

**State:** Arkansas **Filing Company:** State Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.111 Single Premium - Single Life  
**Product Name:** Temporary Insurance Agreement  
**Project Name/Number:** Temporary Insurance Agreement/I-18810

## Filing at a Glance

Company: State Life Insurance Company  
Product Name: Temporary Insurance Agreement  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.111 Single Premium - Single Life  
Filing Type: Form  
Date Submitted: 09/19/2012  
SERFF Tr Num: AULD-128692672  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: I-18810  
  
Implementation: On Approval  
Date Requested:  
Author(s): Danita Ragland-Hatton, Debbie Scott  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 09/25/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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### General Information

Project Name: Temporary Insurance Agreement  
 Project Number: I-18810  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 09/25/2012  
 State Status Changed: 09/25/2012  
 Created By: Danita Ragland-Hatton  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Danita Ragland-Hatton

Filing Description:  
 September 19, 2012

Arkansas Department of Insurance

RE: The State Life Insurance Company  
 FEIN#: 35-0684263 NAIC#: 69116  
 I-18810 – Temporary Insurance Agreement

Dear Commissioner:

The above form is being submitted for your approval. This is a new form, which will not replace any existing approved form, and is intended to be used with application SL-301 (AR) which was approved on March 8, 2006 in SERFF file number SERT-6LZT9C210/00-00/00-00/00 and your state tracking number 31959.

If you should have any questions please feel free to contact me.

Sincerely,

Debbie Scott  
 Senior Contract Analyst  
 Corporate Compliance and Market Conduct  
 OneAmerica companies  
 Phone: 1-877-285-7660 extension 7837  
 Fax: 317-285-5510  
 Email: ProductCompliance.CorporateCompliance@oneamerica.com

Enclosure

**State:** Arkansas **Filing Company:** State Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.111 Single Premium - Single Life  
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## Company and Contact

### Filing Contact Information

Debbie Scott, Senior Analyst debbie.scott@oneamerica.com  
 One America 317-285-7837 [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	09/19/2012	62837318

SERFF Tracking #:

AULD-128692672

State Tracking #:

Company Tracking #:

I-18810

State:

Arkansas

Filing Company:

State Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

Temporary Insurance Agreement

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/25/2012	09/25/2012

SERFF Tracking #:

AULD-128692672

State Tracking #:

Company Tracking #:

I-18810

State:

Arkansas

Filing Company:

State Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

Temporary Insurance Agreement

Project Name/Number:

Temporary Insurance Agreement/I-18810

## Disposition

Disposition Date: 09/25/2012

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	Temporary Insurance Agreement		Yes

State: Arkansas

Filing Company: State Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name: Temporary Insurance Agreement

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## Form Schedule

### Lead Form Number: I-18810

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		I-18810	OTH	Temporary Insurance Agreement	Initial:	50.000	I-18810.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

**Temporary Insurance Agreement - Asset-Care®**

Products and financial services provided by  
The State Life Insurance Company  
a ONEAMERICA® company  
P.O. Box 6062  
Indianapolis, IN 46206  
(317) 285-2300



**PLEASE NOTE: THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF LIFE INSURANCE (THE LESSER OF \$250,000 OR THE AMOUNT OF LIFE INSURANCE APPLIED FOR UNDER THE APPLICATION FOR INSURANCE (EXCLUDING APPLIED-FOR RIDER COVERAGES) HAVING THE SAME DATE AS THIS AGREEMENT), IF ALL THE CONDITIONS SET FORTH HEREIN ARE FULLY SATISFIED. THE COVERAGE PROVIDED IN THIS AGREEMENT IS IN EXCHANGE FOR THE DEPOSIT RECEIVED TOWARD THE LIFE INSURANCE APPLIED FOR AND NO ADDITIONAL AMOUNT IS CHARGED FOR THE COVERAGE PROVIDED HEREIN. NO REPRESENTATIVE OR AGENT HAS THE AUTHORITY TO WAIVE OR CHANGE THE TERMS OR CONDITIONS OF THIS AGREEMENT.**

**HEALTH QUESTION**

Within the past 90 days, has any Proposed Insured been a patient in a hospital or other medical facility, had surgery or been advised to be hospitalized or have surgery?  Yes  No

If "Yes", give name of Proposed Insured. \_\_\_\_\_

**No insurance is provided under this Agreement on any Proposed Insured, answering "Yes" to the question above. If the Health Question is not answered, this agreement is void.**

**If the above question is answered "Yes" or left blank, no representative/agent of the State Life Insurance Company is authorized to accept money and no coverage will take effect under this agreement.**

**DEPOSIT**

Received from \_\_\_\_\_ the sum of \_\_\_\_\_ as a deposit in connection with an application for life insurance having the same date as this Agreement. The deposit shall be held and applied toward the first premium owed from the effective date of any policy issued and accepted as part of said application.

There shall be no coverage under the insurance applied for until a policy is issued and accepted. If no policy is issued and/or accepted, the deposit shall be refunded to you.

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE STATE LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE REPRESENTATIVE/AGENT OR LEAVE THE PAYEE BLANK.**

**CONDITIONS**

- Insurance on any Proposed Insured, up to the Amount Limitation, will begin on the effective date, if:
1. There is no material misrepresentation in the application or answers to the Health Question; and
  2. The Health Question is answered "No" with respect to any Proposed Insured; and
  3. The deposit received is equal to the premium for the mode selected in the related insurance application.
  4. **No applied-for rider benefits nor any Long-Term Care coverage is provided by this Temporary Insurance Agreement.**

If the deposit is paid by check that is postdated or is not honored on presentation, this Agreement is void.

If any Proposed Insured dies by suicide, while sane or insane, the death benefit will be only the amount of the deposit paid.

**EFFECTIVE DATE**

"Effective Date" means the latest of:

1. The date of the application.
2. The date of the last medical exam initially required under the Company's underwriting rules. Any required medical exam must be completed within 30 days after the date of this Agreement, if not, this Agreement will be void with respect to any Proposed Insured.

**AMOUNT LIMITATION**

The total amount of life insurance which may take effect on any Proposed Insured under this Temporary Insurance Agreement is **\$250,000** of life insurance.

**TERMINATION OF TEMPORARY INSURANCE**

- Life Insurance under this Agreement will terminate with respect to any Proposed Insured on the earliest of:
1. The date that insurance coverage begins under the policy applied for or under a policy issued other than as applied for.
  2. Ten (10) days after a policy other than as applied for is offered to any Proposed Insured or Owner.
  3. Five (5) days after the Company mails a letter of declination to any Proposed Insured or Owner.
  4. Sixty (60) days after the date of the application.

I/We have read this Agreement and understand and agree to its terms. I/We understand this Agreement provides no insurance unless all of its conditions are met and all required medical exams are completed. I/We declare that the answer to the Health Question is true and complete to the best of my/our knowledge.

\_\_\_\_\_  
*Proposed Insured Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Second Proposed Insured Signature (If applicable)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Representative/Agent* \_\_\_\_\_  
*Owner (If other than Proposed Insured)*

Representative's/Agent's Note: Send original to Home Office with application and give copy to Proposed Insured (Owner, if other than Proposed Insured).

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Compliance Cert..pdf			
READCERT- I-18810.pdf			

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

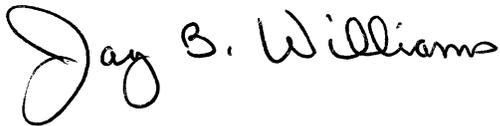
**STATE OF ARKANSAS**  
**CERTIFICATION**

CARRIER: THE STATE LIFE INSURANCE COMPANY

SUBMISSION: Temporary Insurance Agreement , I-18810

DATE: September 19, 2012

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 19 § 10B.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, looped initial "J".

Jay B. Williams  
Name

Vice President and Director of Compliance  
Title

CERTIFICATE OF READABILITY

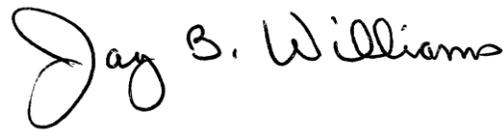
I, Jay B. Williams, Vice President and Director of Compliance of The State Life Insurance Company, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state.

FORMS

READABILITY SCORE

I-18810

50.0



Date: September 19, 2012

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

STATE LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY  
I-18810

<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	OneAmerica	Company logo has been bracketed in case it is change.
1	Limited Amount/Amount Limitation	\$100,000 - \$500,000