

<i>SERFF Tracking Number:</i>	<i>AMLC-125843251</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Ins Co</i>	<i>State Tracking Number:</i>	<i>40441</i>
<i>Company Tracking Number:</i>	<i>80000</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Decreasing Term Life</i>		
<i>Project Name/Number:</i>	<i>80000/80000</i>		

## Filing at a Glance

Company: American Income Life Ins Co

Product Name: Decreasing Term Life

TOI: L04I Individual Life - Term

Sub-TOI: L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: AMLC-125843251 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 80000

Co Status: Pending

Author: Angela Fincher

Date Submitted: 10/02/2008

State Tr Num: 40441

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/10/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: 80000

Project Number: 80000

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/10/2008

State Status Changed: 10/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: 80000 – Decreasing Term Policy

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently in Indiana, our state of domicile.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Enclosed are copies of the above referenced form for your review. This form has been filed concurrently in Indiana, our state of domicile. This form will replace form 72000, which was approved 4/10/1987. The major changes to the form were made to accommodate the adoption of the 2001 CSO Mortality Table, ALB. We have also revised the

SERFF Tracking Number: AMLC-125843251 State: Arkansas  
 Filing Company: American Income Life Ins Co State Tracking Number: 40441  
 Company Tracking Number: 80000  
 TOI: L041 Individual Life - Term Sub-TOI: L041.313 Decreasing - Single Life - Fixed/Indeterminate Premium  
 Product Name: Decreasing Term Life  
 Project Name/Number: 80000/80000

'Policyowner and Beneficiary' provision to state what happens at the death of the owner.

Licensed agents will market this form on an individual basis. No illustration will be used with this traditional term life product; all values are guaranteed. A previously approved application form will be used. This form has been written in "readable" language and has a FLESCH readability score of 54.4.

We wish to thank you for your cooperation in this matter, and trust you will find this filing acceptable for approval. Please contact me if you have any questions.

## Company and Contact

### Filing Contact Information

Angela Fincher, Contract Analyst  
 PO Box 2608  
 Waco, TX 76797  
 afincher@aillife.com  
 (254) 761-6761 [Phone]  
 (254) 741-5723[FAX]

### Filing Company Information

American Income Life Ins Co  
 P.O. Box 2608  
 Waco, TX 76797  
 (254) 761-6761 ext. [Phone]  
 CoCode: 60577  
 Group Code: 290  
 Group Name: Liberty National  
 FEIN Number: 74-1365936  
 State of Domicile: Indiana  
 Company Type: Life and Health  
 State ID Number: 498

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50/form \* 1 policy = \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Ins Co	\$50.00	10/02/2008	22887562

SERFF Tracking Number: AMLC-125843251

State: Arkansas

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State Tracking Number: 40441

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TOI: L041 Individual Life - Term

Sub-TOI: L041.313 Decreasing - Single Life -  
Fixed/Indeterminate Premium

Product Name: Decreasing Term Life

Project Name/Number: 80000/80000

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/10/2008	10/10/2008

SERFF Tracking Number: AMLC-125843251

State: Arkansas

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TOI: L04I Individual Life - Term

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## Disposition

Disposition Date: 10/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125843251 State: Arkansas  
 Filing Company: American Income Life Ins Co State Tracking Number: 40441  
 Company Tracking Number: 80000  
 TOI: L041 Individual Life - Term Sub-TOI: L041.313 Decreasing - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: Decreasing Term Life  
 Project Name/Number: 80000/80000

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Decreasing Term Life		Yes

SERFF Tracking Number: AMLC-125843251 State: Arkansas  
 Filing Company: American Income Life Ins Co State Tracking Number: 40441  
 Company Tracking Number: 80000  
 TOI: L041 Individual Life - Term Sub-TOI: L041.313 Decreasing - Single Life -  
 Fixed/Indeterminate Premium  
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## Form Schedule

Lead Form Number: 80000

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	80000	Policy/Cont	Decreasing Term Life	Revised	Replaced Form #: 72000 Previous Filing #:	54	80000AR.pdf



# AMERICAN INCOME LIFE INSURANCE COMPANY

A Stock Company Home Office: Indianapolis, Indiana  
Executive Office: P. O. Box 2608, Waco, Texas 76797 (254) 761-6400  
www.aillife.com

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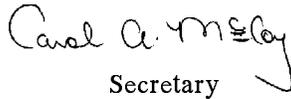
We will pay the sum specified on Page 3 applicable at the time of death to the beneficiary at your death. Your death must occur while this policy is in full force, on or before the Expiry Date. Payment will be made when we receive proof of your death at our Executive Office.

We have issued this policy in return for the application and the payment of premiums.

The benefits, conditions and provisions set forth on this page and the following pages are a part of the contract. Policy years, policy anniversaries, premium due dates and the term period of this policy shall be computed from the Policy Date.

## IMPORTANT NOTICE

If you decide not to keep this policy, return it within ten days after you receive it. It may be returned to our Home Office, Executive Office, Branch Office, or to the agent who sold the policy. The policy will be as though it had never been issued. We will send back all premiums paid for it.

  
Secretary

  
President

## DECREASING TERM LIFE NON-PARTICIPATING CONVERTIBLE PERIOD SPECIFIED

### NAME AND ADDRESS OF INSURED

John Doe  
1200 Wooded Acres  
Waco TX 76797

### POLICY NUMBER

1234567



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This policy has been written in readable language to help you understand its terms. As you read through the policy, remember "you" refers to the Insured, and "we", "us", and "our" refer to American Income Life Insurance Company.

This policy is a legal contract between the parties. **READ YOUR POLICY CAREFULLY.**

MORTALITY TABLE - 2001 COMMISSIONER'S STANDARD ORDINARY, AGE LAST BIRTHDAY  
 VALUATION INTEREST RATE - 4.00 PERCENT  
 VALUATION METHOD - COMMISSIONERS RESERVE

BEGINNING OF POLICY YEAR	POLICY DEATH BENEFIT	BEGINNING OF POLICY YEAR	POLICY DEATH BENEFIT
1	\$100,000	16	\$ 76,800
2	99,200	17	74,000
3	98,300	18	71,000
4	97,300	19	67,800
5	96,200	20	64,300
6	95,100	21	60,500
7	93,800	22	56,400
8	92,500	23	51,900
9	91,000	24	47,100
10	89,400	25	41,800
11	87,700	26	36,200
12	85,900	27	30,100
13	83,900	28	23,400
14	81,700	29	20,000
15	79,300	30	20,000

PLAN-FORM	BENEFIT DESCRIPTION	ANNUAL PREMIUM
8233 30Y	- ANNUAL DECREASING TERM	\$ 642.80 FOR 30 YEARS

TOTAL ANNUAL PREMIUM	\$	642.80
ISSUED METHOD OF PAYMENT-----BD MONTHLY	\$	53.57
OTHER METHODS OF PAYMENT		
SEMI-ANNUAL	\$	321.40
QUARTERLY	\$	160.70
MONTHLY	\$	57.86

NAME AND ADDRESS OF INSURED	MALE ISSUE AGE	35
JOHN DOE	INITIAL FACE AMOUNT	\$100,000
1200 WOODED ACRES	POLICY NUMBER	1234567
WACO TX 76797	POLICY DATE	JAN 1, 2009
	EFFECTIVE DATE	JAN 1, 2009
	EXPIRY DATE	JAN 1, 2039
CONVERTIBLE PERIOD ENDS		JAN 1, 2037

## GENERAL PROVISIONS

THE CONTRACT	<p>This policy is a legal contract between the parties. The entire contract consists of the application and the policy. We have formed this policy according to the statements in the application. Legally, these statements are considered to be representations and not warranties. No statement made by or for you can be used to contest the validity of this policy or to defend against a claim unless it was made in the application and a copy of the application was attached to this policy when issued.</p> <p>Any change or waiver of the terms of the policy must be in writing and signed by our President, a Vice President, Secretary or Actuary to be effective.</p>
ASSIGNMENT	<p>This policy may be assigned. For any assignment to be binding on us, we must receive a signed copy of it at our Executive Office. We will not be responsible for the validity of any assignment.</p>
NON-PARTICIPATING	<p>This is a non-participating policy. This means the policy does not share in our profits or surplus.</p>
POLICYOWNER AND BENEFICIARY	<p>The Policyowner and Beneficiary are named in the application.</p> <p>While you live, the Policyowner may exercise all rights given by this policy. But if there is an irrevocable Beneficiary, the Policyowner must get the irrevocable Beneficiary's consent to change the Beneficiary. At the Policyowner's death, you will become the owner of the policy; however, if you are a minor, the owner will be your legal guardian until your age of majority.</p> <p>The Beneficiary may be changed at any time before your death. A change must be made in writing and sent to our Executive Office. If approved, the change will take effect as of the date the request was signed, even if you die before we receive it. If we made payment before receiving the request, the change will not be approved.</p>
MISSTATEMENT OF AGE OR SEX	<p>If your age or sex is not correct on the application, the amount payable under this policy will be what the premiums paid would have bought at the correct age or sex.</p>
INCONTESTABILITY	<p>We cannot contest the validity of this policy after it has been in force from the Policy Date for 2 years during your lifetime. After that we cannot contest its validity, except for failure to pay premiums. This limitation on our right to contest does not apply to disability waiver and accidental death agreements attached to this policy.</p>
SUICIDE EXCLUSION	<p>If you commit suicide, while sane or insane, within 2 years after the Policy Date, we will not pay the face amount. We will return the premiums paid to us.</p>
PREMIUMS	<p>Premiums are payments needed to keep this policy in full force. Each premium is payable on or before its due date. Premiums may be paid at our Executive Office or to an authorized agent. We will send a receipt if we are asked. Premiums may be paid annually, semi-annually, quarterly, or monthly as shown on Page 3. The premium payment method may be changed on any policy anniversary.</p>
GRACE PERIOD	<p>After the first premium has been paid, we allow a 31 day grace period to pay each following premium. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. During this grace period the policy remains in full force. If you die during the grace period, we will subtract the premium due from the amount we pay.</p>
REINSTATEMENT	<p>This policy may be reinstated (put back in full force) within 5 years after the date it ceases to be in full force. Evidence of insurability satisfactory to us is required. All past due premiums must be paid. Payment of compound interest on the premiums at the rate of 6.0% per year will be required.</p>
SETTLEMENT	<p>All payments made by us are payable at our Executive Office. If payment of proceeds is not made within a reasonable period and not later than 30 days after we receive proof of death, we will pay interest as of the date of death. Interest will be at the rate of 8% per year.</p>



- REFUND OF UNEARNED PREMIUM AT DEATH** At your death, we will refund any premiums paid for the period beyond the month in which death occurs. If refund of premiums is not made within 30 days after we receive proof of death, we will pay interest at the rate of 8% per year from the date of death.
- RESERVE BASIS** The reserve on this policy shall be computed using the Mortality Table, Valuation Method and Valuation Interest Rate shown on Page 3.
- CONVERSION PRIVILEGE** You have this right while this policy is in full force. Evidence of insurability is not required. You may have any permanent plan of life insurance issued by the company subject to the following conditions:
1. Send this policy and your written request for conversion to our Executive Office within the Convertible Period on Page 3. The Policy Date of the new policy will be the date of the application. Premiums paid will be at the rate for your attained age then charged by us for the plan selected.
  2. The amount of insurance of the new policy will be equal to the death benefit on Page 3 applicable at the time of exchange. The amount of the new policy, however, may not be less than the published minimum amount limit then applicable for the plan selected.
  3. The new policy will not include any disability waiver or other supplemental agreement that increases the insurance risks, unless we are given proof of your insurability.
  4. The suicide and incontestability provisions of the new policy will start from the Policy Date of this policy.
  5. The risk classification of the new policy and this policy will be the same.
  6. If your premiums are being waived due to a waiver of premium disability benefit included in this policy on the date the Convertible Period ends, this policy will be exchanged automatically for a new policy on a whole life plan for the amount of insurance provided by this policy on the date the Conversion Period ends. The Policy Date of the new policy will be the date the Conversion Period ends. The premium will be for your attained age on that date. Any premium falling due during the continuance of that total disability shall be waived.

## **SETTLEMENT OPTIONS**

- SETTLEMENT OPTIONS** All or part of the amounts we pay under this policy may be made under any settlement option listed below.
- PROVISION** While you live, the Policyowner may elect or change an option by sending satisfactory written request to our Executive Office. If approved, the selection will take effect as of the date the request was signed, even if your death occurs before we receive it. If we made payment before receiving the request, the change will not be approved. The Beneficiary may change an option only if the right was given by the Policyowner and agreed upon by us in writing. A Beneficiary change will automatically revoke an elected option.
- If the Policyowner has made no election, at your death the Beneficiary may elect an option by written request to us. Options for amounts payable other than to an individual receiving payment in his or her own right are available only with our consent.
- The amount to be applied under any option for any one person must be at least \$2,000 or provide for a periodic payment of \$20. Otherwise, we may pay the amount in one sum.

## SETTLEMENT OPTIONS (continued)

We will issue a supplementary contract in exchange for this policy if payment is made under any option. The effective date of the supplementary contract will be the date we receive proof of your death. Option 1 earns interest from the effective date of the supplementary contract. We will pay the first payment under Option 2 and 3 on the effective date of the supplementary contract unless another date is specified in writing.

The guaranteed interest rate for all options is 3% per year.

If the death of all the Beneficiaries is prior to your death, we will pay a lump sum benefit to the executors or administrators of your estate. Under a supplementary contract, if the payee dies we will pay the present value of any unpaid guaranteed amount to the executors or administrators of the payee's estate.

### OPTIONS

- OPTION 1: INTEREST** We will hold any amount applied under this option for not more than 30 years. Interest will be paid as agreed upon or added annually to the amount held. At the end of a specified time, or at the death of the payee, we will pay the proceeds as previously agreed upon.
- OPTION 2: PAYMENTS FOR A GUARANTEED PERIOD** Equal annual, semi-annual, quarterly or monthly payments will be made for any period selected, up to 30 years. The amount of each payment for each \$1,000 applied under this option is shown in Option 2 Table.
- OPTION 3: LIFE INCOME WITH A GUARANTEED PERIOD** Equal payments will be made for a guaranteed period of 10 years or until the payee's death, whichever is later. We may require satisfactory evidence of the payee's age before making any payment under this option. The amount of each payment depends on the payee's sex and age on the date of the first payment. The amount of each payment for each \$1,000 applied under this option is shown in Option 3 Table.

**OPTION 2 TABLE**

Number of Years Guaranteed	Amount of Installments			
	Annual	Semi-Ann.	Qtly.	Mo.
1	\$1,000.00	\$503.69	\$252.78	\$84.47
2	507.39	255.57	128.26	42.86
3	343.23	172.88	86.76	28.99
4	261.19	131.56	66.02	22.06
5	211.99	106.78	53.59	17.91
6	179.22	90.27	45.30	15.14
7	155.83	78.49	39.39	13.16
8	138.31	69.67	34.96	11.68
9	124.69	62.81	31.52	10.53
10	113.82	57.33	28.77	9.61
11	104.93	52.85	26.52	8.86
12	97.54	49.13	24.66	8.24
13	91.29	45.98	23.08	7.71
14	85.95	43.29	21.73	7.26
15	81.33	40.97	20.56	6.87
20	65.26	32.87	16.50	5.51
25	55.76	28.09	14.09	4.71
30	49.53	24.95	12.52	4.18

**OPTION 3 TABLE**

Monthly Life Income Guaranteed Period 10 Years					
Age	Male	Female	Age	Male	Female
50	\$4.08	\$3.84	65	\$5.55	\$5.14
51	4.15	3.90	66	5.69	5.26
52	4.22	3.96	67	5.84	5.40
53	4.29	4.02	68	5.99	5.55
54	4.37	4.09	69	6.15	5.70
55	4.45	4.16	70	6.31	5.86
56	4.54	4.24	71	6.47	6.02
57	4.63	4.32	72	6.64	6.20
58	4.73	4.40	73	6.81	6.38
59	4.83	4.49	74	6.99	6.57
60	4.93	4.58	75	7.16	6.76
61	5.05	4.68	76	7.34	6.96
62	5.16	4.79	77	7.52	7.16
63	5.29	4.90	78	7.69	7.36
64	5.42	5.01	79	7.86	7.56

Figures for years not shown will be furnished by the Company upon request.

Figures for ages not shown will be furnished by the Company upon request.





# AMERICAN INCOME LIFE INSURANCE COMPANY

Home Office: Indianapolis, Indiana

Executive Offices: P.O. Box 2608, Waco, Texas 76797 254-761-6400 [www.aillife.com](http://www.aillife.com)

## DECREASING TERM LIFE

Non-Participating

CONVERTIBLE PERIOD SPECIFIED

This policy is a legal contract between the parties.

READ YOUR POLICY CAREFULLY



*SERFF Tracking Number:*      *AMLC-125843251*

*State:*      *Arkansas*

*Filing Company:*      *American Income Life Ins Co*

*State Tracking Number:*      *40441*

*Company Tracking Number:*      *80000*

*TOI:*      *L04I Individual Life - Term*

*Sub-TOI:*      *L04I.313 Decreasing - Single Life -  
Fixed/Indeterminate Premium*

*Product Name:*      *Decreasing Term Life*

*Project Name/Number:*      *80000/80000*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125843251

State: Arkansas

Filing Company: American Income Life Ins Co

State Tracking Number: 40441

Company Tracking Number: 80000

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Sub-TOI: L04I.313 Decreasing - Single Life -  
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Product Name: Decreasing Term Life

Project Name/Number: 80000/80000

## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice

**Review Status:**

10/02/2008

**Comments:**

**Attachment:**

ARCertofComp.pdf

**Satisfied -Name:** Application

**Review Status:**

10/02/2008

**Comments:**

AG-1048 (R05) - Approved 4/6/2005

STATE OF ARKANSAS

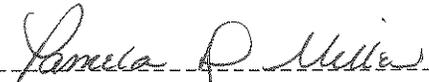
CERTIFICATE OF COMPLIANCE

I, PAMELA D. MILLER, AN OFFICER OF THE AMERICAN INCOME LIFE INSURANCE COMPANY, HEREBY CERTIFY THAT THE FOLLOWING FORM(S) HAS (HAVE) THE FOLLOWING READABILITY SCORE(S) AS CALCULATED BY THE FLESCH READING EASE TEST AND THAT THE FORM(S) MEET ALL REQUIREMENTS SET FORTH IN ARKANSAS STATUTES 66-3251 THROUGH 66-3258, CITED AS THE LIFE AND DISABILITY INSURANCE POLICY LANGUAGE SIMPLIFICATION ACT.

FORM(S)	SCORE
80000	54.4

DATED October 2, 2008

AMERICAN INCOME LIFE INSURANCE COMPANY

  
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PAMELA D. MILLER, FLMI/M, AIRC, ACS  
VICE PRESIDENT  
COMPLIANCE

PFCERTAR