to the estate of the Owner.

If the Beneficiary is the surviving spouse of the Owner, the above provisions shall be applied by treating such spouse as the Owner.

Maturity Benefit

If the Annuitant is living on the Maturity Date, the Company shall pay the Annuity Proceeds under any of the Settlement Options as directed by the Owner.

POLICY VALUES

Net Cash Value

The Net Cash Value of this policy shall be:

(1) the Net Premiums accepted by the Company, plus
(2) interest credited by the Company, less
(3) any premium tax or other charges required by law.

Interest	The rate of interest to be credited during the first policy year will be that listed in the Policy Specifications on Page 1. After the first policy year the Company will determine annually, at each policy anniversary date, the rate of interest to credit to the Net Cash Value, but not less than the lesser (A) and (B), where: (A) Three percent (3%) per annum. (B) The five-year constant maturity treasury rate reported by the federal reserve as of a date, or average over a period, rounded to the nearest one-twentieth of one percent (.05%), specified in the contract no longer than fifteen (15) months prior to the contract issue date or redetermination date; then reduced by one hundred twenty-five (125) basis points; where the resulting interest rate is not less than one percent (1%).
Average Daily Cash Value	The Average Daily Cash Value will be calculated with due regard for the date the Net Premiums are received by the Company. Interest will be credited daily.
Net Cash Surrender Value	The Net Cash Surrender Value of this policy shall be the Net Cash Value less any Indebtedness. In no event will the Net Cash Value of this policy be less than required by the state in which this policy is issued.
Cash Surrender	At any time prior to the Maturity Date while the Annuitant is living, the Owner may surrender this policy for its net Cash Surrender Value. The Company may defer payment of any Cash Surrender for a period not to exceed 6 months.

POLICY LOANS AND INDEBTEDNESS

Policy Loan	A Policy Loan may be obtained from the Company on the sole security of this Policy. The Policy Loan may not exceed the Net Cash Value for the end of the current Contract Year. A loan agreement approved by the Company must be executed by the Owner. The Company may defer granting a loan for a period not longer than six months.

The Company will deduct from the Policy Loan any previous Indebtedness and Interest in advance at the rate of 8% per annum to the end of the current Contract Year. Interest at the same rate will per payable in advance at the end of each Contract Year. Interest not paid when due will be added to the Policy Loan and will bear interest at the same rate. The interest rate charged on a Policy Loan shall not excel the rate allowed by law of the state in which this policy is issued.

A Policy Loan may be repaid in full or in part at any time while this policy is in force. Failure to repay any Policy Loan will not cause this Policy to terminate unless the indebtedness equals or exceeds the Net Cash Value. In such case the policy will terminate 31 days after the Company mails a notice of termination to the last known address of the Owner or any assignee of record.

Indebtedness

The Indebtedness on this policy shall be the total outstanding Policy Loan with appropriate adjustment for interest due and unpaid or interest paid and unearned.

GENERAL PROVISIONS

The Contract

This Policy, he Application and any riders or endorsements attached to this Policy constitute the entire contract. Only the President, a Vice President, the Secretary or an Assistant Secretary of the Company has the power, on behalf of the Company, to change, modify or waive any provisions or representations made by any agent or other person except as specified above..

Contact Year

The first Contract Year shall be measured from the Date of Issue to the first anniversary of the Date of Issue. Later Contract Years shall be measured from anniversary to next succeeding anniversary.

Age

The Age at Issue of the Annuitant means age at last birthday on the Date of Issue. Thereafter, Age means the Age at Issue plus the number of years, including fractions, elapsed since the Date of Issue.

Misstatement of Age at Issue or Sex	If the Age at Issue or sex of the Annuitant has been misstated, the benefits available under this Policy will be those which the Premiums paid would have purchased for the correct Age at Issue or sex.
Elections, Designations, Changes and Requests	All elections, designations changes and requests must be made in a form acceptable to the Company and become effective when received by the Company at its Home Office. If the Owner cancels this Policy, the Company will refund to the Owner any Premiums paid for this Policy past the date the Company receives such notice.
Incontestability	This Policy shall be incontestable from the Date of Issue unless terminated as provided herein.
Beneficiary	The Beneficiary is as named in the application. Written request for Beneficiary change will be effective when received by the Company, subject to any rights of an irrevocable Beneficiary. Such change will not affect any payment made by the Company before the effective date4 of such change. If there is no living Beneficiary on the date payment is due, the Company will pay the estate of the Annuitant.
Control	Consistent with the terms of any Beneficiary Designation and any Assignment, the Owner may, during the lifetime of the Insured: 1. Assign or surrender this Policy: 2. Make or repay a Policy Loan; 3. Amend or modify this Policy with the consent of the Company; and 4. Exercise any right receive any benefit or enjoy any privilege contained in this Policy. The Company reserves the right to require this Policy for endorsement of any Assignment, Policy Loan, change of Beneficiary Designation, amendment or modification.

Assignment	No Assignment of this Policy will be binding on the Company unless it is in writing and received by the Company at its Home Office. The Company will not be responsible for the validity of any Assignment. The Company reserves the right to require this Policy for endorsement of any Assignment. An Absolute Assignment of this Policy will cause the assignee to be made the Owner. A Collateral Assignment will not cause a change of Owner. However, the rights of any Owner, Beneficiary or other payee will be subject to the terms of the Collateral Assignment.
Annuity Proceeds	On the Maturity Date the Annuity Proceeds of this policy are equal to the Net Cash Surrender Value at that date.
Election of Options	The Owner may elect any of the Settlement Options below or any other Settlement Option as agreed to by the Company prior to the death of the Annuitant.
Option 1.	Annuity Proceeds paid in one lump sum.
Option 2.	Annuity Proceeds left on deposit with the Company with interest accumulated annually at a rate not less than 3%.
Option 3.	Annuity Proceeds applied to purchase any policy available from the Company on the life of the annuitant subject to the Annuitant's insurability.
Option 4.	Annuity Proceeds applied to purchase a monthly income for a 10 year period certain and as long thereafter as the payee may live in accordance with the Option 4 Table. Once payment of the Annuity Proceeds has been applied under Settlement Option 4, no change of Settlement option may be made. The Company shall have the right to require proof of the Age of the payee and may, as a condition of payment, require proof that the payee is living on the date of nay payment due.

Option 4 Table

10 Years Certain and Life Thereafter
Monthly Income for each $1,000 of Annuity Proceeds

Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
5	4.24	**25**	4.51	**44**	5.22	**63**	6.90	**82**	9.91
6	4.25	**26**	4.53	**45**	5.28	**64**	7.06	**83**	10.03
7	4.25	**27**	4.56	**46**	5.34	**65**	7.17	**84**	10.13
8	4.26	**28**	4.58	**47**	5.40	**66**	7.32	**85**	10.22
9	4.27	**29**	4.61	**48**	5.47	**67**	7.47	**86**	10.30
10	4.28	**30**	4.63	**49**	5.54	**68**	7.63	**87**	10.36
11	4.29	**31**	4.33	**50**	5.61	**69**	7.79	**88**	10.40
12	4.30	**32**	4.69	**51**	5.69	**70**	7.96	**89**	10.44
13	4.32	**33**	4.76	**52**	5.76	**71**	8.13	**90**	10.46
14	4.33	**34**	4.76	**53**	5.85	**72**	8.30	**91**	10.48
15	4.34	**35**	4.80	**54**	5.93	**73**	8.47	**92**	10.49
16	4.35	**36**	4.83	**55**	6.02	**74**	8.65	**93**	10.50
17	4.37	**37**	4.87	**56**	6.11	**75**	8.82	**94**	10.50
18	4.38	**38**	4.92	**57**	6.21	**76**	8.99	**95**	10.51
19	4.40	**39**	4.96	**58**	6.31	**77**	9.16	**96**	10.51
20	4.41	**40**	5.01	**59**	6.42	**78**	9.33	**97**	10.51
21	4.43	**41**	5.03	**60**	6.53	**79**	9.49	**98**	10.51
22	4.45	**42**	5.11	**61**	6.65	**80**	9.64	**99**	10.51
23	4.47	**43**	5.16	**62**	6.77	**81**	9.78	**100**	10.51
24	4.49								

1971 INDIVIDUAL ANNUITY MORTALITY – 3.5%

KILPATRICK

LIFE INSURANCE COMPANY

HOME OFFICE: 1818 MARSHALL STREET
SHREVEPORT, LOUISIANA 711101
(318)222-0555

FLEXIBLE PREMIUM DEFERRED ANNUITY

State: *Arkansas* **Filing Company:** *Kilpatrick Life Insurance Company*
TOI/Sub-TOI: *A02I Individual Annuities- Deferred Non-Variable/A02I.002 Flexible Premium*
Product Name: *Annuity*
Project Name/Number: */*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Compliance certificate.pdf Readability certificate.pdf AR complaint.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Information regarding form number and date of approval on application is included on submission letter.		

		Item Status:	Status Date:
Satisfied - Item:	Submission letter		
Comments:			
Attachment(s):			
Submission letter Arkansas.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization to file		
Comments:			
Attachment(s):			
Authorization to file.pdf			

Readability Certification

Insurance Company: Kilpatrick Life Insurance Company

Form Number	**Description of Form**
FORM FPDA-2013-AR	Flexible Premium Deferred Annuity

I hereby certify that in connection with the above referenced form, Kilpatrick Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination
Rule & Regulation 49 pertaining to Guaranty Association Notices

Margaret S. Shehee

Authorized Signature

Margaret S. Shehee

Name

Vice President and Treasurer

Title

November 5, 2012

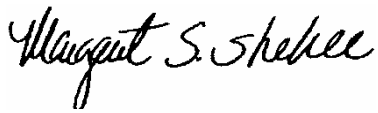
Date

Readability Certification

Insurance Company: Kilpatrick Life Insurance Company

Form Number	**Description of Form**
FORM FPDA-2013-AR	Flexible Premium Deferred Annuity

I hereby certify that the above referenced form complies with the readability requirements of this State.



Authorized Signature

Margaret S. Shehee

Name

Vice President and Treasurer

Title

November 5, 2012

Date

KILPATRICK

LIFE INSURANCE COMPANY

1818 Marshall Street
Shreveport, Louisiana 71101

IMPORTANT INFORMATION

If You have questions about Your Policy or a claim You have filed, please write to our Home Office.

KILPATRICK LIFE INSURANCE COMPANY
P.O. Box 88
Shreveport, Louisiana 71161
1 (800) 235-0555

If we at Kilpatrick Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640 or 1 (800) 852-5494

Dallas
Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert E. Gove, A.S.A.
J. Finn Knox-Seith, A.S.A.
Brian C. Stentz, A.S.A.
Jay W. Fuller, A.S.A.
Sujaritha Tansen, A.S.A.
Josh A. Hammerquist, A.S.A.
Xiaoxiao (Lisa) Jiang, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

L&E Actuaries & Consultants

Kansas City
Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City
Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

Baltimore
David A. Palmer, C.F.E.

November 14, 2012

Arkansas Department of Insurance

RE: Kilpatrick Life Insurance Company NAIC # 74918
FORM FPDA-2013-AR Flexible Premium Deferred Annuity
Comp AR 2012 Required Complaint Notice

Dear Sir or Madam:

This submission is being made on behalf of Kilpatrick Life Insurance Company. FORM FPDA-2013-AR is a Flexible Premium Deferred Annuity. Form Comp AR 2012 is the Required Complaint Notice.

The application to be used with this Annuity is form FPDA 01/2001, approved by your office on December 12, 2000. Also to be used with this form when approved is form PIP/RUP98 approved by your office on December 18, 2003.

The brackets in the schedule allow for personalization at issue.

Similar forms are being filed in the Company's domiciliary state of Louisiana.

Sincerely,

Suzanne Heasley

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist

NORACS North American Actuarial & Consulting Services

Mailing Address: Post Office Box 851857 • Richardson, Texas 75085-1857
2929 N Central Expressway, Suite 200 • Richardson, TX 75080 • 972-850-0850 • FAX: 972-850-0851

Microsoft CERTIFIED Partner

KILPATRICK
Life Insurance Company

1818 Marshall Street, P.O. Box 88, Shreveport, LA 71101 318-222-0555

September 27, 2012

To Whom It May Concern:

I hereby authorize the actuarial consulting firm of Lewis & Ellis, Inc. to file life, health, accident and annuity policy forms and rates on behalf of Kilpatrick Life Insurance Company.

This authorization includes the power to certify the exempt status of certain forms, except where prohibited by law.

This authorization will expire (12) months from the date on which it was signed.

John Hensarling
President/CEO