

<i>SERFF Tracking Number:</i>	<i>UNAM-125829246</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Pioneer Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40388</i>
<i>Company Tracking Number:</i>	<i>AP-LDBWL 09 - AR MR</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Senior Life</i>		
<i>Project Name/Number:</i>	<i>/PL-LDBWL 09 mr</i>		

Filing at a Glance

Company: American Pioneer Life Insurance Company

Product Name: Senior Life

SERFF Tr Num: UNAM-125829246 State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40388

Sub-TOI: L071.101 Fixed/Indeterminate

Co Tr Num: AP-LDBWL 09 - AR

State Status: Approved-Closed

Premium - Single Life

MR

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Mary Reichert

Disposition Date: 10/08/2008

Date Submitted: 09/29/2008

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: PL-LDBWL 09 mr

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/08/2008

State Status Changed: 10/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

These forms will replace and are substantially similar to previously approved forms LDBWL-2002 and APTAD-98. Some grammar and style changes were made. Changes to contract language are described in our cover letter which is attached in the supporting documentation tab.

Company and Contact

SERFF Tracking Number: UNAM-125829246 State: Arkansas
 Filing Company: American Pioneer Life Insurance Company State Tracking Number: 40388
 Company Tracking Number: AP-LDBWL 09 - AR MR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Senior Life
 Project Name/Number: /PL-LDBWL 09 mr

Filing Contact Information

Mary Reichert, mreichert@uaflc.com
 P.O. Box 958465 (407) 628-1776 [Phone]
 Lake Mary, FL 32795-8465

Filing Company Information

American Pioneer Life Insurance Company CoCode: 60763 State of Domicile: Florida
 1001 Heathrow Park Lane Group Code: 953 Company Type:
 Suite 5001
 Lake Mary, FL 32746 Group Name: State ID Number:
 (407) 995-8000 ext. [Phone] FEIN Number: 59-0935083

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: FL does not require a filing fee. We are submitting the minimum fee for AR.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Pioneer Life Insurance Company	\$50.00	09/29/2008	22797593

SERFF Tracking Number: UNAM-125829246 State: Arkansas
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Senior Life
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/08/2008	10/08/2008

SERFF Tracking Number: UNAM-125829246 *State:* Arkansas
Filing Company: American Pioneer Life Insurance Company *State Tracking Number:* 40388
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Product Name: Senior Life
Project Name/Number: /PL-LDBWL 09 mr

Disposition

Disposition Date: 10/08/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-125829246 State: Arkansas
 Filing Company: American Pioneer Life Insurance Company State Tracking Number: 40388
 Company Tracking Number: AP-LDBWL 09 - AR MR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Senior Life
 Project Name/Number: /PL-LDBWL 09 mr

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Whole Life Policy		Yes
Form	Accidental Death Benefit Rider		Yes

SERFF Tracking Number: UNAM-125829246 State: Arkansas
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 Company Tracking Number: AP-LDBWL 09 - AR MR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Senior Life
 Project Name/Number: /PL-LDBWL 09 mr

Form Schedule

Lead Form Number: AP-LDBWL 09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AP-LDBWL 09	Policy/Cont	Whole Life Policy ract/Fratern al Certificate	Initial		49	A-LDB policy.pdf
	AP-ADB 09	Policy/Cont	Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49	AP-ADB 09.pdf



Home Office: [P.O. Box 958465, Lake Mary, Florida 32795-8465 (800) 538-1053]

A STOCK COMPANY

In this policy, "you" and "your" refer to the owner of the policy. "AP" refers to American Pioneer Life Insurance Company.

AP promises to pay the death benefit to the beneficiary upon receipt of acceptable proof of the insured's death that occurs while this policy is in force. AP makes this promise subject to the terms and provisions of this policy. The following pages are part of the policy.

20 DAY RIGHT TO RETURN

This policy may be returned to AP or its agent for cancellation within 20 days after it is delivered. If returned the policy is void from its beginning, and any premium paid is refunded.

This is a legal contract between you and AP. **PLEASE READ YOUR POLICY CAREFULLY!**

This policy has been signed by the President and Secretary of American Pioneer Life Insurance Company.

[*Amy W. Bryant*
President]

[*[Signature]*
Secretary]

**WHOLE LIFE POLICY
PREMIUMS PAYABLE TO AGE 100
NON-PARTICIPATING**

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POLICY SUMMARY

This section summarizes the main points of this policy. The index shows where provisions can be found. See the actual provisions for complete information.

This is a whole life insurance policy. The death benefit described is payable on the death of the insured.

Each premium is payable on or before its due date. A 31-day grace period is given for the payment of each premium after the first premium is paid.

During the insured's lifetime, you can:

1. Change the beneficiary, unless otherwise provided;
2. Borrow on this policy;
3. Choose one of several ways for the death benefit or value of the policy to be paid;
4. Sell or give away the above rights, unless otherwise provided.

POLICY SCHEDULE

PLAN OF INSURANCE: WHOLE LIFE POLICY

INSURED: John Doe

POLICY NUMBER: APOHLDB70A

AGE LAST BIRTHDAY: 70

SEX: Male

DATE OF ISSUE: August 01, 2008

PLAN CODE: WA6111

PREMIUM CLASS: STANDARD

FACE AMOUNT: 10,000.00

TOBACCO USE: NO

POLICY YEARS AND POLICY MONTHS ARE COMPUTED FROM: August 01, 2008

BENEFICIARY IS AS STATED IN THE APPLICATION UNLESS CHANGED AS PROVIDED IN THE POLICY.

COVERAGE AND PREMIUMS

COVERAGE	FACE AMOUNT	FIRST YEAR PREMIUM	RENEWAL PREMIUM	PAYMENT PERIOD
WHOLE LIFE POLICY	\$ 10,000.00	\$ 971.30	\$ 971.30	TO AGE 100
ACCIDENTAL DEATH BEN	\$ 10,000.00	\$ 42.20	\$ 42.20	TO AGE 100

TOTAL RENEWAL MODE PREMIUM: \$1,013.50
(INCLUDES 36.00 POLICY FEE)

POLICY FEE IS NOT USED IN DETERMINING THE NONFORFEITURE BENEFITS.

PREMIUM MODE: Annually

TABLE OF GUARANTEED VALUES

 POLICY NUMBER: APOHLDB70A

THE VALUES SHOWN BELOW ARE FOR THE GUARANTEED DEATH BENEFIT SHOWN IN THE POLICY SCHEDULE AND ASSUME ALL REQUIRED PREMIUMS ARE PAID TO THE END OF EACH POLICY YEAR. THESE VALUES ARE NOT ADJUSTED FOR ANY LOAN ON THE POLICY. THE VALUES FOR ANY POLICY YEAR NOT SHOWN WILL BE FURNISHED UPON REQUEST.

END OF POLICY YEAR	ATTAINED AGE	CASH VALUE	PAID UP INSURANCE	EXTENDED TERM INSURANCE	
				YEARS	DAYS
1-001	71-071	\$0.00	\$0.00	0	0
002	072	\$141.90	\$250.00	0	175
003	073	\$512.10	\$870.00	1	201
004	074	\$881.90	\$1,460.00	2	151
005	075	\$1,251.30	\$2,020.00	3	36
006	076	\$1,620.50	\$2,540.00	3	229
007	077	\$1,988.20	\$3,040.00	4	9
008	078	\$2,351.80	\$3,520.00	4	120
009	079	\$2,708.50	\$3,960.00	4	201
010	080	\$3,056.60	\$4,370.00	4	259
011	081	\$3,394.60	\$4,750.00	4	296
012	082	\$3,722.00	\$5,110.00	4	316
013	083	\$4,040.00	\$5,450.00	4	320
014	084	\$4,348.20	\$5,760.00	4	314
015	085	\$4,644.90	\$6,050.00	4	298
016	086	\$4,928.20	\$6,320.00	4	277
017	087	\$5,196.60	\$6,570.00	4	253
018	088	\$5,449.20	\$6,790.00	4	226
019	089	\$5,685.80	\$7,000.00	4	198
020	090	\$5,906.80	\$7,190.00	4	168

NONFORFEITURE FACTOR: 62.75 PER THOUSAND

BASIS OF RESERVES:

2001 COMMISSIONERS STANDARD ORDINARY TABLE
 4.00% AGE LAST BIRTHDAY
 MALE OR FEMALE, SMOKER OR NON-SMOKER

BASIS OF GUARANTEED CASH VALUES:

2001 COMMISSIONERS STANDARD ORDINARY TABLE
 5.00% AGE LAST BIRTHDAY
 MALE OR FEMALE, SMOKER OR NON-SMOKER

DEATH BENEFIT

The amount payable upon proof of the insured's death is the face amount shown on the policy schedule, less any outstanding loan and premium due.

PREMIUMS

Payment

Premiums are payable in advance at the Home Office in the amounts shown in the policy schedule. The first premium is due on the date of issue. Each premium after the first is due at the beginning of the period to which it applies. Premiums may be paid for periods of 1 year, 6 months, 3 months or 1 month. The frequency of premiums may be changed by filing a written request with the Home Office.

The payment of a premium will not keep the policy in force beyond the next premium due date, except as provided elsewhere in the policy. Any premium not paid on or before its due date is in default.

Refund of Premium at Death

The portion of any premium paid that applies to a period beyond the end of the policy month in which the insured's death occurs, is added to the proceeds.

Grace Period

A 31-day grace period is allowed to pay a premium in default. No interest is charged on the late payment. The policy continues in force during the grace period. If a premium remains in default at the end of the grace period, and is not paid by automatic premium loan, the policy lapses, subject to the Options Upon Nonpayment of Premium provision. If the insured dies during the grace period, the premium due is paid from the proceeds of the policy.

Reinstatement

If your policy has lapsed because you did not pay a premium, you may ask us to put it back in force. AP reinstates the policy if the following conditions are met:

1. Not more than 5 years have passed since the due date of the unpaid premium.
2. You have not surrendered your policy for its cash value.
3. You submit evidence satisfactory to us that the insured is still insurable according to our normal rules.
4. All unpaid premiums are paid with interest at 6% per year compounding annually.
5. All unpaid loans are paid or reinstated with annually compounding interest at the rate that would have applied when loan interest was due, as determined under the Policy Values and Loans provision.

OWNER AND BENEFICIARY

Owner

Unless provided otherwise, the insured is the owner. During the insured's lifetime, the owner has the power to exercise all policy rights and receive policy values, subject to any assignment on file with AP. Ownership rights may be exercised without consent of the insured, a contingent owner, or a revocable beneficiary. The death benefit, however, is paid to the beneficiary and not the owner unless the owner is the beneficiary.

The owner may name or change a contingent owner. A contingent owner succeeds to the rights of the owner if the owner dies before the insured.

Beneficiary

The beneficiary is named in the application or in the most recent beneficiary change received. The interest of any beneficiary, whether revocable or irrevocable (an irrevocable beneficiary cannot be changed except upon said beneficiary's written consent), ceases when the beneficiary dies before the insured. Unless otherwise stated, two or more beneficiaries in the same class share equally, and the interest of any deceased beneficiary passes equally to the surviving beneficiaries within the class. If no beneficiary survives the insured, the death benefit is paid to the owner, if living, otherwise to the owner's estate.

Assignment

You may assign this policy as collateral security without changing the rights of ownership. However, the interests of the owner and any beneficiary are subordinate to the interest of any assignee.

An assignment of the policy is not binding on us until it is received at the Home Office of AP. AP assumes no responsibility for the validity of any assignment. Any assignment is subject to any policy loan.

Change of Owner or Beneficiary

During the insured's lifetime, you have the right to transfer the ownership or change the beneficiary by giving written notice to us. Any change is effective when the notice was signed, but will not affect any payment made or any other action taken by us before the notice is received. AP may require the policy be returned for endorsement for any change requested.

POLICY VALUES

Net Cash Value

The net cash value is the cash value shown in the Table of Guaranteed Values, decreased by any outstanding loan on the policy. The cash value at any time other than at the end of a policy year is determined by making allowance for the lapse in time and for the part of the year that premiums are paid. Surrender within 31 days after a policy anniversary is treated as a surrender on the anniversary.

Surrender For Cash

You may surrender the policy at any time for its net cash value while the insured is living. If you request surrender within 60 days after the due date of an unpaid premium, the net cash value is determined as of the due date.

Deferral of Payment

AP reserves the right to defer payment for not more than 6 months from the date of your written request for a policy loan (other than to pay a premium), surrender of the policy, or a surrender under one of the Options Upon Nonpayment of Premium.

Basis of Computation

All cash values, reserves (the amount that is held for payment of future benefits), and net single premiums are based on the Commissioners Mortality Table found on the policy schedule and the interest rates guaranteed for reserves and cash values which are shown in the policy schedule.

A detailed statement of the method of computing cash values and reserves is filed with the insurance supervisory official in all states where this policy is issued. These values equal or exceed the minimum values required by law.

LOANS

Loan Value

The loan value is the cash value of the policy. The amount available for loan is an amount which, with interest on the total loan to the end of the policy year, will not exceed the net cash value at the end of the policy year or the date to which premiums have been paid, whichever is earlier. Any premium due and unpaid at the time the loan is made may be deducted from the loan.

Cash Loans

When cash value is available, you may request to borrow against the policy. The loan is made with the policy as sole security for the loan. The loan is the first lien on the policy.

Loan Interest

The interest rate on a policy loan is 8%. Interest is due annually at the end of each policy year until the loan is repaid. If interest is not paid when due, it is added to the loan.

Effect of Loan

The loan, plus any unpaid interest, is deducted from the death benefit or the cash value of the policy. Failure to repay the loan or interest will not lapse the policy unless the total loan equals or exceeds the loan value. If the total loan exceeds the loan value, lapse will not occur until 31 days after a notice of lapse is mailed to the last known address of the owner and to any assignee of record.

Loan Repayment

You may repay the loan in whole or in part at any time while the policy is in force. If however, the policy is being continued under the Options Upon Nonpayment of Premium provision, any loan which was deducted from the cash value to determine the amount of paid-up insurance may not be repaid unless the policy is reinstated.

Automatic Premium Loan

Automatic premium loan is in effect if requested in the application. Otherwise, you may ask that it become in effect by sending a written request to AP's Home Office. The request must be received prior to the end of the grace period for any premium in default. You may revoke automatic premium loan as to premiums not yet paid, by sending written notice to the Home Office.

When automatic premium loan is in effect, any premium in default at the end of the grace period is paid automatically as of its due date by a policy loan. If the loan value is not enough to pay a premium, the payment mode is changed to a more frequent basis. The frequency of payment is never changed to more than monthly. If the loan value is not enough to pay a monthly premium, it is applied under the Options Upon Nonpayment of Premium provision. Automatic premium loan is subject to provisions relating to cash loans. While premiums are being paid by automatic premium loan, you may resume premium payments before the policy lapses.

OPTIONS UPON NONPAYMENT OF PREMIUM

If a premium is in default beyond the grace period and is not paid by automatic premium loan, the insurance under the policy lapses except as may be provided in the following options. One of the following options may be elected by your written request no later than 60 days after the premium due date and prior to the insured's death. If no other option is elected by the end of the grace period, the automatic option is extended term insurance.

Surrender

Upon lapse you may surrender the policy for its net cash value.

Paid-Up Life Insurance

The policy may be continued from the due date of the premium in default for a reduced amount of paid-up life insurance. This reduced amount of insurance is payable at the same time and under the same conditions as the face amount of the policy. The amount of paid-up insurance is that which the net cash value purchases using the net single premium at the attained age of the insured.

Extended Term Insurance

The policy may be continued as extended term insurance. The amount of extended term insurance will be the death benefit amount of this policy less the amount of any policy loan and loan interest. The term of such insurance will start on the due date of the premium in default and continue for such period as the surrender value will purchase when applied as a net single premium at the attained age of the insured. No loans may be taken against extended term insurance.

Surrender of Paid-Up or Extended Term Insurance

Paid-up or extended term insurance may be surrendered at any time. The surrender value is equal to the present value of benefits at the then attained age of the insured. The surrender value is decreased by any outstanding policy loan. Surrender within 31 days after a policy anniversary is treated as surrender on the anniversary.

Termination of Additional Benefits

When an option upon nonpayment of premium is in effect, any accidental death, waiver of premium, term, or other additional benefit terminates, unless stated otherwise.

SETTLEMENT OPTIONS

Proceeds are the amount payable on the surrender of this policy or upon the death of the insured.

The proceeds of this policy may be paid in a lump sum or applied under any of these options by written request to AP:

Option 1 – Fixed Period: Payments will be made for a fixed period not to exceed 30 years.

Option 2 – Life Income with Period Certain: Payments will be made for the life of the payee, guaranteed for 10, 15, or 20 years.

Option 3 – Fixed amount: Payments of a fixed amount will be made until proceeds and interest are fully paid. The final payment will be the balance left with AP.

Option 4 – Interest Income: Annual interest payments on funds left on deposit with AP will be made for the life of the payee. Withdrawals made after the election of this option must be at least \$100.

Option 5 – Joint And 2/3 Survivor Life Income: The proceeds will be paid in equal payments during the continued lifetimes of both of two payees. The payments will continue at the rate of 2/3 of the original amount after the death of either until the death of the survivor.

Conditions - Elections of options are subject to these conditions:

1. Election must be made by the owner while the insured is living. If no election is made by the time of the insured's death, then the beneficiary may elect an option.
2. Proceeds must be enough to produce installment payments of at least \$25. Proceeds must be at least \$2,000.
3. Options are available with the consent of AP if:
 - a) This policy is assigned.
 - b) The payee is a trustee or business entity.
4. Unless the option was elected by the person to receive payment, withdrawal or transfer of funds between options may be made only to the extent stated in the election.
5. If the option depends on age, proof of a payee's date of birth may be required.

Payment of Proceeds

If payment of proceeds in one sum is not made within 30 days from the date AP receives notice of proof of death, AP pays interest on the proceeds from the date of notification to the payment date, or as required by state law.

Payments

The amount payable under an option including any excess interest is as we declare. The minimum interest rate used in computing payments under all options is 3% per year.

Supplementary Contract

When an option becomes effective, the policy is surrendered in exchange for a supplementary or annuity contract. It provides for the manner of settlement and rights of the payee(s). The contract effective date is the date of the insured's death or the date of other settlement. The first payment under Options 1, 2 and 3 is payable as of the effective date. The first interest payment under Option 4 is made at the end of the interest payment period elected. Subsequent payments are made in accordance with the frequency of payment elected. The contract may not be assigned or payment made to another without the consent of AP.

Income Protection

Unless otherwise provided in the election, a payee does not have the right to commute, transfer, or encumber amounts held or installments to become payable. To the extent provided by law, the proceeds, amount retained, and installments are not subject to any payee's debts, contracts, or engagements.

Death of Primary Payee

Upon the primary payee's death, any payment certain under Option 1 or 2, interest payment under Option 4, or payments under Option 3 is continued to the contingent payee. Amounts may be released in one sum if permitted by the contract. The final payee is the estate of the last to die of the primary payee and any contingent payee.

GENERAL PROVISIONS

Contract

The entire contract consists of this policy and the application. A copy of the application is attached to this policy when issued. In the absence of fraud, all statements made in the written application are deemed representations and not warranties. No statement is used to void this policy or to defend against a claim under it unless: (1) Such statement is contained in the written application, and (2) A copy of such application is attached to this policy when issued.

Incontestability

Except for nonpayment of premiums, this policy is incontestable after it has been in force during the lifetime of the insured for two years from the date of issue.

Suicide

If within two years from the effective date of this policy, the insured dies by suicide, while sane or insane, the amount payable by AP in place of all other benefits is the sum of premiums paid, without interest, less any debt secured by this policy.

If this policy is issued as the result of a conversion from another policy, the suicide exclusion does not begin again. It is effective as of the date of the original policy.

Misstatement of Age or Sex

If the age or sex of the insured has been misstated, the amount payable is that amount which the premium paid would have bought at the correct age and sex.

Agent's Authority

None of the provisions of this policy can be waived by any agent or changed except by: (1) A policy endorsement signed by an officer of AP, or (2) A rider signed by an officer of AP.

Non-participating

This is a non-participating policy. It will not share in any distribution of surplus earnings of AP.

SETTLEMENT OPTION TABLES

Settlement Option 1. Payment for a Designated Period (Per \$1,000 of Proceeds)

Period (Years)	Monthly Payment	Period (Years)	Monthly Payment	Period (Years)	Monthly Payment
1	84.47	11	8.86	21	5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18

Settlement Option 2. Life Income With Payments Guaranteed for Designated Period
(Per \$1,000 of Proceeds)

Age		Guaranteed Period			Age		Guaranteed Period		
Male	Female	10 Years	15 Years	20 Years	Male	Female	10 Years	15 Years	20 Years
11*	16*	2.91	2.91	2.91	46	51	4.13	4.08	4.01
12	17	2.93	2.93	2.92	47	52	4.20	4.15	4.07
13	18	2.94	2.94	2.94	48	53	4.27	4.21	4.13
14	19	2.96	2.96	2.96	49	54	4.35	4.28	4.19
15	20	2.98	2.98	2.97	50	55	4.43	4.36	4.25
16	21	3.00	2.99	2.99	51	56	4.52	4.43	4.31
17	22	3.01	3.01	3.01	52	57	4.61	4.51	4.37
18	23	3.03	3.03	3.03	53	58	4.70	4.59	4.44
19	24	3.05	3.05	3.05	54	59	4.80	4.68	4.50
20	25	3.08	3.07	3.07	55	60	4.90	4.76	4.57
21	26	3.10	3.09	3.09	56	61	5.01	4.85	4.64
22	27	3.12	3.12	3.11	57	62	5.12	4.95	4.71
23	28	3.14	3.14	3.14	58	63	5.24	5.04	4.77
24	29	3.17	3.17	3.16	59	64	5.36	5.14	4.84
25	30	3.19	3.19	3.18	60	65	5.50	5.24	4.91
26	31	3.22	3.22	3.21	61	66	5.63	5.35	4.97
27	32	3.25	3.25	3.24	62	67	5.78	5.45	5.03
28	33	3.28	3.27	3.27	63	68	5.93	5.56	5.09
29	34	3.31	3.30	3.30	64	69	6.09	5.67	5.15
30	35	3.34	3.34	3.33	65	70	6.25	5.77	5.21
31	36	3.38	3.37	3.36	66	71	6.43	5.88	5.25
32	37	3.41	3.40	3.39	67	72	6.60	5.98	5.30
33	38	3.45	3.44	3.43	68	73	6.79	6.09	5.34
34	39	3.49	3.48	3.46	69	74	6.98	6.18	5.37
35	40	3.53	3.52	3.50	70	75	7.17	6.28	5.40
36	41	3.57	3.56	3.54	71	76	7.36	6.37	5.43
37	42	3.62	3.60	3.58	72	77	7.56	6.45	5.45
38	43	3.66	3.65	3.62	73	78	7.76	6.52	5.47
39	44	3.71	3.69	3.66	74	79	7.95	6.59	5.48
40	45	3.76	3.74	3.71	75	80	8.14	6.64	5.49
41	46	3.82	3.79	3.75	76		8.33	6.69	5.50
42	47	3.87	3.85	3.80	77		8.50	6.74	5.50
43	48	3.93	3.90	3.85	78		8.67	6.77	5.51
44	49	4.00	3.96	3.90	79		8.82	6.80	5.51
45	50	4.06	4.02	3.96	80		8.96	6.82	5.51

* and under

Settlement Option 5. Joint Life Income With Two Thirds to Survivor
(Per \$1,000 of Proceeds)

Attained Age		Joint Payee Attained Age					
Male	Female	M 50 F 55	M 55 F 60	M 60 F 65	M 65 F 70	M 70 F 75	M 75 F 80
50	55	4.27	4.48	4.70	4.94	5.20	5.47
51	56	4.31	4.53	4.76	5.01	5.28	5.56
52	57	4.36	4.58	4.82	5.08	5.36	5.66
53	58	4.39	4.63	4.87	5.15	5.45	5.75
54	59	4.44	4.68	4.94	5.23	5.53	5.85
55	60	4.48	4.73	5.00	5.30	5.62	5.96
56	61	4.52	4.78	5.07	5.38	5.72	6.06
57	62	4.56	4.84	5.13	5.46	5.81	6.18
58	63	4.61	4.89	5.20	5.54	5.91	6.30
59	64	4.65	4.95	5.27	5.63	6.02	6.42
60	65	4.70	5.00	5.34	5.72	6.13	6.55
61	66	4.76	5.06	5.41	5.81	6.24	6.69
62	67	4.80	5.12	5.49	5.90	6.36	6.83
63	68	4.84	5.18	5.56	6.00	6.48	6.98
64	69	4.89	5.24	5.64	6.10	6.60	7.13
65	70	4.91	5.30	5.72	6.20	6.73	7.29
66	71	4.99	5.37	5.80	6.30	6.86	7.46
67	72	5.05	5.43	5.88	6.41	7.00	7.64
68	73	5.10	5.49	5.96	6.51	7.14	7.82
69	74	5.15	5.56	6.04	6.62	7.28	8.01
70	75	5.20	5.62	6.13	6.73	7.43	8.20
71	76	5.26	5.69	6.21	6.84	7.58	8.40
72	77	5.31	5.76	6.30	6.95	7.73	8.61
73	78	5.37	5.82	6.38	7.07	7.89	8.82
74	79	5.42	5.90	6.47	7.18	8.04	9.04
75	80	5.47	5.96	6.55	7.29	8.20	9.26
76	81	5.53	6.02	6.64	7.41	8.36	9.43
77	82	5.58	6.09	6.72	7.52	8.52	9.71
78	83	5.64	6.15	6.81	7.64	8.68	9.94
79	84	5.69	6.22	6.89	7.75	8.84	10.17
80	85	5.74	6.28	6.97	7.86	9.00	10.40

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IMPORTANT

Now that you have bought this insurance coverage, beware of any agent who advises you to discontinue it in order to take another in its place. He may be seeking his own profit at your expense. If he is sincerely interested in you, he will be willing to submit his recommendations to you in writing, suggesting his reasons for you to replace your AP policy. Then, if you forward his recommendations to us, we will be glad to advise you.

To collect any benefit due under a AP policy, write directly to AP. It is not necessary to employ any person, firm, or corporation in collecting the insurance under this policy or in receiving any of the benefits. Time and expense will be saved by writing directly to our Home Office.



Home Office: [P.O. Box 958465, Lake Mary, Florida 32795-8465 (800) 538-1053]

**WHOLE LIFE POLICY
PREMIUMS PAYABLE TO AGE 100
NON-PARTICIPATING**



Home Office:[P.O. Box 958465, Lake Mary, Florida 32795-8465 (800) 538-1053]

A STOCK COMPANY

ACCIDENTAL DEATH BENEFIT RIDER

Amount of Accidental Death Benefit

This Accidental Death Benefit will be the amount specified on the Policy Schedule if death for which the benefit is payable results from an accidental bodily injury that occurred while this rider was in force. However, the amount of this benefit will be doubled if the accidental death for which the benefit is payable results from riding as a passenger in a public conveyance then being operated by a common carrier transporting passengers for hire.

This rider is made part of the contract to which it is attached.

The consideration for this rider is the application and payment of the premium charge for the rider. The charge for the rider is included in the premium stated on the Policy Schedule and is payable under the same conditions as for the contract premium; the charge for this rider will cease when this rider terminates.

This rider is subject to all the applicable provisions of this contract. This rider has no cash or loan value.

Subject to the terms of this rider, we will pay the accidental death benefit amount shown for this rider to the beneficiary, in addition to any other amounts to be paid. Payment will be made upon the receipt of proof that the accidental death of the insured occurred while this contract and rider were in force. Proof should be sent to our Executive Office.

Definition of Accidental Death

Accidental Death means death that:

1. Resulted from accidental bodily injury directly and independently of all other causes;
2. Occurred within 90 days after the injury;
3. Did not result from any of the exclusions listed in this rider.

Examination and Autopsy

We have the right to examine the body of the insured as a condition to payment of the benefit. Unless prohibited by law, we have the right to make an autopsy.

Exclusions

This rider will not cover death resulting directly or indirectly from:

1. Suicide or attempted suicide while sane or insane;
2. Intentionally self-inflicted injury, or any attempt at injury, while sane or insane;

3. Insurrection, riot, war, or any act of war. "War" includes declared or undeclared war or armed conflict involving the military of any country, international organization, or combination of countries;
4. Diseases, bodily or mental infirmity, or medical or surgical treatment for any of these;
5. Ptomaine or bacterial infection other than bacterial infection occurring in consequence of an accidental cut or wound;
6. Accident which occurs while the insured is serving on active duty for 30 days or more in any armed forces;
7. Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if the aircraft is being used:
 - a) for test or experimental purposes;
 - b) by or for any military authority other than aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country;
 - c) for travel, or is designed for travel beyond the earth's atmosphere; or
 - d) by or for your employer (this exclusion applies whether the aircraft or device is owned, leased, operated, or controlled.) Chartered aircraft are not excluded.
8. Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if the insured is:
 - a) serving as a pilot or crew member (or student taking a flying lesson) and is not riding as a passenger;
 - b) hang gliding;
 - c) parachuting, except when the insured has to make a parachute jump for self-preservation;
9. Commission, or attempt at commission, of an assault or felony;
10. The insured's intoxication ("intoxication" means that the insured's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred);
11. The voluntary taking or inhalation of:
 - a) any drug, medication, or sedative, unless taken as prescribed by a physician;
 - b) alcohol in combination with any drug, medication, or sedative ; or
 - c) poison, gas, or fumes, other than as a result of an occupational accident.

Termination of Rider

This rider will terminate:

1. If any premium for this contract or this rider is not paid before the end of the grace period stated in the contract;
2. If this contract terminates, matures or becomes paid-up;
3. If this contract is surrendered or continued under any Option of Nonpayment of Premiums;

4. Upon our receipt of a written request from the owner to cancel this rider on the next premium due date.

EFFECTIVE DATE

This rider is effective on the same date as the policy.

In witness, American Pioneer Life Insurance Company has caused this rider to be signed by its Secretary.


Secretary

SERFF Tracking Number: UNAM-125829246 *State:* Arkansas
Filing Company: American Pioneer Life Insurance Company *State Tracking Number:* 40388
Company Tracking Number: AP-LDBWL 09 - AR MR
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Senior Life
Project Name/Number: /PL-LDBWL 09 mr

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-125829246 State: Arkansas
Filing Company: American Pioneer Life Insurance Company State Tracking Number: 40388
Company Tracking Number: AP-LDBWL 09 - AR MR
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Senior Life
Project Name/Number: /PL-LDBWL 09 mr

Supporting Document Schedules

Review Status: 09/23/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
AR cert.pdf

Review Status: 09/23/2008
Satisfied -Name: Application
Comments:
Previously approved application.
Form # LA-038 SSL (10/02) AR
Approved April 26, 2000

Review Status: 09/29/2008
Satisfied -Name: Cover Letter
Comments:
The cover letter details the changes made to these forms.
Attachment:
Submission Letter.pdf

We certify that these forms comply with the provision of 19 ss 10 b and all applicable requirements of the Department. We also certify that both the Life and Health Guaranty Association Notice and agent contact information will be delivered with the policy in compliance with Regulation 49 and Arkansas Insurance Code 23-79-138.

RE: American Pioneer Life Insurance Company
NAIC No. 60763 FEIN No. 59-0935083
New Submission

AP-LDBWL 09 – Level Death Benefit Whole Life Insurance Policy
AP-ADB 09 – Accidental Death Benefit Rider

Dear Sir/Madam:

We are submitting the above referenced forms for your review and approval. They are pending approval in our domicile state of Florida.

These forms will replace and are substantially similar to previously approved forms LDBWL-2002 and AAPTAD 00. Some grammar and style changes were made. Changes to contract language are described below.

AP-LDBWL 09 - Level Death Benefit Policy

1. The Secretary's signature on the front cover was changed. Our corporate Secretary is Steven B. Najjar.
2. The Brief Description on the front and back covers was changed to read "Premiums Payable To Age 100." (The existing policy says they are payable for life.)
3. The calculation basis on the Policy Schedule on page 3 was revised to reflect the 2001 Commissioners Standard Ordinary Table.
4. The Beneficiary provision on page 6 was changed to explain that an irrevocable beneficiary cannot be changed without that beneficiary's consent.
5. The Beneficiary, Assignment and Change of Owner or Beneficiary provisions on page 6 were revised. Changes are binding when the document is received. (The existing policy binds changes when recorded.)
6. The default nonforfeiture option on page 8 was changed to extended term insurance. (The existing policy uses paid-up insurance.)
7. The Extended Term Insurance provision was added on page 8.
8. The life income settlement option on page 8 was renamed Life Income with Period Certain. The definition remains the same.
9. The Suicide provision on page 10 was changed to state that the exclusion doesn't restart for converted policies.

The policy will be marketed by our licensed agents to persons age 45-85. It will not be illustrated.

AP-ADB 09 – Accidental Death Benefit Rider

The following changes were made:

1. We updated the Secretary's signature.
2. We removed references to the street address from the text of the document.
3. We made simple grammatical corrections.

In addition, we have bracketed office addresses, telephone numbers and officer signatures on all of the forms so that they may be changed without refiling.

We hope this forms are acceptable to you.

Sincerely,

Mary Reichert
Contract Analyst