

**State:** Arkansas **Filing Company:** Family Heritage Life Insurance Company of America  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** Maximum Valuation Interest Rate  
**Project Name/Number:** /

### Filing at a Glance

Company: Family Heritage Life Insurance Company of America  
Product Name: Maximum Valuation Interest Rate  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 12/14/2012  
SERFF Tr Num: FHLA-128809051  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AR L4PEND  
  
Implementation: 01/01/2013  
Date Requested:  
Author(s): Kevin Wicktora, Kim Scott  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/18/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 12/18/2012  
State Status Changed: 12/18/2012  
Deemer Date: Created By: Kevin Wicktora  
Submitted By: Kevin Wicktora Corresponding Filing Tracking Number:

### Filing Description:

RE: Family Heritage Life Insurance Company of America  
NAIC # 77968 FEIN # 34-1626521  
Maximum Valuation Interest Rate  
Policy Endorsement FORM L4PEND-ST

Dear Sir or Madam:

The referenced endorsement is submitted for your review and approval. Upon approval the endorsement will be attached to the following previously approved life insurance forms issued January 1, 2013 and later.

Endorsement Attached to ~~~ Form Number ~~~ Approved

Whole Life Policy ~~~ Form L4POL-AR ~~~ 6/28/2007

Term Insurance Rider With Return of Premium ~~~ Form L4TRR-ST ~~~ 6/28/2007

This filing is being made to comply with the reduction in the maximum valuation interest rate for 2013 life insurance issues. The company has elected to defer modifications to nonforfeiture values until a later date.

We hereby certify that no other changes will be made to the forms.

If you have any questions or require any additional information, please contact me at (440) 922-5134 or via e-mail at kevin.wicktora@familyheritagelife.com. Thank you for your assistance with this filing.

Sincerely,

Kevin R. Wicktora  
Compliance Manager

## Company and Contact

### Filing Contact Information

Kevin Wicktora, Compliance Manager kevin.wicktora@familyheritagelife.com

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6001 East Royalton Road 440-922-5134 [Phone]  
 Suite 200  
 Cleveland, OH 44147

**Filing Company Information**

Family Heritage Life Insurance Company of America	CoCode: 77968	State of Domicile: Ohio
6001 East Royalton Road	Group Code:	Company Type: Life & Health
Suite 200	Group Name:	State ID Number:
Cleveland, OH 44147	FEIN Number: 34-1626521	
(440) 922-5200 ext. [Phone]		

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: The filing fee in our state of domicile (Ohio) is \$50  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Family Heritage Life Insurance Company of America	\$50.00	12/14/2012	65751828

SERFF Tracking #:

FHLA-128809051

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AR L4PEND

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Arkansas

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/18/2012	12/18/2012

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FHLA-128809051

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AR L4PEND

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## Disposition

Disposition Date: 12/18/2012

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
Form	Policy Endorsement		Yes

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## Form Schedule

### Lead Form Number: FORM L4PEND-ST

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Endorsement	FORM L4PEND-ST	POLA	Initial			L4PEND-ST.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

# FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

## POLICY ENDORSEMENT

**Purpose:** This endorsement is part of the policy to which it is attached. The "Reserves" provision of the attached policy (and Term Insurance Rider With Return Of Premium, if applicable) are void and replaced by the following:

### Policy Provision

**Reserves:** Policy reserves are computed in accordance with the Commissioner's Reserve Valuation Method, sex distinct, nicotine distinct, age last birthday, semi-continuous, and interest at 3.50% per year. Policy reserves are equal to or greater than those required by law in the state where the policy is delivered.

### Rider Provision

**Reserves:** Rider reserves are computed in accordance with the Commissioner's Reserve Valuation Method, sex distinct, nicotine distinct, age last birthday, semi-continuous, and interest at 3.75% per year. Rider reserves are equal to or greater than those required by law in the state where the policy is delivered.



Secretary



President

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## Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The application that will be used with this policy endorsement are FORM L4APP-AR2 and FORM L5APP-AR approved on 6/11/2012.		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Family Heritage Life Insurance Company of America

I hereby certify that Policy Endorsement Form L4PEND-ST meets the minimum reading ease score on the Flesch Reading Ease Test and that it complies with the requirements of ACA 23-80-206, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

  
\_\_\_\_\_  
**Signature**

Henry G. Grendell  
\_\_\_\_\_  
**Name**

Vice President & General Counsel  
\_\_\_\_\_  
**Title**

December 12, 2012  
\_\_\_\_\_  
**Date**