

SERFF Tracking Number: AULD-125793592 State: Arkansas  
Filing Company: American United Life Insurance Company State Tracking Number: 40370  
Company Tracking Number: 2535 FACE PAGE  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: 2535 Face page  
Project Name/Number: /

## Filing at a Glance

Company: American United Life Insurance Company

Product Name: 2535 Face page SERFF Tr Num: AULD-125793592 State: ArkansasLH  
TOI: L04G Group Life - Term SERFF Status: Closed State Tr Num: 40370  
Sub-TOI: L04G.500 Other Co Tr Num: 2535 FACE PAGE State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Angie Neville Disposition Date: 10/02/2008  
Date Submitted: 09/26/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: Date Approved in Domicile: 08/28/2008  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Overall Rate Impact: Group Market Type: Employer  
Filing Status Changed: 10/02/2008  
State Status Changed: 10/02/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
2535 Face page correction

## Company and Contact

### Filing Contact Information

Glenda Howell, Senior analyst glenda.howell@oneamerica.com  
One America (317) 285-1064 [Phone]  
Indianapolis, IN 46206

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**Filing Company Information**

American United Life Insurance Company CoCode: 60895 State of Domicile: Indiana  
One American Square Group Code: 619 Company Type:  
P.O. Box 7127  
Indianapolis, IN 46206 Group Name: State ID Number:  
(877) 285-7660 ext. [Phone] FEIN Number: 35-0145825  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$35.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$35.00	09/26/2008	22752067

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/02/2008	10/02/2008

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## Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*     *AULD-125793592*                             *State:*                             *Arkansas*  
*Filing Company:*             *American United Life Insurance Company*     *State Tracking Number:*     *40370*  
*Company Tracking Number:*   *2535 FACE PAGE*  
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*Product Name:*                *2535 Face page*  
*Project Name/Number:*        /

<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>	Cover letter		Yes
<b>Form</b>	title page		Yes

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## Form Schedule

**Lead Form Number:** GC 2535NN(T)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GC 2535NN(T)	Certificate	title page	Revised	Replaced Form #: Previous Filing #: 37147	0	GC 2535NN(T).pdf
		Amendmen	t, Insert				
		Page,	Endorseme				
		nt or Rider					

American United Life Insurance Company®  
Indianapolis, Indiana 46206-0368  
Certifies that it has issued and delivered a Policy numbered [XXX] to:

[Fifth Third Bank, Indiana, Trustee For  
The American United Life Group Insurance Trust  
For The [Retail] Industry

(Hereinafter called the Group Policyholder)  
[XYZ Company, Inc.]

shall participate in the coverage as a Participating Unit.

Participating Unit Number: [G 12345]                      Class: [001]  
Change Effective Date: [04/01/2007]

This certificate replaces any and all certificates previously issued to You under the Policy indicated above.

American United Life Insurance Company® (AUL) certifies that the Employee whose enrollment form is on file with the Participating Unit as being eligible for insurance and for whom the required premium has been paid is insured under the Policy named above for group insurance benefits as designated in the Schedule of Benefits are subject to change as described on the Schedule of Benefits page.

This certificate describes the coverage provided in the Policy. The Policy determines all rights and benefits in this certificate and may be amended, cancelled, or discontinued at any time by agreement between AUL and the Participating Unit without notice to You. The Policy may be examined at the main office of AUL during regular office hours.

If an Employee is not Actively At Work on the date insurance would otherwise become effective, the individual Effective Date is the date the Employee returns to full-time Active Work.



[Thomas M Zurek  
Secretary]



[Dayton Molendorp  
President and  
Chief Executive Officer]

**CERTIFICATE OF INSURANCE  
GROUP VOLUNTARY TERM LIFE INSURANCE CERTIFICATE  
[WITH AN ACCELERATED LIFE BENEFIT]  
[NOTE: RECEIPT OF THE ACCELERATED LIFE BENEFIT MAY BE TAXABLE.  
PLEASE SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.]**

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## Rate Information

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 08/27/2008  
**Comments:**  
**Attachment:**  
Arkansas Readability 2.pdf

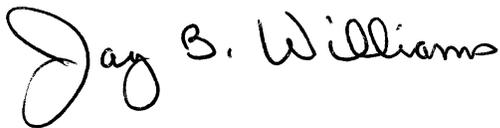
**Review Status:**  
**Satisfied -Name:** Application 08/27/2008  
**Comments:**  
Our application is exempt from filing. G-20355

**Review Status:**  
**Satisfied -Name:** Cover letter 09/26/2008  
**Comments:**  
**Attachment:**  
Correction Face Page.pdf

**STATE OF ARKANSAS**  
**CERTIFICATE OF READABILITY**

This is to certify that the attached Group Voluntary Term Life Insurance Form Numbers have achieved a Flesch Reading Ease Score of 50 and comply with the requirements of Arkansas Statute Annotated 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**AMERICAN UNITED LIFE INSURANCE COMPANY®**

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  
Vice President and Director of Compliance

**Individual responsible for this filing:**

Name: Angie Neville  
Title: Policy Filing Specialist

**Address:**

American United Life Insurance Company  
One American Square  
P.O. Box 368  
Indianapolis, Indiana 46206  
Phone Number: (317) 285-1814

**Date:** 09/26/08



September 25, 2008

Commissioner Julie Benafield Bowmen  
Department of Insurance  
State of Arkansas  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Filing of Group Voluntary Term Life Insurance forms  
American United Life Insurance Company – NAIC 60895  
Policy G 2535 et al, Certificate GC 2535 et al - See attached forms list

Dear Commissioner:

Thank you for the approval of our filing, SERFF: AULD-125321536.

In reviewing the approved forms it was discovered that one of the certificate pages did not have a change needed to bring consistency with the other life product we have filed and approved with your department.

The previously approved certificate page is GC 2535NN(T).

The previous language that was filed and approved is as follows:

American United Life Insurance Company ® (AUL) certifies that the Employee whose name appears on this certificate and for whom the required premium has been paid is insured under the Policy name above. Benefits are subject to change as described on the Schedule of Benefits page.

The requested language revision is as follows:

American United Life Insurance Company ® (AUL) certifies that the Employee whose enrollment form is on file with the Participating Unit as being eligible for insurance and for whom the required premium has been paid is insured under the Policy named above for group insurance benefits as designated in the Schedule of Benefits. Benefits are subject to change as described on the Schedule of Benefits page.

You may call me at 877-285-7660 ext. 1064 or contact me by e-mail at [productcompliance.corporatecompliance@oneamerica.com](mailto:productcompliance.corporatecompliance@oneamerica.com) if you have any questions. Thank you for your assistance with this informational filing.

Sincerely,

A handwritten signature in cursive script that reads "Glenda Howell".

Glenda Howell, ACS, AIRC  
Senior Contract Analyst  
Corporate Compliance and Market Conduct  
encls.

*OneAmerica  
Financial Partners, Inc.  
One American Square  
P.O. Box 368  
Indianapolis, IN 46206-0368  
(317) 285-1111*