

**State:** Arkansas **Filing Company:** Auto-Owners Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** Simplified Issue Children's Advantage Plan Plus  
**Project Name/Number:** /

## Filing at a Glance

Company: Auto-Owners Life Insurance Company  
Product Name: Simplified Issue Children's Advantage Plan Plus  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 08/09/2012  
SERFF Tr Num: AOIC-128618470  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: On Approval  
Date Requested:  
Author(s): Kristin Davis, Veronica Thelen, Michael Van Fossen II  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 08/16/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Auto-Owners Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
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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: 08/16/2012  
 State Status Changed: 08/16/2012  
 Deemer Date: Created By: Michael Van Fossen II  
 Submitted By: Michael Van Fossen II Corresponding Filing Tracking Number:

### Filing Description:

Auto-Owners Life Insurance Company is discontinuing its Annuity Benefit Rider as an optional benefit with its Simplified Issue Children's Advantage Plan Plus whole life product. As such, we are submitting this filing to remove the Annuity Benefit Rider choice from our Application For Simplified-Issue Child Life Insurance, form 61607 (4-10) which was approved on August 5, 2010 in filing AOIC-126745937. The extent of this revision is the removal of the line "ANNUITY BENEFIT \$\_\_\_\_\_ (Optional)" from the abovementioned previously approved application form.

## Company and Contact

### Filing Contact Information

Michael Van Fossen, vanfossen.michael@aoins.com  
 544 Cherbourg Dr. 517-323-1201 [Phone] 2603 [Ext]  
 Lansing, MI 48917-5009

### Filing Company Information

Auto-Owners Life Insurance Company	CoCode: 61190	State of Domicile: Michigan
P.O. Box 30325	Group Code: 280	Company Type: LAH
Lansing, MI 48917	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-1814333	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: ONE APPLICATION AT \$50 EACH = \$50.00.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Auto-Owners Life Insurance Company	\$50.00	08/09/2012	61560467

SERFF Tracking #:

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2012	08/16/2012

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## Disposition

Disposition Date: 08/16/2012

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	Life & Annuity - Acturial Memo		No
Form	APPLICATION FOR SIMPLIFIED-ISSUE CHILD LIFE INSURANCE		Yes

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## Form Schedule

Lead Form Number: 61607 (7-12)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		61607 (7-12)	AEF	APPLICATION FOR SIMPLIFIED- ISSUE CHILD LIFE INSURANCE	Initial:		61607 (7-12).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

# APPLICATION FOR SIMPLIFIED-ISSUE CHILD LIFE INSURANCE - AGES 0 TO 17

PROPOSED INSURED (print full name)			BIRTH DATE	GENDER	AMOUNT APPLIED FOR* <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other \$ _____
MAILING ADDRESS	CITY	STATE	ZIP	SOC. SEC. NO.	
POLICYOWNER NAME, ADDRESS & RELATIONSHIP			TELEPHONE NO.		
BILLING NAME & ADDRESS (if other than Policyowner)					
BENEFICIARY (full name & relationship)			CONTINGENT BENEFICIARY (full name & relationship)		

PREMIUM WITH APPLICATION \$ \_\_\_\_\_ (Required)  
 Annual  Semi-Annual  Quarterly  Annual EFT  Semi-Annual EFT  Quarterly EFT  Monthly EFT

\*\$10,000 minimum, \$50,000 maximum aggregate simplified-issue life insurance coverage per insured

DOES THE PROPOSED INSURED OR POLICYOWNER HAVE OTHER AUTO-OWNERS INSURANCE? .....  Yes  No

(If "Yes," please list.) \_\_\_\_\_

**IF ANY OF THE FOLLOWING QUESTIONS ARE LEFT BLANK OR ANSWERED "YES," COVERAGE CANNOT BE ISSUED UNDER THIS APPLICATION. INSTEAD, PLEASE SUBMIT A REGULAR APPLICATION FOR UNDERWRITING.**

1. Does the child have, or, during the past 10 years, been diagnosed or treated by any medical professional for: cancer (other than basal cell skin cancer), liver disease, Lupus, kidney disease, ulcerative colitis, diabetes, sugar or albumin in urine, seizures, paralysis, depression or other mental or nervous system disorder, congenital defect or deformity, impairment of sight (if not corrected), hearing (if not corrected) or speech, heart murmur, rheumatic fever, any other heart disorder (other than controlled hypertension), asthma or other lung disorder? .....  Yes  No
2. Has the child been exposed to the Human Immunodeficiency Virus (HIV), been tested positive for HIV or been diagnosed as having AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or condition derived from such infection? .....  Yes  No
3. Has any medical professional, during the past 3 years, advised that the child have any surgery or be hospital confined, that has not yet been done? .....  Yes  No

I represent that the statements and answers recorded on this application are true and complete and agree that they will form a part of any insurance policy issued hereon. I also understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy Incontestability Provision.

**I agree that the insurance requested above will start upon the date of this application only if: (a) the first premium is paid; and (b) questions 1, 2, and 3 are answered "No"; and (c) the health of the Proposed Insured is as described above.** Otherwise the insurance will not take effect until a policy is issued by the corporate office and the first premium is paid. Should the application be declined, the amount paid will be refunded. All statements made are representations not warranties.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud (as determined by a court of competent jurisdiction) against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Do you have any existing life or annuity policies? .....  Yes  No

If "Yes," is the policy applied for replacing or likely to replace any existing plan? .....  Yes  No

If "Yes," provide company name and policy number(s) \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the State of \_\_\_\_\_

X \_\_\_\_\_  
 Required Signature of Guardian

**Automatic Premium Loan**  Yes  No

X \_\_\_\_\_  
 Signature of Owner/Applicant

\_\_\_\_\_ Social Security Number

I certify that the information supplied has been truly and accurately recorded on the application, and I have received the first full modal premium shown above. To the best of your knowledge does the applicant have any existing life or annuity policies?  Yes  No Will the insurance applied for replace any existing insurance?  Yes  No

Have you seen the Proposed Insured in person?  Yes  No (If "No," please explain.) \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
 Signature of Agent

\_\_\_\_\_ Print Agent Name

\_\_\_\_\_ Agency Code

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
ComplianceCert.pdf			

# ***Auto-Owners Life Insurance Company***

## **Certificate of Readability**

The following form has been excluded from readability scoring:

61607 (7-12), Application for Simplified-Issue Child Life Insurance

I hereby certify, to the best of my knowledge and belief, that form 61607 (7-12) consists of "policy language required by law or regulation" and "medical terminology." I further certify that such language is entitled to be excluded from readability scoring per regulation 23-80-206.



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Gayle A. Fisher, Assistant Vice President, Life Operations

8/10/2012

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Date