

**State:** Arkansas **Filing Company:** The Paul Revere Life Insurance Company  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** Policy Endorsement  
**Project Name/Number:** Address Change Endorsement/AMD-141-PRL

## Filing at a Glance

Company: The Paul Revere Life Insurance Company  
Product Name: Policy Endorsement  
State: Arkansas  
TOI: ML02 Multi-Line - Other  
Sub-TOI: ML02.000 Multi-Line - Other  
Filing Type: Form  
Date Submitted: 09/13/2012  
SERFF Tr Num: UNUM-128683761  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AMD-141-PRL  
  
Implementation: 02/01/2013  
Date Requested:  
Author(s): Sandy Kirkman  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 09/18/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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### General Information

Project Name: Address Change Endorsement	Status of Filing in Domicile: Authorized
Project Number: AMD-141-PRL	Date Approved in Domicile: 08/30/2012
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: 09/18/2012
	State Status Changed: 09/18/2012
Deemer Date:	Created By: Sandy Kirkman
Submitted By: Sandy Kirkman	Corresponding Filing Tracking Number:

Filing Description:  
Please refer to the filing cover letter under the Supporting Documentation tab for a detailed description of this filing.

### Company and Contact

#### Filing Contact Information

Sandy Kirkman, Senior Contract Consultant skirkman@unum.com  
 One Fountain Square 423-294-8981 [Phone]  
 Chattanooga, TN 37402

#### Filing Company Information

The Paul Revere Life Insurance Company	CoCode: 67598	State of Domicile: Massachusetts
18 Chestnut Street	Group Code: 565	Company Type:
Worcester, MA 01608	Group Name:	State ID Number:
(774) 437-6205 ext. [Phone]	FEIN Number: 04-1768571	

### Filing Fees

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? No  
 Fee Explanation: Retaliatory fee for Massachusetts is \$75.00 per form, per filing.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Paul Revere Life Insurance Company	\$75.00	09/13/2012	62675208

Check Number	Check Amount	Check Date
	\$0.00	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/18/2012	09/18/2012

SERFF Tracking #:

UNUM-128683761

State Tracking #:

Company Tracking #:

AMD-141-PRL

State:

Arkansas

Filing Company:

The Paul Revere Life Insurance Company

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

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Address Change Endorsement/AMD-141-PRL

## Disposition

Disposition Date: 09/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Name Change Endorsement		No
Supporting Document	Address Change Endorsement		No
Supporting Document	Cover Letter		Yes
Supporting Document	Readability Certification		Yes
Form	Address Change Endorsement		Yes

SERFF Tracking #:

UNUM-128683761

State Tracking #:

Company Tracking #:

AMD-141-PRL

State:

Arkansas

Filing Company:

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Product Name:

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## Form Schedule

Lead Form Number: AMD-141-PRL

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		AMD-141-PRL	POLA	Address Change Endorsement	Initial:	50.700	AMD-141-PRL.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 PAUL REVERE LIFE INSURANCE COMPANY**

**ADDRESS CHANGE ENDORSEMENT**

Endorsement Date: [**February 2013**]

This endorsement is made part of the policy, contract or certificate as of the Endorsement Date. It should be attached to and kept with the policy, contract or certificate.

The following address as it may appear on the face page or within the text of the policy, contract or certificate is ***deleted***:

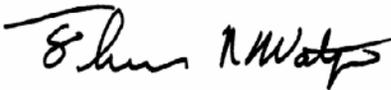
**18 Chestnut Street**  
Worcester, MA 01608

The following address is ***substituted***:

**1 Mercantile Street**  
Worcester, MA 01608

You should continue to use the same telephone numbers as before to make requests, ask questions or otherwise receive service under the policy, contract or certificate unless we have asked you to use different ones.

In all other respects, the terms and provisions of the policy, contract or certificate remain unchanged and in full force and effect.



President and Chief Executive Officer



Corporate Secretary

SERFF Tracking #:

UNUM-128683761

State Tracking #:

Company Tracking #:

AMD-141-PRL

State:

Arkansas

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The Paul Revere Life Insurance Company

TOI/Sub-TOI:

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
PRL Cover Letter - AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Readability Certification		
Comments:			
Attachment(s):			
PRL Readability Certification.pdf			



18 Chestnut Street  
Worcester, MA 01608  
774 437 4441  
unum.com

September 13, 2012

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

**RE: The Paul Revere Life Insurance Company**  
FEIN: 04-1768571, NAIC: 565-67598  
Endorsement Form: AMD-141-PRL

Enclosed please find a policy endorsement for your review and approval. Our Home Office will be relocating to a new Worcester address during the first quarter of 2013. We no longer issue new business but wish to mail endorsement form AMD-141-PRL to all existing policyholders for this closed block of business advising them of our new address.

Please note that this policy endorsement filing is separate from the change notification that will be filed on UCAA Form 14 and will be submitted later this year as the date of our move becomes more finalized.

This policy endorsement filing is being submitted early in the process as we need to make sure we have approval of this form in all states in preparation of notifying all in-force policyholders of our change of address. The mailing of the endorsement, of course, would not occur until shortly after our move is complete.

If you have any questions or require further information, please feel free to contact me.

Thank you for your time and consideration of our filing.

Sincerely,

A handwritten signature in black ink that reads "Sandra D. Kirkman". The signature is written in a cursive, flowing style.

Sandra D. Kirkman  
Senior Contract Consultant  
[skirkman@unum.com](mailto:skirkman@unum.com)  
Phone: 423-294-8981

## CERTIFICATE OF READABILITY

The forms listed below meet the objective standards of the Policy Language and Simplification Act or the Easy to Read Life and Health Insurance Act, whichever is applicable.

<u>Form</u>	<u>Flesch Score</u>
AMD-141-PRL	50.7

Prepared by:

A handwritten signature in black ink, reading "Nancy H. Johnson", is written over a solid horizontal line.

Title: Nancy H. Johnson  
VP, Contract Compliance and Filing