

State: Arkansas **Filing Company:** Liberty Life Assurance Company of Boston
TOI/Sub-TOI: L07I Individual Life - Whole/L07I.111 Single Premium - Single Life
Product Name: APP-2012138 Single Pay Int. Sensitive WL Ins App
Project Name/Number: /

Filing at a Glance

Company: Liberty Life Assurance Company of Boston
Product Name: APP-2012138 Single Pay Int. Sensitive WL Ins App
State: Arkansas
TOI: L07I Individual Life - Whole
Sub-TOI: L07I.111 Single Premium - Single Life
Filing Type: Form
Date Submitted: 09/18/2012
SERFF Tr Num: LLAC-128688982
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: APP-2012138 & -O
Implementation: On Approval
Date Requested:
Author(s): Andrew Baron, Margaret Gallagher, Lindsey Boisvert, Aimee Belliveau
Reviewer(s): Linda Bird (primary)
Disposition Date: 09/24/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** Liberty Life Assurance Company of Boston
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: APP-2012138 Single Pay Int. Sensitive WL Ins App
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: NH is a member of the IIPRC,
which is pending.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/24/2012
State Status Changed: 09/24/2012
Deemer Date: Created By: Lindsey Boisvert
Submitted By: Lindsey Boisvert Corresponding Filing Tracking Number:
Filing Description:
Form No: APP-2012138 Application for Individual Life Insurance
Form No: APP-2012138-O Supplemental Application For Individual Life Insurance

The above referenced forms are being submitted for your review and approval. These forms are new and will not replace any form currently on file with the state.

Form APP-2012138 is an Application for Individual Life Insurance that will be used in the sale of form SPWL-2010157 (Approved by AR on December 3, 2010, SERFF Tracking Number LLAC-126929821) and other individual life insurance products offered by the Company, as applicable. Form APP-2012138 is intended to be used with any approved supplemental applications, as applicable.

Form APP-2012138-O is a Supplemental Application For Individual Life Insurance that will be used with form APP-2012138 or other applications as applicable.

Form APP-2012138-O will be used when space is necessary for additional information.

The applications can be completed in paper or electronic format. In an electronic environment, there will be prompts to provide additional details where required. Signatures will be paper-based.

Our home state of New Hampshire is a member of the Interstate Insurance Product Regulation Commission where we filed this product.

Variable information is described in a Statement of Variability for each form.

Company and Contact

Filing Contact Information

Lindsey Boisvert, Senior Product and Contract Analyst
100 Liberty Way
Dover, NH 03820
lindsey.boisvert@libertymutual.com
800-451-7065 [Phone] 36015 [Ext]
603-472-0796 [FAX]

State: Arkansas **Filing Company:** Liberty Life Assurance Company of Boston
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: APP-2012138 Single Pay Int. Sensitive WL Ins App
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Filing Company Information

| | | |
|---|--|---|
| Liberty Life Assurance Company of Boston 100 Liberty Way Dover, NH 03820 (800) 451-7065 ext. [Phone] | CoCode: 65315 Group Code: Group Name: FEIN Number: 04-6076039 | State of Domicile: New Hampshire Company Type: State ID Number: |
|---|--|---|

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form x 2 forms
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|--|----------|----------------|---------------|
| Liberty Life Assurance Company of Boston | \$100.00 | 09/18/2012 | 62799459 |

State: Arkansas Filing Company: Liberty Life Assurance Company of Boston
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: APP-2012138 Single Pay Int. Sensitive WL Ins App
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 09/24/2012 | 09/24/2012 |

SERFF Tracking #:

LLAC-128688982

State Tracking #:**Company Tracking #:**

APP-2012138 & -O

State:

Arkansas

Filing Company:

Liberty Life Assurance Company of Boston

TOI/Sub-TOI:

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

Product Name:

APP-2012138 Single Pay Int. Sensitive WL Ins App

Project Name/Number:

/

Disposition

Disposition Date: 09/24/2012

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 | Application for Life Insurance | | Yes |
| Form | Supplemental Application for Life Insurance | | Yes |

State: Arkansas

Filing Company:

Liberty Life Assurance Company of Boston

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

Product Name: APP-2012138 Single Pay Int. Sensitive WL Ins App

Project Name/Number: /

Form Schedule

Lead Form Number: APP-2012138

| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
|----------|----------------------|---------------|-----------|---|------------------------------|-------------------|---|
| 1 | | APP-2012138 | AEF | Application for Life Insurance | Initial: | 53.400 | APP-2012138 Rev 09-12 - Bracketed.pdf |
| 2 | | APP-2012138-O | AEF | Supplemental Application for Life Insurance | Initial: | 59.700 | APP-2012138-O Rev 09-12 - Bracketed.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 |

Application For Individual Life Insurance

| | | |
|---|-------------------------------|---|
| 1. Type of Insurance: Single Payment Interest Sensitive Whole Life | 2. Single Payment \$ _____ | 3. Guaranteed Death Benefit \$ _____ |
|---|-------------------------------|---|

4. PROPOSED INSURED INFORMATION

| | | | |
|----------------------------|------------------------|---|---|
| Name (First, middle, last) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth date |
| Address | | | Telephone number |
| Birth place | Social Security number | Occupation | Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. OTHER COVERAGE/REPLACEMENT INFORMATION

| | Yes | No |
|---|--------------------------|--------------------------|
| a) Is there any life insurance or annuity applied for or in force, other than group insurance, for the proposed insured? Total life insurance in force \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Will this contract replace any existing life insurance or annuity in this or any other company? Company Name _____ Contract Number _____ | <input type="checkbox"/> | <input type="checkbox"/> |

6. OWNER (If other than Proposed Insured)

| | | |
|-------------------------------|---|------------------|
| Name (First, middle, last) | Relationship to insured | Birth/Trust date |
| Address | | Telephone number |
| Social Security/Tax ID number | Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

7. BENEFICIARY(IES) (All designated beneficiaries will be considered primary beneficiaries, sharing equally, unless otherwise indicated.)

| <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent _____% | <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent _____% |
|--|--|
| Name (First, middle, last) | Name (First, middle, last) |
| Relationship to insured | Relationship to insured |
| Birth/Trust date | Birth/Trust date |
| Address | |
| Telephone number | Telephone number |
| Social Security/Tax ID number | Social Security/Tax ID number |

8. QUALIFYING INFORMATION

| Has the proposed insured been: | Yes | No |
|--|--------------------------|--------------------------|
| a) diagnosed with or treated within the last 5 years for: congestive heart failure or cancer, other than basal cell skin cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) diagnosed with or treated within the last 10 years for: heart disease, heart attack, stroke, mini-stroke, heart valve disease, aneurysm, peripheral vascular disease, carotid artery disease, Alzheimer's disease, dementia, emphysema, chronic obstructive pulmonary disease (COPD) or chronic bronchitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) diagnosed with or treated within the last 10 years for infection with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) by a licensed member of the medical profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) declined, refused or turned down for life insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

Provide full details here for question answered "Yes."

| Question | Diagnosis/Condition/Dates | Medications/Treatments |
|----------|---------------------------|------------------------|
| | | |

9. PHYSICIAN INFORMATION

| |
|--|
| Physician name, address and telephone number |
|--|

10. DISCLOSURES AND SIGNATURES

OWNER SOCIAL SECURITY/TAX ID NUMBER (SSN/TIN) CERTIFICATION - By signing this application, I certify under penalties of perjury that: (1) the Social Security/Tax ID number shown is correct, and (2) I am not subject to backup withholding due to failure to report interest or dividend income, and (3) I am a U.S. Person (U.S. Citizen, U.S. Resident Alien or other U.S. Person as defined by the Internal Revenue Service (IRS)).

By checking this box, and signing below, I am deleting statement (2) above from this certification.

SSN/TIN Section only The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

LIBERTY'S LIVING BENEFIT DISCLOSURE ACKNOWLEDGMENT - I acknowledge that Liberty's Living Benefit, an Accelerated Death Benefit, is available under this contract for initial death benefits greater than or equal to \$20,000, and I have read and received the disclosure pertaining to Liberty's Living Benefit. Check here to exclude Liberty's Living Benefit.

AUTHORIZATION TO OBTAIN INFORMATION - I AUTHORIZE any licensed physician, medical practitioner, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically-related facility, insurance or reinsuring company, MIB, Inc. (MIB), consumer reporting agency, employer or former employer to give to Liberty Life Assurance Company of Boston (the Company), its employees and reinsurers any information about my: physical or mental condition, character, general reputation, habits, finances, insurance history, occupation, and hobbies. I also authorize the Company to obtain an investigative consumer report on me. This authorization applies to all types of information, including but not limited to information regarding HIV infection, AIDS, mental health and substance abuse. I also authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. I AM AWARE that the Company will use this information to determine if I am eligible for insurance or for benefits under an in-force policy. I am aware that the Company may give this information to its reinsurers, MIB, other persons or entities that perform services related to my application or claim, or as may be authorized or required by law. I understand information obtained with my authorization may be re-disclosed as permitted or required by law and may no longer be protected by the federal privacy laws. I AGREE that this authorization shall be valid for 2 years from the date appearing below my signature and that I have the right to revoke this authorization at any time by written notification to the Company. I agree that a copy will be as valid as this original. I MAY ASK for a copy of this form. I RECEIVED the Notice of Information Practices and the notices required by the Federal Fair Credit Reporting Act and MIB.

INSURING AGREEMENT - I(We) declare that all statements and answers given in this application are true and complete to the best of my(our) knowledge and belief. I(We) also agree that: (1) no agent/insurance producer has the authority to determine insurability, waive any rights or requirements of the Company, or make or modify any contract of insurance; (2) no information obtained by any such person will bind the Company unless set out in writing in a part of the application; (3) all statements and answers given in this application will form the basis for, and become part of, any contract of insurance issued by the Company under this application; and (4) no insurance will take effect on the basis of this application unless: (a) the full first premium has been paid; and (b) the contract has been delivered to and accepted by the applicant without a change in the insurability status of the proposed insured.

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, submits an application or files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

Proposed Insured Signature Owner Signature (if other than Proposed Insured) Joint Owner Signature (if applicable)

Agent/Insurance Producer Signature (as Witness) Signed in: _____ City and State on _____ Date

11. AGENT/INSURANCE PRODUCER CERTIFICATION AND SIGNATURE

| | | | |
|--|----------------------|-------------|--------------|
| Agent name | Agent license number | Branch name | Bank name/GA |
| Telephone number | Fax number | State | |
| To the best of your knowledge, will the insurance applied for replace any existing life insurance or annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was payment accepted with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount received: \$ _____ | | | |
| By signing this application, I certify that this application and any accompanying forms and disclosures have been completed in accordance with applicable law and Company procedures, and all information has been recorded accurately and completely as supplied by the applicant(s). As a licensed agent/insurance producer, I also certify that I have completed required anti-money laundering training. Except for any circumstances disclosed in this application or in accompanying information, I believe the coverage applied for meets the needs of the applicant(s) and recommend acceptance without qualification. | | | |
| <input checked="" type="checkbox"/> | | | |
| Agent/Insurance Producer Signature | | Date | |

Supplemental Application For Individual Life Insurance

4. PROPOSED INSURED INFORMATION

| | |
|----------------------------|-------------------------------|
| Name (First, middle, last) | Social Security/Tax ID number |
|----------------------------|-------------------------------|

5. ADDITIONAL REPLACEMENT INFORMATION

| | |
|--------------------|-----------------------|
| Company name _____ | Contract number _____ |
| Company name _____ | Contract number _____ |

6A. JOINT OWNER (if applicable)

| | | |
|-------------------------------|---|------------------|
| Name (First, middle, last) | Relationship to insured | Birth/Trust date |
| Address | | Telephone number |
| Social Security/Tax ID number | Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

7. ADDITIONAL BENEFICIARY(IES) (All designated beneficiaries will be considered primary beneficiaries, sharing equally, unless otherwise indicated.)

| | | | |
|--|-------------------------------|--|-------------------------------|
| <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent _____% | | <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent _____% | |
| Name (First, middle, last) | | Name (First, middle, last) | |
| Relationship to insured | Birth/Trust date | Relationship to insured | Birth/Trust date |
| Address | | Address | |
| Telephone number | Social Security/Tax ID number | Telephone number | Social Security/Tax ID number |

| | | | |
|--|-------------------------------|--|-------------------------------|
| <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent _____% | | <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent _____% | |
| Name (First, middle, last) | | Name (First, middle, last) | |
| Relationship to insured | Birth/Trust date | Relationship to insured | Birth/Trust date |
| Address | | Address | |
| Telephone number | Social Security/Tax ID number | Telephone number | Social Security/Tax ID number |

8. Provide full details to Qualifying Information questions answered "Yes."

| Question # | Diagnosis/Condition/Dates | Medications/Treatments |
|------------|---------------------------|------------------------|
| | | |
| | | |

9. PHYSICIAN INFORMATION

| |
|--|
| Physician name, address and telephone number |
| Physician name, address and telephone number |

SIGNATURES

X _____ **X** _____ **X** _____
 Proposed Insured Signature Owner Signature (if other than Proposed Insured) Joint Owner Signature (if applicable)

X _____ Signed in: _____ on _____
 Agent/Insurance Producer Signature (as Witness) City and State Date

SERFF Tracking #:

LLAC-128688982

State Tracking #:

Company Tracking #:

APP-2012138 & -O

State: Arkansas

Filing Company: Liberty Life Assurance Company of Boston

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

Product Name: APP-2012138 Single Pay Int. Sensitive WL Ins App

Project Name/Number: /

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--|----------------------|--------------|--------------|
| Satisfied - Item: | Flesch Certification | | |
| Comments: | | | |
| Attachment(s): | | | |
| Flesch Certification for APP - WJD signature.pdf | | | |

| | | Item Status: | Status Date: |
|--|--------------------------|--------------|--------------|
| Satisfied - Item: | Statement of Variability | | |
| Comments: | | | |
| Attachment(s): | | | |
| Statement of Variability APP-2012138.pdf | | | |
| Statement of Variability APP-2012138-O.pdf | | | |

FLESCH CERTIFICATION

Liberty Life Assurance Company of Boston

I certify on behalf of the Company that the forms referenced below are in compliance with the readability requirements of the state.

The Flesch Reading Ease Test was applied to application APP-2012138 form in its entirety. In calculating this score we excluded the company name, address, form number, revision date, captions, subcaptions, required language, medical terminology, and defined terms.

The Flesch Reading Ease Test was applied to supplemental application APP-2012138-O form in its entirety. In calculating this score we excluded the company name, address, form number, revision date, captions, subcaptions, required language, medical terminology, and defined terms.

Flesch Statistics

| APP-2012138 | |
|----------------------------|-------------|
| Words | 449 |
| Characters | 2,266 |
| Paragraphs | 77 |
| Sentences | 15 |
| Flesch Reading Ease | 53.4 |

| APP-2012138-O | |
|----------------------------|-------------|
| Words | 177 |
| Characters | 1,066 |
| Paragraphs | 63 |
| Sentences | 1 |
| Flesch Reading Ease | 59.7 |



William J. Daukewicz, CLU, ChFC, CPCU
Vice President and Manager
Individual Life Compliance
Liberty Life Assurance Company of Boston

September 13, 2012

Liberty Life Assurance Company of Boston

Statement of Variability

September 13, 2012

Form No: APP-2012138 Application for Individual Life Insurance

Variable information is indicated through the use of brackets. Brackets will not appear on the owner's printed contract.

| Bracketed Field Name | Description of Variability |
|--|--|
| [Contract Number _____] (Home Office Use Only) Appears on first and second pages | This field is an administrative field. The field is intended to display the application or contract number that would change by application. This field may be used for other administrative purposes, moved to another location on the application or may be removed. |
| Service Center address | This address is subject to change. |
| 1. Type of Insurance field [Single Payment Interest Sensitive Whole Life] | The title "Single Payment Interest Sensitive Whole Life" is subject to change. Additional plans may be added. |
| 2. [Single] Payment | This adjective may be modified or removed to describe the payment. |
| Administrative Data at bottom of each page | This field is to be used for administrative data. This field may also be moved to another location on the application or may be removed. |
| Bar Code field at bottom of each page | A bar code or other code may be used on the application. The location, size, or type of identifier is subject to change. |
| Revision Date at bottom of each page | The revision date is subject to change. |
| Agent/Insurance Producer Certification and Signature | Information within this area is intended to obtain information from the agent. The text and format of the section is subject to change. The section may be removed. If removed, any state required agent information will be obtained from other documentation. |

The form is submitted in final print and is subject to modifications in paper size, color, stock, binding, shading, borders, font type, size, and color, and changes that occur as a result of company adaptation to computer printing/typesetting.

Liberty Life Assurance Company of Boston

Statement of Variability

September 13, 2012

**Form No: APP-2012138-O
Supplemental Application for Individual Life Insurance**

Variable information is indicated through the use of brackets. Brackets will not appear on the owner's printed contract.

| Bracketed Field Name | Description of Variability |
|--|--|
| [Contract Number _____] (Home Office Use Only) Appears on first and second pages | This field is an administrative field. The field is intended to display the application or contract number that would change by application. This field may be used for other administrative purposes, moved to another location on the application or may be removed. |
| Service Center address | This address is subject to change. |
| Administrative Data at bottom of each page | This field is to be used for administrative data. This field may also be moved to another location on the application or may be removed. |
| Bar Code field at bottom of each page | A bar code or other code may be used on the application. The location, size, or type of identifier is subject to change. |
| Revision Date at bottom of each page | The revision date is subject to change. |

The form is submitted in final print and is subject to modifications in paper size, color, stock, binding, shading, borders, font type, size, and color, and changes that occur as a result of company adaptation to computer printing/typesetting.