

**State:** Arkansas **Filing Company:** State Life Insurance Company  
**TOI/Sub-TOI:** A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium  
**Product Name:** A618  
**Project Name/Number:** A618/A618

## Filing at a Glance

Company: State Life Insurance Company  
Product Name: A618  
State: Arkansas  
TOI: A021 Individual Annuities- Deferred Non-Variable  
Sub-TOI: A021.003 Single Premium  
Filing Type: Form  
Date Submitted: 09/11/2012  
SERFF Tr Num: AULD-128681433  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: A618  
  
Implementation: On Approval  
Date Requested:  
Author(s): Danita Ragland-Hatton, Ellen Fox  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 09/14/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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**Project Name/Number:** A618/A618

## General Information

Project Name: A618 Status of Filing in Domicile: Authorized  
Project Number: A618 Date Approved in Domicile: 08/31/2012  
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: 09/14/2012  
State Status Changed: 09/14/2012  
Deemer Date: Created By: Danita Ragland-Hatton  
Submitted By: Danita Ragland-Hatton Corresponding Filing Tracking Number:

Filing Description:  
September 11, 2012

RE: The State Life Insurance Company  
FEIN: 35-0684263 NAIC: 69116

A618 Long-Term Care Accumulated Value Amendment

Attached for your review and approval is the above amendment. This form is new and does not replace any form currently in use by the Company. Also included is a statement of variability. This filing was approved on August 31, 2012 in our domiciliary state of Indiana.

This amendment will be used with a Single Premium Deferred Annuity Contract with Long-Term Care Accumulated Value and Continuation of Benefits. This annuity, SA35 was approved by your state on May 6, 2009 in filing 42175, SERFF tracking number AULD-126125411. This amendment will only be issued when the consumer has selected the claim/withdrawal method of reimbursement and a continuation of benefits minimum number of months of 36 months.

As the economic climate has reduced the interest rates that may be credited on deferred annuities, there can be a diminishing balance impact to the long-term care benefits provided under this contract. To mitigate this situation, the change included in the amendment will be made to provide that the Long-Term Care Accumulated Value and the related Continuation of Benefits Balance will not decrease.

If you require any further information please do not hesitate to contact me. Thank you for your time and assistance with this filing.

Ellen Fox  
Senior Contract Analyst  
Corporate Compliance and Market Conduct

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OneAmerica companies  
 Phone: 1-877-285-7660 extension 7650  
 Fax: 317-285-5510  
 Email: ProductCompliance.CorporateCompliance@oneamerica.com

## Company and Contact

### Filing Contact Information

Ellen Fox, Senior Analyst Ellen.Fox@oneamerica.com  
 One America 317-285-7650 [Phone]  
 Indianapolis, IN 46206

### Filing Company Information

State Life Insurance Company	CoCode: 69116	State of Domicile: Indiana
One American Square	Group Code: 619	Company Type:
P.O. Box 406	Group Name:	State ID Number:
Indianapolis, IN 46206	FEIN Number: 35-0684263	
(877) 285-7660 ext. [Phone]		

## Filing Fees

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

Company	Amount	Date Processed	Transaction #
State Life Insurance Company	\$50.00	09/11/2012	62590216

SERFF Tracking #: AULD-128681433

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Company Tracking #: A618

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/14/2012	09/14/2012

SERFF Tracking #:

AULD-128681433

State Tracking #:

Company Tracking #:

A618

State:

Arkansas

Filing Company:

State Life Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

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A618

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A618/A618

## Disposition

Disposition Date: 09/14/2012

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
Supporting Document	Statement of Variability		Yes
Form	Long-Term Care Accumulated Value Amendment		Yes

State: Arkansas

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State Life Insurance Company

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## Form Schedule

### Lead Form Number: A618

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		A618	POLA	Long-Term Care Accumulated Value Amendment	Initial:	52.900	A618.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

The State Life Insurance Company  
[P.O. Box 406  
Indianapolis, IN 46206  
1-800-275-5101]

**Long Term Care Accumulated Value Amendment**

The Effective Date of this amendment will be the Effective Date of Your Contract.

The “On each Deduction Day. . .” provision in the Long-Term Care Accumulated Value section of Your Contract is being amended.

Notwithstanding any other provision of the Contract, when calculating the Long-Term Care Accumulated Value on each Deduction Day, the reduction due to the Continuation of Benefits Monthly Charge to the Accumulated Value for the next month (E) will not be greater than the interest credited in (B) less the interest deducted in (D) of said section.

The State Life Insurance Company

A handwritten signature in black ink, appearing to read "Thomas J. [unclear]", is enclosed within a simple rectangular box.

Secretary]

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
READCERT- A618.pdf			

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

CERTIFICATE OF READABILITY

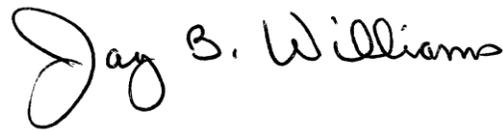
I, Jay B. Williams, Vice President and Director of Compliance of The State Life Insurance Company, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state.

FORMS

READABILITY SCORE

A618

52.9



Date: September 11, 2012

\_\_\_\_\_  
Jay B. Williams  
Vice President and Director of Compliance

THE STATE LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY

Form A618

<b>Page</b>	<b>Bracketed (Variable)</b>	<b>Range of Variables</b>
1	Company Address and telephone number	Bracketed to permit us to change the address and/or telephone number, if necessary
1	Officer's signatures	Bracketed to permit changes in the event new officers are elected.