

SERFF Tracking Number: BFLI-125828064 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 40438  
Company Tracking Number: AR B 0182 SM AP2008  
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Application for Life Insurance  
Project Name/Number: /

## Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Application for Life Insurance SERFF Tr Num: BFLI-125828064 State: ArkansasLH  
TOI: L07I Individual Life - Whole SERFF Status: Closed State Tr Num: 40438  
Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: AR B 0182 SM AP2008 State Status: Approved-Closed  
Premium - Single Life  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Authors: Jill Jones, Tina Cunningham Disposition Date: 10/10/2008  
Date Submitted: 10/01/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: submitted to the GA Department of Insurance via SERFF on 09-23-2008  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 10/10/2008  
State Status Changed: 10/10/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

The enclosed form is being submitted to your department for formal review and approval; it will replace application form B 0182 SM AP2006, which was approved by your Department on 08-29-2006.

This application will be used to solicit various life insurance products that have been or will have been previously

SERFF Tracking Number: BFLI-125828064 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 40438  
 Company Tracking Number: AR B 0182 SM AP2008  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Application for Life Insurance  
 Project Name/Number: /

approved by your department. The optional riders shown are bracketed for variability in the event we decide to either discontinue offering them or offer our Accidental Death Benefit Rider or Family Insurance Rider instead. Solicitation will be performed by personally producing, licensed and contracts agents and brokers.

## Company and Contact

### Filing Contact Information

Tina Cunningham, Compliance Analyst L1 tcunningham@atlam.com  
 4370 Peachtree Road NE (404) 266-5723 [Phone]  
 Atlanta, GA 30319 (404) 926-4092[FAX]

### Filing Company Information

Bankers Fidelity Life Insurance Company CoCode: 61239 State of Domicile: Georgia  
 4370 Peachtree Rd NE Group Code: 587 Company Type: Life & Health  
 Atlanta, GA 30319 Group Name: 61239 State ID Number:  
 (404) 266-5600 ext. [Phone] FEIN Number: 58-0658963  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$25.00	10/01/2008	22852556

SERFF Tracking Number: BFLI-125828064 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 40438  
Company Tracking Number: AR B 0182 SM AP2008  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Application for Life Insurance  
Project Name/Number: /

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: BFLI-125828064 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 40438  
Company Tracking Number: AR B 0182 SM AP2008  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Application for Life Insurance  
Project Name/Number: /

## Disposition

Disposition Date: 10/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BFLI-125828064 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 40438  
 Company Tracking Number: AR B 0182 SM AP2008  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Application for Life Insurance  
 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>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Application for Life Insurance		Yes

SERFF Tracking Number: BFLI-125828064 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 40438  
 Company Tracking Number: AR B 0182 SM AP2008  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Application for Life Insurance  
 Project Name/Number: /

## Form Schedule

Lead Form Number: B 0182 SM AP2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B 0182 SM AP2008	Application/ Enrollment Form	Application for Life Insurance	Initial		54	B 0182 SM AP2008 john doe.pdf

**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
 4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5146  
**APPLICATION FOR LIFE INSURANCE**

Agent/Broker Name <i>Joe Agent</i>	Agent Number <i>00001</i>
---------------------------------------	------------------------------

PLEASE PRINT

PROPOSED INSURED(S) (First Name, Middle Initial, Last Name)	Relationship To Insured	Social Security Number	Sex	Place (State) of Birth	Age	Born			Height & Weight		
						Month	Day	Year	Feet	Inches	Lbs.
<i>John D. Doe</i>	Proposed Insured	<i>000-00-0001</i>	<i>M</i>	<i>GA</i>	<i>50</i>	<i>01</i>	<i>01</i>	<i>1958</i>	<i>6</i>	<i>2</i>	<i>180</i>
	Dependent Child										
	Dependent Child										
	Dependent Child										

Residence Address (Street or Route & Box No.) <i>#1 Main St</i>	City <i>City</i>	County <i>Co</i>	State <i>ST</i>	Zip Code <i>30000-0000</i>
--	---------------------	---------------------	--------------------	-------------------------------

Telephone Number: <i>(123) 456 7890</i>	Best Time to Call: <i>8</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	E-mail Address: <i>johnddoe@email.com</i>	Mail Policy To: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Agent
--	--	--	---

Employer Name: <i>ABC Company</i>	Employer Address: <i>#1 Business Ave City ST 30000</i>	Phone # <i>(234) 567 8901</i>	Group # (if known) <i>ABC1234</i>
--------------------------------------	---	-------------------------------	-----------------------------------

**SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW**

LIFE INSURANCE		MODAL PREMIUM COMPUTATION:	
<input type="checkbox"/> Requested Face Amount: .....	\$ .....	Life Insurance .....	\$ <i>50.00</i>
<input checked="" type="checkbox"/> Monthly Money Purchase Amount: .....	\$ <i>50.00</i>	Children's Insurance .....	\$ .....
<input checked="" type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Children's Insurance Rider \$ .....	Total Amount Paid .....	
Automatic Premium Loan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		REQUESTED EFFECTIVE DATE: <i>10-01-08</i>	

**SINCE THIS APPLICATION HAS LIMITED MEDICAL UNDERWRITING, THE PREMIUM RATE INCLUDES AN EXTRA MORTALITY RISK CHARGE.**

1. (a) Does the Proposed Insured currently have any existing life insurance policies or annuities? .....  Yes  No  
 (b) Will any existing life insurance or annuities be replaced with this policy of whole life insurance? .....  Yes  No  
 If "Yes to either (a) or (b)," complete Replacement Notice.

2. Name of Primary Beneficiary(ies)	Relationship	Social Security No. (if known)	Address	Telephone No.
<i>Jane Doe</i>	<i>Spouse</i>	<i>000-00-0002</i>	<i>same</i>	
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (if known)	Address	Telephone No.
Name of Owner (if other than Insured)	Relationship	Social Security No. (if known)	Address	Telephone No.
Name of Payor (if other than Insured)	Relationship	Social Security No. (if known)	Address	Telephone No.

Limited Underwriting (Answer Questions 3-5)  Simplified Issue (Answer Questions 3-6)

3. In the last 3 years, has the Proposed Insured used any tobacco products? If Yes, use Tobacco rates. ....  Yes  No

4. If the Proposed Insured is the Employee, answer questions 4a and b:  
 (a) Have you been actively at work for at least 30 hours a week earning a wage or profit with this employer during the last 120 consecutive days? .....  Yes  No  
 (b) Have you been actively employed with this employer performing all the normal duties of your regular occupation during the last 120 consecutive days? .....  Yes  No  
 (If the answer to Question 4a or 4b is "No," coverage is not available.)  
 If the Proposed Insured is the Spouse of the Employee, answer question 4c only:  
 (c) Have you been hospitalized during the last 120 consecutive days, except for hospitalization due to normal childbirth? (If "Yes," provide details on a separate sheet of paper.) .....  Yes  No

5. In the last 7 years, has the Proposed Insured been medically diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? (If "Yes," coverage is not available.) .....  Yes  No

6. In the last 3 years, has the Proposed Insured been medically diagnosed with or treated for or taken prescription medicine for (If the answer to any part of Question 6 is "Yes," provide details on a separate sheet of paper.):  
 (a) heart disease or disorder of any kind, including but not limited to heart attack, congestive heart failure (CHF), angina or pacemaker implant or had heart surgery? .....  Yes  No

- (b) circulatory disease or disorder of any kind, including but not limited to stroke, aneurysm or blood vessel disorder?.....  Yes  No
- (c) respiratory disease or disorder of any kind, including but not limited to emphysema, chronic obstructive pulmonary disease (COPD) or any chronic lung disease?.....  Yes  No
- (d) kidney disease or disorder, or liver disease or disorder of any kind, including but not limited to kidney failure, kidney dialysis, kidney transplant, cirrhosis of the liver, or hepatitis (excluding Type A)?.....  Yes  No
- (e) brain disease or disorder of any kind, including but not limited to brain tumor, Down's syndrome, cerebral palsy, mental retardation, mental illness or disorder or seizure disorder?.....  Yes  No
- (f) internal cancer, leukemia, malignant melanoma or Hodgkin's disease?.....  Yes  No
- (g) degenerative disease or disorder of the muscles or nerves of any kind, including but not limited to Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease), multiple sclerosis, muscular dystrophy, Myasthenia Gravis, Huntington's Chorea or Parkinson's disease ?.....  Yes  No
- (h) diabetes requiring the use of insulin?.....  Yes  No
- (i) alcoholism or drug addiction, abuse or dependency or been medically diagnosed as an alcoholic or drug addict or been advised to receive treatment for any such condition?.....  Yes  No

**Answer Question 8 only if applying for the Children's Insurance Rider.**

- 7. (a) Is any child proposed for insurance medically prohibited or prevented from participating in the daily activities normally associated with a child of their age due to injury, illness, disease or deformity, including but not limited to attending school? .....  Yes  No
- (b) Has any child proposed for insurance been hospitalized in the last 120 days?.....  Yes  No
- (c) Has any child proposed for insurance been medically diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? ....  Yes  No

**Answer Question 9 only if applying for the Children's Insurance Rider in an amount over \$2,500.**

- 8. Has any child proposed for insurance been medically diagnosed with or treated for or taken prescription medication for asthma, cerebral palsy, congenital heart defects, cystic fibrosis, Down's syndrome, hemophilia, insulin-dependent diabetes, internal cancer, leukemia, Muscular Dystrophy or seizure disorder? .....  Yes  No

9. I, the undersigned Applicant, hereby apply to Bankers Fidelity Life Insurance Company for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. **I agree the policy shall not be effective unless it has actually been issued, received by the Owner and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated herein, except as provided in the Conditional Receipt.**

The undersigned Applicant and/or Proposed Insured and agent state that the Applicant and/or Proposed Insured have read or had read to him the completed application and that the Applicant and/or Proposed Insured realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy, subject to the "Incontestability" provision of the policy.

**CAUTION:** If the answers on this application are materially incorrect or untrue, Bankers Fidelity Life Insurance Company may have the right to deny benefits or contest your policy, subject to the "Incontestability" provision of the Policy.

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at City ST, on 09-23-08 X John Deere  
(City and State) (Month, Day, Year) Proposed Insured's signature. Please read item 9 before signing.

\*The Proposed Insured is the Applicant and Owner unless otherwise indicated.

X \_\_\_\_\_ X \_\_\_\_\_ X Joe Agent 00001  
Owner (if other than Proposed Insured) Applicant (if other than Proposed Insured) Agent's signature Agent's number

Does the Proposed Insured currently have any existing life insurance policies or annuities? .....  Yes  No  
Will any existing life insurance or annuities be replaced with this policy of whole life insurance? .....  Yes  No  
(If "Yes," complete Replacement Notice as required.)

I, the undersigned agent, certify that: (1) I have personally interviewed the Proposed Insured; (2) I have accurately recorded the information supplied by the Applicant and/or Proposed Insured; and (3) I have given the Applicant and/or Proposed Insured a "Life Insurance Buyers Guide."

Is the Proposed Insured related to you?  Yes  No If "Yes" explain relationship:  Self  \_\_\_\_\_  
If "YES," the co-signature of an independent third party is required.

I certify that I have independently verified the Proposed Insured's identity as required by the USA Patriot Act (PL 107-56) by viewing or through a U.S. Federal or state government-issued photo I.D.:  Drivers License  Passport  Identification card  Other \_\_\_\_\_

Dated at City ST, on 09-23-08 X Joe Agent 00001  
City and State Month, Day, Year Agent's signature Agent's number

X \_\_\_\_\_  
Co-signature (if required)

WRITING AGENT COMPLETE

*SERFF Tracking Number:*      *BFLI-125828064*                      *State:*                      *Arkansas*  
*Filing Company:*              *Bankers Fidelity Life Insurance Company*      *State Tracking Number:*      *40438*  
*Company Tracking Number:*      *AR B 0182 SM AP2008*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.101 Fixed/Indeterminate Premium - Single*  
*Product Name:*              *Application for Life Insurance*  
*Project Name/Number:*      /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: BFLI-125828064 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 40438  
Company Tracking Number: AR B 0182 SM AP2008  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Application for Life Insurance  
Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b>	09/23/2008
<b>Comments:</b>		
<b>Attachments:</b>		
B 0182 SM AP2008 Flesch cert.pdf		
AR Information & Guaranty Notices.pdf		
<b>Satisfied -Name:</b> Application	<b>Review Status:</b>	09/23/2008
<b>Comments:</b>		
<b>Attachment:</b>		
Policy Forms & Optional Riders B 0182 SM AP2008.pdf		
<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b>	10/01/2008
<b>Comments:</b>		
<b>Attachment:</b>		
AR B 0182 SM AP2008 cvr ltr 10-01-08.pdf		

**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
Atlanta, Georgia

**FLESCH SCORE CERTIFICATION**

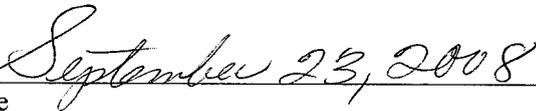
B 0182 SM AP2008 – Application for Life Insurance

Words: 383  
Sentences: 23  
Syllables: 615  
Score: 54.09

I hereby certify that the Flesch reading ease score of the above forms is as shown.



\_\_\_\_\_  
Sharon Busch  
Vice President Legal/Compliance



\_\_\_\_\_  
Date

# **BANKERS FIDELITY LIFE INSURANCE COMPANY**

Atlanta, Georgia

The following information is being provided to you in accordance with Act 197 of the Arkansas Department of Insurance Regulations:

## **Bankers Fidelity Life Insurance Company**

Policyholder Service Department

4370 Peachtree Road, N.E.

Atlanta, Georgia 30319

Toll-Free: 866-458-7500

Fax: (404) 926-4033

bflphs@atlam.com

If we at Bankers Fidelity Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

## **Arkansas Department of Insurance**

Consumer Service Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

(510) 371-2640, (800) 852-5494

Fax: (501) 371-2749

insurance.consumers@arkansas.gov

## **Your Agent:**

{FId0240}

{FId0241} {FId0242}

{FId0243} {FId0244}

{FId0245}

This notice is for information only and does not become a part or condition of your policy.

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are member of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting the insurance companies that are well managed and financially stable.

### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

The Arkansas Life and Health Insurance Guaranty Association  
C/o The Liquidation Division  
1023 West Capitol, Suite 2  
Little Rock, Arkansas 72202

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different type of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**Arkansas**  
**POLICY FORMS AND OPTIONAL RIDERS**  
**for Application B 0182 SM AP2008**

The following policy forms may be solicited:

<u>Form Number</u>	<u>Description / Title</u>	<u>Approved by State</u>
BFL 2-1027	Level Whole Life	12-07-1988
B 20604	Endowment at Age 100 - Level Life Insurance	07-25-2006
B 20801	Level Whole Life	(currently under review by DOI)
B 20802	Graded Face Amount - Modified Whole Life	(currently under review by DOI)

The following optional riders may be solicited:

<u>Form Number</u>	<u>Description / Title</u>	<u>Approved by State</u>
BFL-ADB	Accidental Death Benefit	01-18-198
BFL-CIR	Children's Insured Rider	01-18-1988
BFL-FIR	Family Insurance Rider	01-18-1988
BFL-WPD	Waiver of Premium Rider	01-18-1988



October 1, 2008

Mr. Joe Musgrove  
Department of Insurance  
1200 W Third Street  
Little Rock, AR 72201-1904

RE: Bankers Fidelity Life Insurance Company NAIC # 587-61239 FEIN # 58-0658963  
New Form: B 0182 SM AP2008 - Application for Life Insurance

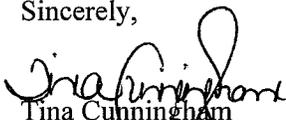
Dear Mr. Musgrove:

The enclosed form is being submitted to your department for formal review and approval; it will replace application form B 0182 SM AP2006, which was approved by your Department on 08-29-2006.

This application will be used to solicit various life insurance products that have been or will have been previously approved by your department. The optional riders shown are bracketed for variability in the event we decide to either discontinue offering them or offer our Accidental Death Benefit Rider or Family Insurance Rider instead. Solicitation will be performed by personally producing, licensed and contracts agents and brokers.

Thank you for your time in review of this filing. If you should have any questions or need any additional information, please do not hesitate to contact me at: (404) 266-5723; toll-free 1-800-241-1439, ext. 5723; fax (404) 926-4092; email [tcunningham@atlam.com](mailto:tcunningham@atlam.com).

Sincerely,

  
Tina Cunningham  
Compliance Analyst I  
Legal/Compliance