

SERFF Tracking Number: AHLI-125645435 State: Arkansas
Filing Company: The American Home Life Insurance Company State Tracking Number: 39030
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Traditional Application, Children's Term Products, and HIPAA Authorization
Project Name/Number: /

Filing at a Glance

Company: The American Home Life Insurance Company

Product Name: Traditional Application, Children's Term Products, and HIPAA Authorization
SERFF Tr Num: AHLI-125645435 State: ArkansasLH

TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 39030
Sub-TOI: L04I.500 Other Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Juell Nebergall Disposition Date: 05/29/2008
Date Submitted: 05/16/2008 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: 05/07/2008
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: 05/29/2008
State Status Changed: 05/29/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We have revised our previously approved Traditional Application, form AHL-U-03-ALT. We have also updated and renamed our previously approved Children's Term Products, including policies, waivers/benefits, and riders. New to this filing is a HIPAA Compliant Authorization for Release of Medical Information that will be used as a stand alone form.

Please see the Cover Letter for descriptions of each form.

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Company and Contact

Filing Contact Information

Juell Nebergall, Legal Correspondent jnebergall@amhomelife.com
400 S Kansas Ave (785) 235-6276 [Phone]
Topeka, KS 66601 (785) 235-1037[FAX]

Filing Company Information

The American Home Life Insurance Company CoCode: 60542 State of Domicile: Kansas
400 S Kansas Ave Group Code: Company Type: Life Insurance &
Annuities
P.O. Box 1497
Topeka, KS 66601 Group Name: State ID Number:
(785) 235-6276 ext. [Phone] FEIN Number: 48-0119710

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/29/2008	05/29/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	05/29/2008	05/29/2008	Juell Nebergall	05/29/2008	05/29/2008

Industry Response

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing fee check	Note To Filer	Linda Bird	05/29/2008	05/29/2008
Filing Fee Check	Note To Reviewer	Juell Nebergall	05/29/2008	05/29/2008
Filing Fee	Note To Reviewer	Juell Nebergall	05/16/2008	05/16/2008

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Disposition

Disposition Date: 05/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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
Supporting Document	Statement of Actuarial Basis		No
Form	Life Application		Yes
Form	Children's Level Term Life Insurance		Yes
Form	Children's Single Premium Term Life Insurance		Yes
Form	Children's Term Insurance Benefit		Yes
Form	Waiver of Premium in Event of the Death of the Premium Payor		Yes
Form	Waiver of Premium in Event of the Death or Total and Permanent Disability of the Premium Payor		Yes
Form	Benefit in Event of Accidental Death Prior to Age 65		Yes
Form	Waiver of Premium Benefit		Yes
Form	Guaranteed Insurability Benefit		Yes
Form	Accelerated Benefit Rider		Yes
Form	HIPAA Compliant Authorization for Release of Medical Information		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/29/2008
Submitted Date 05/29/2008

Respond By Date

Dear Juell Nebergall,

This will acknowledge receipt of the captioned filing.

Objection 1

- Children's Level Term Life Insurance (Form)
- Children's Single Premium Term Life Insurance (Form)

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement and an actuarial demonstration as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/29/2008
Submitted Date 05/29/2008

Dear Linda Bird,

Comments:

Response 1

Comments: You have requested that we provide to you an accelerated benefits disclosure which complies with Rule and Regulation 60s8. Such a disclosure which complies with Rule and Regulation 60s8 is a part of our application which is included with this filing, Form AHL-U-07-ALT-AR. This disclosure is entitled "Accelerated Benefit Rider Summary and Acknowledgment" and is attached as the last page of the application form. This is the only application form that Form 08 ABR-AR will be used with.

A sample illustration of how the benefits are calculated are provided for on the "Accelerated Benefit Rider Summary and

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Acknowledgment" page of the Form AHL-U-07-ALT-AR. I enclose a Statement of Actuarial Basis that applies to 08 ABR-AR.

Let me know if you have any other questions or concerns.

Related Objection 1

Applies To:

- Children's Level Term Life Insurance (Form)
- Children's Single Premium Term Life Insurance (Form)

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement and an actuarial demonstration as outlined in Rule and Regulation 60s8.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Statement of Actuarial Basis

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Juell Nebergall

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Note To Filer

Created By:

Linda Bird on 05/29/2008 09:39 AM

Subject:

Filing fee check

Comments:

The check was received on 5/28/08.

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Note To Reviewer

Created By:

Juell Nebergall on 05/29/2008 08:15 AM

Subject:

Filing Fee Check

Comments:

Have you received the Filing Fee check?

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Note To Reviewer

Created By:

Juell Nebergall on 05/16/2008 12:08 PM

Subject:

Filing Fee

Comments:

The Filing Fee will be mailed out early next week. I will put in the check details as soon as possible.

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Form Schedule

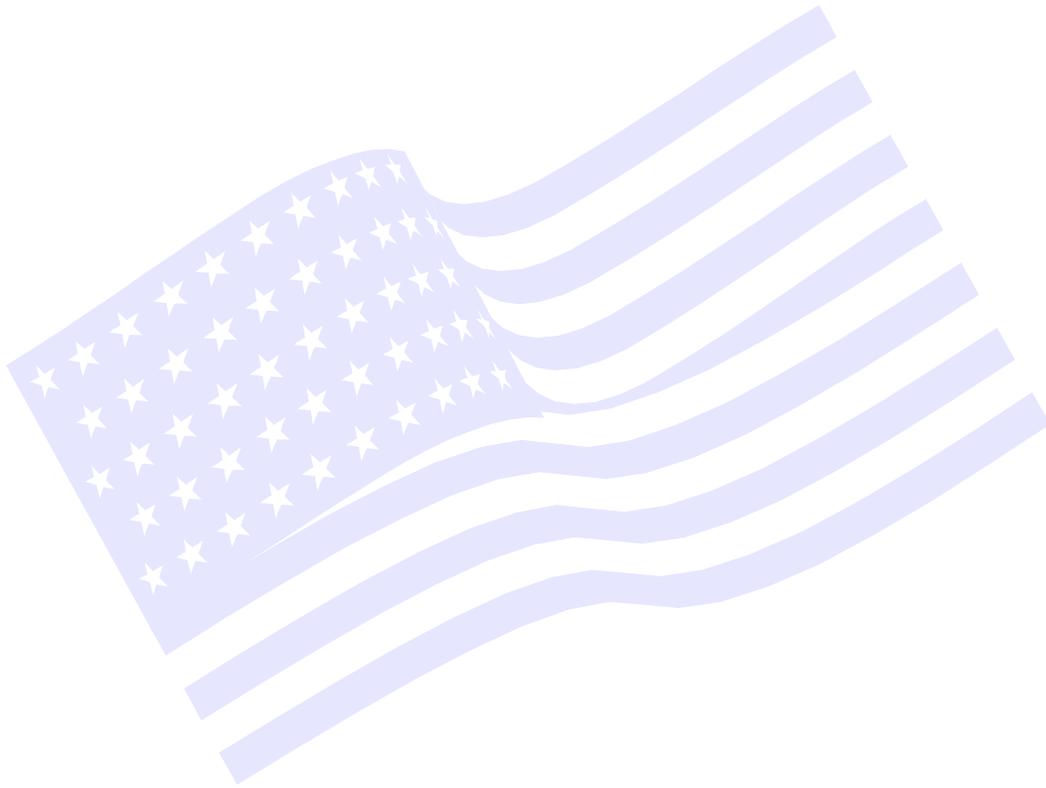
Lead Form Number: AHL-U-07-ALT

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AHL-U-07-ALT-AR	Application/Life Enrollment Form	Application/Life Enrollment Form	Initial		48	AHL-U-07-ALT-AR.pdf
	Form 08 CTILP-AR	Policy/Contract Certificate	Children's Level Fraternal Term Life Insurance	Initial		47	Form 08 CTILP-AR.pdf
	Form 08 CTISP-AR	Policy/Contract Certificate	Children's Single Fraternal Premium Term Life Insurance	Initial		47	Form 08 CTISP-AR.pdf
	Form 08 CTIB-AR	Certificate	Children's Term Insurance Benefit	Initial		44	Form 08 CTIB-AR.pdf
	Form 08 PAYD-AR	Certificate	Waiver of Premium in Event of the Death of the Premium Payor	Initial		50	Form 08 PAYD-AR.pdf
	Form 08 PAYDD-AR	Certificate	Waiver of Premium in Event of the Death or Total and Permanent Disability of the Premium Payor	Initial		48	Form 08 PAYDD-AR.pdf
	Form 08 ADB-AR	Certificate	Benefit in Event of Accidental Death Prior to Age 65	Initial		48	Form 08 ADB-AR.pdf

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	Page, Endorseme nt or Rider				
Form 08 WP-AR	Certificate Waiver of Premium Initial Amendmen Benefit		44	Form 08 WP- AR.pdf	
	t, Insert Page, Endorseme nt or Rider				
Form 08 GIB-AR	Certificate Guaranteed Initial Amendmen Insurability Benefit		50	Form 08 GIB- AR.pdf	
	t, Insert Page, Endorseme nt or Rider				
Form 08 ABR-AR	Certificate Accelerated Benefit Initial Amendmen Rider		45	Form 08 ABR-AR.pdf	
	t, Insert Page, Endorseme nt or Rider				
Form No. U-83	Certificate HIPAA Compliant Initial Amendmen Authorization for		0	U-83.pdf	
	t, Insert Release of Medical Page, Information Endorseme nt or Rider				

“A mutual company since 1909”



*Application for Life Insurance**

The American Home Life Insurance Company of Kansas

400 Kansas Avenue, P.O. Box 1497, Topeka, KS 66601

(800)876-0199

www.amhomelife.com

*This application is used with these products.

American
Young American
American Legacy
Young American Legacy

Customer Benefit (SWL)
Enduring Gift (SWL)
LifeForce (SWL)

Ten Year Level Term
Twenty Year Level Term
NovaTerm

INSTRUCTIONS TO THE AGENT

Owner

Complete only if owner is other than the proposed insured.

Signatures

The proposed insured must sign every application unless the proposed insured is not of legal age to contract for insurance. Where the proposed insured is not of legal age to contract for insurance, the parent or guardian must sign on the space allowed for that purpose. The spouse or other insured must sign when the Spouse's Term Rider is requested.

Premium

Do not accept premium for face amounts that exceed \$250,000. Explain to the applicant that the conditional receipt provides no coverage under any circumstances for amounts over \$250,000.

Partial premium payments are not accepted and should not be sent in .

All premium checks must be payable to The American Home Life Insurance Company; do not make check payable to the agent or leave the payee blank.

Complete the **Authorization Agreement** on page 6 if premium is to be paid by automatic bankdraft.

Forms

Complete the Conditional Receipt and Agent's Certificate. Give the Owner's copy of the Conditional Receipt to the applicant.

Notices

Explain all notices before giving to the applicant.

Supplemental Forms

Replacement form if replacing

Hazardous Activities Questionnaire, ONLY if "Avocation" Questions are answered "Yes".

Complete the **Illustration Certification Form.**

Complete the **ABR Summary & Acknowledgment** if this benefit is desired. (Only available at time of application.)

Special Instructions to the Home Office:

Arrange for the **MEDICAL REQUIREMENTS** applicable to the applicant(s) age nearest and face amount.

AMOUNTS	AGES>	MEDICAL REQUIREMENTS (11/99)					
		0-30	31-40	41-45	46-50	51-60	61-Up
0 -	50,000	N	N	N	N	P	P
50,001 -	99,999	N	N	N	P	P	P
100,000 -	200,000	PB	PB	PB	PB	PBE	PBE
200,001 -	300,000	PB	PB	PB	PBE	PBE	PBE
300,001 -	500,000	PB	PB	PBE	PBE	PBE	MBE
500,001 -	1,000,000	PB	PBE	PBE	PBE	MBE	MBE
1,000,001 -	2,000,000	MBE	MBE	MBE	MBE	MBS	MBS
2,000,001 -	5,000,000	MBE	MBE	MBE	MBS	MBS	MBS
Over 5,000,000		CONTACT HOME OFFICE					

SYMBOLS

N - Non Medical Application

M - M. D. Examination and Urine Specimen

E - Resting EKG

P - Basic Paramedical Examination and Urine Specimen

B - Blood Profile

S - Stress/Treadmill EKG

The Company reserves the right to obtain additional information on the insured in order to fully investigate the total risk involved. Confidential information from the MIB, or information on the application may need verification. Underwriting requirements that may be requested include, but are not limited to: examination, urine specimen, blood profile, electrocardiogram, Attending Physician's Statement, prescription history report, inspection report, motor vehicle record, criminal history report, or a copy of citizenship documentation.

THE AMERICAN HOME LIFE INSURANCE CO. OF KANSAS
 400 S. Kansas Avenue, P. O. Box 1497
 Topeka, Kansas 66601-1497
 (800) 876-0199 (800) 876-0194
 Fax (785) 235-1037
 www.amhomelife.com

**APPLICATION FOR INSURANCE
THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS**

Proposed Insured

Name				DOB / /	Age	Birthplace	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Driver's License # & State	Soc. Sec. Number	Ht.	Wt.	Telephone		Work Telephone	
Address							
Employer			Employer Address				
Occupation & Specific Duties							

Life Insurance Applied For and Additional Benefits and Riders

Base Plan _____	Face Amount \$ _____	Rider Plan _____	Face Amount \$ _____
Sec. Insd. Rider _____	Face Amount \$ _____	Children Term Rider \$ _____	
Additional Benefits		Premium \$	Submitted \$
Accelerated Benefit Rider- <input type="checkbox"/> Proposed Insd. <input type="checkbox"/> Sec. Insd.		Premium Mode	
<input type="checkbox"/> PARider Level Premium \$ _____		<input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft	
<input type="checkbox"/> PARider Single Premium \$ _____		Dividend Options (If no choice is made, PUA will be used.)	
<input type="checkbox"/> Accidental Death Benefit \$ _____		<input type="checkbox"/> Paid Up Additions <input type="checkbox"/> Interest Accumulate	
<input type="checkbox"/> Guaranteed Insurability Option \$ _____		<input type="checkbox"/> Reduce Premiums <input type="checkbox"/> Cash	
<input type="checkbox"/> Payor Death or Disability _____		<input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Waiver of Premium	
<input type="checkbox"/> Payor Death _____			
<input type="checkbox"/> Other _____			

Second Insured

Name				DOB / /	Age	Birthplace	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Driver's License # & State	Soc. Sec. Number	Ht.	Wt.	Telephone		Work Telephone	
Address							
Employer			Employer Address				
Occupation & Specific Duties							

Owner (Complete only if owner is other than the proposed insured.)

Owner	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB / /	Soc. Sec. Number
Address			Relationship to Insured

Contingent Owner

Contingent Owner	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB / /	Soc. Sec. Number
Address			Relationship to Insured

Premium Payor (If other than Owner)

Premium Payor	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB / /	Soc. Sec. Number
Address		Telephone	Relationship to Insured

Children to be Insured

Name(s) (must live in Insureds household)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB / /	Ht.	Wt.	Relationship	Soc. Sec. Number / /
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /				/ /
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /				/ /
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /				/ /
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /				/ /
	<input type="checkbox"/> M <input type="checkbox"/> F	/ /				/ /

Beneficiary (Surviving Beneficiaries will share and share alike unless otherwise designated.)

A. Base Insured	Name	Soc. Sec. Number	Address	Relationship
Primary Beneficiary(ies):				
Contingent Beneficiary(ies):				
B. Second Insured	Name	Soc. Sec. Number	Address	Relationship
Primary Beneficiary(ies):				
Contingent Beneficiary(ies):				

Life Insurance Now In Force

Do you have any existing life insurance policies? Yes No
 Will Life Insurance or Annuities in any company be replaced by coverage requested in this application? Yes No
 If either question is answered "Yes", specify company below and submit all replacement forms required by state regulation.

Name of Company	Face Amount	Policy Number	Year Issued	Other Benefits

Tobacco Use

1. Does any person proposed for coverage currently use tobacco in any form? Yes No
 1a. If "yes", please indicate forms currently used: Cigarettes Cigars Pipe Chew/Snuff
2. If Question 1 above is "No", has any person proposed for coverage used tobacco in any form in the past? Yes No
 2a. If "yes", please indicate form(s) used and date quit: Cigarettes Cigar Pipe Chew/Snuff
 Date (Month and Year) quit _____
3. Is any person proposed for coverage currently using a non-tobacco product containing nicotine such as gum, patch, nasal spray or inhaler? Yes No

Personal Doctor or Health Care Provider

Person	Physicians's Full Name, Address, Telephone Number, Date Last Consulted

Avocation (Please complete U-12 Hazardous Activity Questionnaire for each "Yes" answer for each person proposed for insurance.)

Has any person proposed for insurance ever participated in or have plans to participate in (within the next 12 months) any of the following or similar activities: Yes No

Check all that apply and complete the necessary supplemental questionnaire(s).

- Vehicle Racing Parasailing Hang Gliding Rodeo Flying other than as an airline passenger
 Skydiving Scuba Diving Ballooning Other _____

4. To the best of your knowledge and belief, has any person proposed for coverage: <i>(This question must be answered)</i>	YES	NO
a. Made claim for or received payment for sickness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
b. Made application for LIFE or HEALTH insurance to another company, which is now pending?	<input type="checkbox"/>	<input type="checkbox"/>
c. Any plans to change occupations; to travel or to reside outside of the USA or Canada?	<input type="checkbox"/>	<input type="checkbox"/>
d. Been arrested and/or convicted for other than traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
e. Had driver's license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any person proposed for coverage been diagnosed by or received treatment from a licensed medical professional for any disorder, disease, injury, or physical deformity of: <i>(Give details of any "Yes" answers in the space below)</i>		
a. the eyes, ears, nose or throat, including impaired sight, speech, hearing?	<input type="checkbox"/>	<input type="checkbox"/>
b. the nervous system, including, mental illness, convulsions, epilepsy, paralysis, multiple sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>
c. the lungs or respiratory system, including asthma, emphysema, tuberculosis, bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>
d. the heart or circulatory system, including chest pain, heart attack, rheumatic fever, high blood pressure, irregular heart beat, heart murmur, phlebitis, varicose veins, stroke?	<input type="checkbox"/>	<input type="checkbox"/>
e. the stomach or digestive tract, including ulcer, colitis, Crohn's disease, gallbladder disease, hernia, recurrent indigestion, hepatitis/liver disease, rectal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
f. the genito-urinary system, including sugar, blood, pus, albumin in the urine - kidney, bladder, prostate disease or disorder of genital organs?	<input type="checkbox"/>	<input type="checkbox"/>
g. the endocrine system, including diabetes, goiter, thyroid disorder, glandular and/or growth problems?	<input type="checkbox"/>	<input type="checkbox"/>
h. the skin/bones, including deformity, lameness, arthritis, gout, rheumatism?	<input type="checkbox"/>	<input type="checkbox"/>
i. the lymph glands or for cancer, tumor, cyst or polyp?	<input type="checkbox"/>	<input type="checkbox"/>
j. the breasts, uterus, ovaries, including pregnancy or delivery?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any person proposed for coverage now use or ever used barbiturates, heroin, opiates, cocaine, amphetamines, marijuana, or other narcotics? Any history of alcohol abuse, treatment or advice from a licensed medical professional or counselor?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is any person proposed for coverage taking medication prescribed by a licensed medical professional or receiving medical treatment from a licensed medical professional?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any person proposed for coverage been to a licensed medical professional or medical facility in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been diagnosed or treated by a medical professional, for an immune deficiency disorder, HIV, AIDS, or AIDS related complex (ARC), or tested positive on an AIDS related blood test?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is any person proposed for coverage now under medical observation or treatment by a licensed medical professional other than as stated above?	<input type="checkbox"/>	<input type="checkbox"/>

No.	Name of Proposed Insured	Disease/Condition	Date of Diagnosis	Duration	Degree of Recovery	Physician, Hospital Address

AUTHORIZATION

By this form, I **authorize** any licensed physician, medical practitioner, or records custodian for any clinic, hospital, other medical or medically-related facility, the Veterans Administration, the Medical Information Bureau (MIB), an employer, consumer reporting agency, laboratory, pharmacy or pharmacy benefit manager, or other insurance companies that have records about me or any children to be insured (if applicable) to release this information to The American Home Life Insurance Company of Kansas. This information may be about: (a) employment; (b) occupation; (c) avocations; (d) other insurance coverage; (e) driving record; (f) age; (g) prescription drug usage; (h) any medical history, condition, care or advice relative to the proposed insured's physical or mental health; and (i) other personal characteristics. This AUTHORIZATION extends to information on the use of alcohol, drugs and tobacco; and the diagnosis or treatment of HIV (the virus that causes AIDS) infection or other sexually transmitted disease. I understand that this information will be used by The American Home Life Insurance Company of Kansas, its representatives or reinsurers in the evaluation of this application to determine eligibility for insurance and/or to investigate claims. The American Home Life Insurance Company of Kansas or its representatives may release information covered by this AUTHORIZATION to the American Home Agent(s) listed in my application for insurance, to its subsidiaries, reinsurers, the MIB, or other insurance companies. The American Home Life Insurance Company of Kansas may also release this information to others who I authorize in writing.

This AUTHORIZATION may be used for a period of 24 months from the date signed below unless sooner revoked. I may revoke this AUTHORIZATION at any time by notifying The American Home Life Insurance Company of Kansas in writing at Underwriting Department, The American Home Life Insurance Company of Kansas, P.O. Box 1497, Topeka, KS 66601. My revocation will not be effective to the extent The American Home Life Insurance Company of Kansas, its reinsurers, or any other person already has disclosed or collected information or taken other action in reliance on the AUTHORIZATION. I understand that my application for insurance will not be considered unless this AUTHORIZATION is signed and dated. The information The American Home Life Insurance Company of Kansas or its reinsurers obtains through this AUTHORIZATION may become subject to further disclosure, as required by law. For example, The American Home Life Insurance Company of Kansas or its reinsurers may be required to provide it to an insurance regulatory or other government agency. In this case, the information may no longer be protected by the rules governing this AUTHORIZATION. I agree that a photocopy of this AUTHORIZATION is as valid as the original. I understand that I have the right to receive a copy of this AUTHORIZATION upon request. I understand that there is no benefit paid for suicide for the first two policy years (for residents of Colorado, North Dakota, and Missouri, one policy year).

Signature of Proposed Insured

Date

Signature of Second Insured

Date

Signature of Parent/Guardian if Proposed Insured is a Minor

Date

Printed Name of Parent/Guardian

Date

AGREEMENT

This application will include: (a) Application Questions; (b) Statement to Medical Examiner, if required by the Company's rules; and (c) any supplements. This application, with any policy issued as a result of this application, will form the entire contract of insurance.

Any insurance issued by the Company as a result of this application will not be effective until: (a) a policy is delivered while the persons proposed for insurance are alive and a risk insurable; and (b) the full first premium for that policy is paid. An earlier Effective Date will apply only as specified in the conditional receipt.

Only an Officer of the Company may make, modify or discharge any insurance contract on its behalf. NO AGENT OR MEDICAL EXAMINER HAS THE AUTHORITY TO: (A) ACCEPT RISKS; (B) DETERMINE INSURABILITY; (C) MAKE OR MODIFY ANY CONTRACTUAL PROVISION; OR (D) WAIVE ANY OF THE COMPANY'S RIGHTS OR REQUIREMENTS:

The Company may amend this application by endorsement. Such an endorsement will be used to: (a) correct apparent errors or omissions; and (b) conform the application to any policy that may be issued. Any amendments will be deemed to be approved by the undersigned if and when such a policy is accepted.

I was given a copy of the Notice Regarding Medical Information Bureau, Notice Regarding Fair Credit Reporting Act, and Notice of Information Practices before signing this form, I understand that I may request in writing to be interviewed if any investigative consumer report is prepared in connection with this application and upon written request I am entitled to receive a copy.

I understand that I may attend any and all meetings of the policyholders of the Company. If I do not attend, the Executive Committee of the Board of Directors will act as my lawful proxy, until that proxy is revoked by me, in writing. The annual meeting of policyholders shall be held at 10:00 a.m. on the second Tuesday in March, each year. I understand that I may appoint a secondary addressee at any time by written notice to the company.

I certify, under penalty of perjury that the social security numbers shown on the application are correct.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I REALIZE THAT ANY FALSE STATEMENTS OR MISREPRESENTATIONS IN THIS APPLICATION WHICH WOULD AFFECT THE COMPANY'S DECISION TO ISSUE THE POLICY APPLIED FOR MAY RESULT IN LOSS OF COVERAGE, SUBJECT TO THE INCONTESTABILITY PROVISION OF THE POLICY.

The signatures below indicate acceptance of the "Agreement" section above. Please read this section carefully.

Signed at _____ on _____
City and State Month, Day, Year

Signature of Proposed Insured

Signature of Applicant/Owner

Signature of Second Insured

Signature of Parent or Guardian if Primary insured is a minor

Signature of Agent

Print Agent Name

Agent Number (Company Number)

COMPANY'S COPY OF THE CONDITIONAL RECEIPT

All Premium Checks Must Be Payable to American Home Life Insurance Company of Kansas; Do Not Make Check Payable To The Agent Or Leave The Payee Blank.

Received \$ _____ from _____ in connection with the application for life insurance, including any riders for which application has been made.

1. **NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY UNLESS AND UNTIL EACH AND EVERY ONE OF THE FOLLOWING CONDITIONS HAVE BEEN FULFILLED EXACTLY:**
 - (a) **If the proposed insured(s) is/are a tobacco user**, the amount of payment taken with the application must be at least equal to the amount of the full first premium at tobacco premium rates for the mode of payment selected in the application and for the amount of insurance which may become effective prior to delivery of the policy;
 - (b) **If the proposed insured(s) is/are NOT a tobacco user**, the amount of payment taken with the application must be at least equal to the amount of the full first premium at non-tobacco premium rates for the mode of payment selected in the application and for the amount of insurance which may become effective prior to delivery of the policy;
 - (c) all medical examinations, tests, x-rays, and electrocardiograms required by the Company must be completed and received at its Home Office within 60 days from the date of completion of the application;
 - (d) on the Effective Date, as defined below, the Company at its Home Office must be satisfied that each person proposed for insurance in this application is a risk insurable by the company at no greater than standard tobacco or standard non-tobacco premium rates under its rules, limits, and standards for the plan and the amount applied for without any modification either as to plan, amount, riders, or supplemental agreements; and
 - (e) on the Effective Date the state of health and all factors, including tobacco usage, affecting the insurability of each person proposed for insurance must be as stated in the application.
2. Subject to the conditions of paragraph 1, insurance, as provided by the terms and conditions of the policy applied for and in use on the Effective Date, but for an amount not exceeding that specified in paragraph 3, will become effective as of the Effective Date. "Effective Date", as used herein, is the latest of: (a) the date of completion of the application questions, or (b) the date of completion of all medical examinations, prescription checks, tests, x-rays, and electrocardiograms required by the Company, or (c) the date of issue, if any, requested in the application.
3. **The total amount of insurance which may become effective on any person proposed for insurance shall not exceed \$250,000 of life insurance.**
4. If one or more of the conditions of paragraph 1 have not been fulfilled exactly, there shall be no liability on the part of the Company except to return the applicable payment in exchange for this Receipt.
5. **NO AGENT OR ANY OTHER PERSON IS AUTHORIZED BY THE COMPANY TO WAIVE OR MODIFY IN ANY WAY ANY OF THE PROVISIONS OF THIS CONDITIONAL RECEIPT.**

Dated at _____

this _____ day of _____ Year _____

Signature of Agent

I acknowledge possession of this receipt and I certify that I have read it and the agreement in the application. The terms and conditions of this receipt, to which I agree, and the agreement in the application have been explained to me fully by the agent and I understand them.

Signature of the Owner

Authorization Agreement for Preauthorized Payments

PLEASE COMPLETE THIS SECTION TO PAY BY OUR CONVENIENT MONTHLY AUTOMATIC BANK WITHDRAWAL PLAN.
IMPORTANT: ATTACH VOID CHECK AND RETURN WITH POLICY

in favor of The American Home Life Insurance Company of Kansas, P.O. Box 1497 • Topeka, Kansas 66601, ID# 48-0119710

I (we) hereby authorize The American Home Life Insurance Company of Kansas, hereinafter called the COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME _____ BRANCH _____
(Please Print)

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination. For any changes to this authority, including termination thereof, please allow Seven (7) business days after COMPANY has received such notification to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ SSN. _____
(Please Print)

DATE _____ SIGNED _____

Preferred Withdrawal Date:
_____ (of each month)

AGENT'S CERTIFICATION

Prior to completing the application, deliver the NOTICES on page 9. Also, if the application is \$250,000 or less and the modal premium is being submitted, please complete and detach the Conditional Receipt. (If the amount exceeds \$250,000, no premium should be submitted and the Conditional Receipt should not be given.)

1. How long have you known the proposed Insured(s)? _____
2. Are you related? YES NO How? _____
3. Is each Proposed Insured a citizen of the USA? YES NO (If no, give green card # and details) _____
4. Does the Proposed Insured(s) have any obvious deformity, incapacity not otherwise specified in this application? YES NO
(Details) _____
5. Did you personally see the Proposed Insured(s) and Applicant(s) sign this application? YES NO
6. Did you present the Proposed Insured(s) with the required NOTICES? YES NO
7. To the best of your knowledge, will any insurance or annuities be lapsed, or surrendered subject to borrowing by reason of the transaction proposed in this application? YES NO (Details under Remarks)
8. Can we call the Proposed Insured(s)? YES NO

Telephone Number (Residence)	Time Zone (Circle) E C M P
Telephone Number (Business)	Best Time to Contact:
Cell Phone Number	Most Convenient Place:
E-mail address	To be Contacted in: <input type="checkbox"/> English <input type="checkbox"/> Spanish

9. Have you arranged for the medical requirements as needed for amount? YES NO

Premium Notices To: Insured Owner

Mail Policy To: Agent Insured Owner

Remarks/Requests: _____

I hereby certify that, to the best of my knowledge, there is is not existing life insurance and/or annuity contract(s) on the life of the insured. If there is, I have presented and read the applicant a notice regarding replacement, if required by applicable state law. If there is existing coverage, I certify that the insurance hereby applied for will will not replace any existing life insurance or annuity contract. I further certify that: 1) the above answers are full, complete and true to the best of my knowledge; 2) that I know of no factors affecting the insurability of any proposed insured except as stated on the application; 3) that the above signatures are those they are represented to be; and 4) that the application was signed by all proposed insureds in my presence.

Agent Signature _____

Agent Number (Company) _____

Date _____

Agents Telephone Number _____

Agents Fax Number _____

OWNER'S COPY OF THE CONDITIONAL RECEIPT

All Premium Checks Must Be Payable to American Home Life Insurance Company of Kansas; Do Not Make Check Payable To The Agent Or Leave The Payee Blank.

1. **NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY UNLESS AND UNTIL EACH AND EVERY ONE OF THE FOLLOWING CONDITIONS HAVE BEEN FULFILLED EXACTLY:**
 - (a) **If the proposed insured(s) is/are a tobacco user**, the amount of payment taken with the application must be at least equal to the amount of the full first premium at tobacco premium rates for the mode of payment selected in the application and for the amount of insurance which may become effective prior to delivery of the policy;
 - (b) **If the proposed insured(s) is/are NOT a tobacco user**, the amount of payment taken with the application must be at least equal to the amount of the full first premium at non-tobacco premium rates for the mode of payment selected in the application and for the amount of insurance which may become effective prior to delivery of the policy;
 - (c) all medical examinations, tests, x-rays, and electrocardiograms required by the Company must be completed and received at its Home Office within 60 days from the date of completion of the application;
 - (d) on the Effective Date, as defined below, the Company at its Home Office must be satisfied that each person proposed for insurance in this application is a risk insurable by the company at no greater than standard tobacco or standard non-tobacco premium rates under its rules, limits, and standards for the plan and the amount applied for without any modification either as to plan, amount, riders, or supplemental agreements; and
 - (e) on the Effective Date the state of health and all factors, including tobacco usage, affecting the insurability of each person proposed for insurance must be as stated in the application.
2. Subject to the conditions of paragraph 1, insurance, as provided by the terms and conditions of the policy applied for and in use on the Effective Date, but for an amount not exceeding that specified in paragraph 3, will become effective as of the Effective Date. "Effective Date", as used herein, is the latest of: (a) the date of completion of the application questions, or (b) the date of completion of all medical examinations, tests, x-rays, and electrocardiograms required by the Company, or (c) the date of issue, if any, requested in the application.
3. **The total amount of insurance which may become effective on any person proposed for insurance shall not exceed \$250,000 of life insurance.**
4. If one or more of the conditions of paragraph 1 have not been fulfilled exactly, there shall be no liability on the part of the Company except to return the applicable payment in exchange for this Receipt.
5. **NO AGENT OR ANY OTHER PERSON IS AUTHORIZED BY THE COMPANY TO WAIVE OR MODIFY IN ANY WAY ANY OF THE PROVISIONS OF THIS CONDITIONAL RECEIPT.**

I acknowledge possession of this receipt and I certify that I have read it and the agreement in the application. The terms and conditions of this receipt, to which I agree, and the agreement in the application have been explained to me fully by the agent and I understand them.

AUTHORIZATION

By this form, I **authorize** any licensed physician, medical practitioner, or records custodian for any clinic, hospital, other medical or medically-related facility, the Veterans Administration, the Medical Information Bureau (MIB), an employer, consumer reporting agency, laboratory, pharmacy or pharmacy benefit manager, or other insurance companies that have records about me or any children to be insured (if applicable) to release this information to The American Home Life Insurance Company of Kansas. This information may be about: (a) employment; (b) occupation; (c) avocations; (d) other insurance coverage; (e) driving record; (f) age; (g) prescription drug usage; (h) any medical history, condition, care or advice relative to the proposed insured's physical or mental health; and (i) other personal characteristics. This AUTHORIZATION extends to information on the use of alcohol, drugs and tobacco; and the diagnosis or treatment of HIV (the virus that causes AIDS) infection or other sexually transmitted disease. I understand that this information will be used by The American Home Life Insurance Company of Kansas, its representatives or reinsurers in the evaluation of this application to determine eligibility for insurance and/or to investigate claims. The American Home Life Insurance Company of Kansas or its representatives may release information covered by this AUTHORIZATION to the American Home Agent(s) listed in my application for insurance, to its subsidiaries, reinsurers, the MIB, or other insurance companies. The American Home Life Insurance Company of Kansas may also release this information to others who I authorize in writing.

This AUTHORIZATION may be used for a period of 24 months from the date signed below unless sooner revoked. I may revoke this AUTHORIZATION at any time by notifying The American Home Life Insurance Company of Kansas in writing at Underwriting Department, The American Home Life Insurance Company of Kansas, P.O. Box 1497, Topeka, KS 66601. My revocation will not be effective to the extent The American Home Life Insurance Company of Kansas, its reinsurers, or any other person already has disclosed or collected information or taken other action in reliance on the AUTHORIZATION. I understand that my application for insurance will not be considered unless this AUTHORIZATION is signed and dated. The information The American Home Life Insurance Company of Kansas or its reinsurers obtained through this AUTHORIZATION may become subject to further disclosure, as required by law. For example, The American Home Life Insurance Company of Kansas or its reinsurers may be required to provide it to an insurance regulatory or other government agency. In this case, the information may no longer be protected by the rules governing this AUTHORIZATION. I agree that a photocopy of this AUTHORIZATION is as valid as the original. I understand that I have the right to receive a copy of this AUTHORIZATION upon request. I understand that there is no benefit paid for suicide for the first two policy years (for residents of Colorado, North Dakota, and Missouri, one policy year).

MEDICAL INFORMATION BUREAU: Information regarding your insurability will be treated as confidential. The American Home Life Insurance Company of Kansas, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, Telephone number (617) 426-3660.

The American Home Life Insurance Company of Kansas, or its reinsurers may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

FAIR CREDIT REPORTING ACT: You are entitled to know that, as a part of our regular procedures, we may request an investigative consumer report concerning the insurability of each person proposed for coverage. This report would include information as to character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation, obtained through personal interviews with friends, neighbors, and associates of the Proposed Insured(s).

Upon receipt of written request to our Home Office, we will inform you whether an investigative consumer report has, in fact, been obtained and the name and address of the consumer reporting agency from whom the report was requested. Copies of the report may be obtained from the consumer reporting agency.

INFORMATION PRACTICES: To properly underwrite and administer your life insurance coverage, American Home Life Insurance Co. of Kansas must collect certain information. The primary source of information is your application and any supporting amendments, questionnaires, etc. However, it may be necessary to obtain more information from sources such as medical professionals and institutions which have provided care to you or members of your family who have applied for coverage. We may contact your employers, business associates, friends and neighbors, public records, and other insurance companies to which you may have applied. Information from these sources may be obtained by correspondence, phone, or personal contact. In some cases, we may ask an insurance support organization to complete an investigative consumer report for us. That organization may retain a copy of the report and may disclose its contents to others for whom it performs such services.

By law, The American Home Life Insurance Company of Kansas either directly or through an agent, may disclose information about you to others without your specific authorization. When asked to do so, we provide only that which is reasonably necessary to accomplish the intended purpose. The following summary describes disclosures which may be made, although The American Home Life Insurance Company may not always choose to make such disclosures:

1. To other persons or organizations who perform business, professional or insurance services for us, and whose proper performance for us requires that we disclose certain information to them.
2. To another insurance company to which you have applied for coverage or benefits.
3. To your AHL agent to assist in providing proper service to you.
4. To insurance support organizations formed to prevent or detect fraud in insurance transactions.
5. To our reinsurers if we ask them to accept a portion of the risk under your policy.
6. To a medical care institution or medical professional to verify that you have coverage with us. Also, if a medical examination for insurance purposes reveals a condition or problem unknown to the individual, we may inform the individual's personal medical professional.
7. To state regulatory authorities who conduct examinations and audits of company operations.
8. To law enforcement agencies to assist in the prevention or prosecution of fraud, or to alert them to the possibilities of illegal conduct.

You have certain rights concerning access to information about you that we have collected and retained in our files. To maintain security of that information, access will be permitted only after proper identification has been submitted to us. If you would like access to this information you must send a signed, written request to the Underwriting Department, The American Home Life Insurance Company of Kansas, P.O. Box 1497, Topeka, Kansas 66601. The request must include full name, address, telephone number and policy number. Within 30 business days after receiving your request we will tell you the nature and substance of the information in our files. If you wish to see and copy the records in person, we will advise you of the location of the records. There may be a charge for each copy made. Also we will tell you to whom we have disclosed information about you within the last two years or to whom such information normally would have been disclosed. There are limitations of access. We will identify sources of information which comes from institutions such as hospitals, clinics, doctors or insurance support organizations, but we will not identify sources of information which was obtained from individuals such as friends or neighbors. Also, we are not obligated to provide access to information obtained in connection with or in anticipation of a claim for policy benefits or a civil or criminal proceeding. Medical information will be provided only through a doctor or some other medical professional, designated by you, who is licensed to provide medical care relevant to the nature of the information. If you believe, after reviewing information in our files, that it is incorrect, you may request, in writing, that we correct, amend or delete any item of information. Requests should be directed to the Underwriting Department, The American Home Life Insurance Company of Kansas, P.O. Box 1497, Topeka, Kansas 66601. We will respond within thirty business days of receipt of your written request. If we agree that certain changes should be made, we will notify any person to whom we may have disclosed the original information during the preceding two years. We will also notify any insurance support organization to whom we have disclosed the information or who may have furnished the original information. If we do not agree to change our records, you may file with us a brief written statement setting forth what you believe to be the correct, relevant or fair information and why you disagree with our decision not to change the original information. Your statement will become a permanent part of our file and will be disclosed in the future with the original information. Also, copies of your statement will be sent to any person or insurance support organization to whom the original information was furnished.

The American Home Life Insurance Company of Kansas

PO Box 1497, Topeka, KS 66601

Phone: (785) 235-6276

**Underwriting Department
Illustration Certification Form**

Proposed Insured's Name _____ Application/Policy Number _____

- Check Part A if an illustration was not used during the Application Process.
- Check Part B if the application does not match the illustration.
- Check and complete Part C if a computer screen illustration was used AND no hard copy of the illustration was provided to the applicant.

CHECK ONLY ONE BOX

PART A - No illustration used in the application process

The undersigned agent hereby certifies that an illustration was not used in connection with the application for insurance to The American Home Life Insurance Company of Kansas submitted by the applicant. The undersigned applicant hereby acknowledges that no illustration was used in connection with the application for insurance. The applicant further acknowledges his or her understanding that an illustration, conforming to the policy as issued, will be provided no later than the time of delivery of the policy.

PART B - The illustration does not conform to the application

The undersigned agent hereby certifies that the policy has been applied for other than as illustrated. The undersigned applicant hereby acknowledges that the illustration does not conform to the policy as applied for. The applicant further acknowledges his or her understanding that an illustration, conforming to the policy as issued, will be provided no later than the time of delivery of the policy.

PART C - Computer Screen Illustration used, no hard copy furnished to applicant

AGENT: By signing below, I certify that I displayed a computer screen illustration that complies with state requirements and for which no hard copy was furnished. The illustration was based on the following personal and policy information:

- | | |
|---|--------------------------------|
| 1. Gender: _____ Male _____ Female _____ Unisex | 4. Age: _____ |
| 2. Underwriting or Rating Class: _____ | 5. Type of Policy/Rider: _____ |
| 3. Initial Death Benefit: \$ _____ | 6. Dividend Option: _____ |

APPLICANT: By signing below, I acknowledge that I viewed a computer screen illustration as stated above. No hard copy of the illustration was furnished. I further understand that an illustration conforming to the policy as issued will be provided to me no later than at policy delivery.

Date

Agent's Signature

Applicant's (Policyowner) Signature

Agent's Name (Please Print) / License Number (where required)

Applicant's Name (please print)

Hazardous Activities Questionnaire

***DO NOT COMPLETE THIS PAGE, UNLESS "AVOCATION" QUESTIONS WERE ANSWERED "YES"**

AVIATION

1. I participate(d) in aviation as a:

- pilot student pilot crewmember
- a. Type of license _____ Grade or class _____
- b. Issue date _____ Date of last flight _____
- c. How long have you participated in aviation? _____
- d. Total number of solo hours flown?
civilian _____ hrs. military _____ hrs.
- e. Principal type of aircraft flown? _____
- f. Do you own your own plane? Yes No
Who maintains it? _____
- g. Do you ever fly outside the U.S.? Yes No
- h. Have you ever been grounded for violation of regulations? Yes No

2. If you do not fly as a pilot, do you intend to in the future? Yes No

REMARKS: (Include complete details to any "yes" answers)

3. Type of Flying	13-24 Months Ago	Last 12 Months	Estimated Next 12 Months
Pleasure			
Business			
Student			
Private Aircraft			
Full-Time Copilot			
Scheduled Airline			
Charter Service			
*Military-active duty			
*Reserve/Natl. Guard			
Crop Dusting			
Instructing			
Other (specify)			
Total Hours Flown			

*Give branch of service and type of aircraft flown.

SPORTS OR HOBBIES

1. Auto or motorcycle racing:

- a. Type of auto racing? drag stockcar
 sportcar champion other _____
- b. Type of motorcycle racing? hill climbing
 scrambles champion other _____
- c. Type of course road dragstrip
 oval track other _____
- d. Number of races last 12 months? _____
- e. Maximum speed reached? _____ MPH.
- f. How long have you been participating? _____
- g. Do you hold a competition driver's license from any organization? Yes No

2. Rodeo competition:

- a. Type of events? _____
- b. How often? _____ last 12 mo. _____ next 12 mo.
- c. Participation is local only national

REMARKS: (Include complete details to any "yes" answers)

3. Underwater diving:

- a. Type of diving: skin scuba hardhat
 other _____
- b. Number of dives last 12 months? _____
Number anticipated next 12 months? _____
- c. Usual depth of dives? _____
Maximum depth? _____
- d. How long have you participated? _____
- e. Do you dive commercially or intend to do so? Yes No

4. Sky diving, parachuting, soaring, or hang gliding:

- a. Type of jumps made? _____
- b. Total number of jumps? _____
- c. How long have you been participating? _____
- d. Number of jumps last 12 months? _____
Number anticipated next 12 months? _____
- e. Are you a member of an association or club? Yes No

5. Other hazardous activities (Give Complete Details)

I declare that the above statements and answers are true and complete to the best of my knowledge and belief and agree that this form shall be a part of the application to The American Home Life Insurance Company.

_____ Date

_____ Witness

_____ Signature of Proposed Insured

ACCELERATED BENEFIT RIDER SUMMARY AND ACKNOWLEDGMENT

ABR may be added to any new American Home Life policy, at issue. There is no additional premium charge for the Rider. We are required to provide this Summary and Acknowledgment and obtain your signature, verifying your receipt and review.

BRIEF DESCRIPTION: This Rider enables the Owner to claim a portion of the policy's death benefit prior to the actual death of the Insured, when the Insured is diagnosed as having a "Terminal Illness". ABR is treated as an advance against the death benefit, reducing the policy's death benefit accordingly. Descriptions of major provisions and an illustration of the effect on policy values are shown below.

AVAILABILITY: May be added to any new American Home Life policy at issue, when requested in writing by the Insured or Owner.

PREMIUM: None. However, we will make an actuarial discount of the benefit at a rate not to exceed the current yield on 90 day treasury bills or the current maximum policy interest rate in effect on the date of the request, with a maximum of 10%. In addition, we will charge a one-time administration fee of \$150.

MINIMUM BENEFIT: \$5000

MAXIMUM BENEFIT: The lesser of \$200,000 or 50% of the face amount of the policy PLUS 50% of any term rider attached to the policy PLUS 50% of any paid-up life insurance purchased by dividends or premium. This amount is subject to the following adjustments: 1.) The actuarial discount. 2.) Repayment of a portion of any outstanding policy loan. 3.) Payment of any premiums due within the policy's grace period and unpaid at the time the Accelerated Benefit is approved for payment. 4.) One-time administration fee of \$150.

BENEFIT QUALIFICATION: To make a claim for the Accelerated Benefit, the Insured must be diagnosed as having a "Terminal Illness". That is, a noncorrectable condition which, with reasonable medical certainty, will cause the death of the Insured in 12 months or less. We reserve the right to obtain the opinion of a second physician.

BENEFITS AND ADJUSTMENTS:

The following sample illustration shows how the amount available for payment as an Accelerated Benefit is calculated:

Base Policy:	\$100,000	Cash Value:	\$15,000		
Paid Up Additions:	2,000	Cash Value:	+1,000		
Term Rider:	+40,000	Total:	\$16,000		
Eligible Death Benefit:	\$142,000	Policy Loan:	\$5,000		
Maximum (Gross) Accelerated Benefit:	\$71,000	(\$142,000 X .50 = \$71,000)			
Requested Accelerated Benefit:	\$71,000				
Benefit Ratio:	50%	(71,000 ÷ 142,000 = 50%)			
Adjustments:	Actuarial Discount	Loan Repayment	Premiums Due	Admin Fee	Total Adjustments
	\$71,000	\$5,000			
	x.05*	x.50			
	\$3,550	\$2,500	\$100	\$150	= \$6,300

*Discount rate is variable; 5% used as example only.

Maximum (Net) Accelerated Benefit: \$64,700 (\$71,000 – \$6,300 = \$64,700)

EFFECT ON POLICY VALUES: This shows how the benefits of the policy are altered after an Accelerated Benefit is paid:

Base Policy:	\$50,000	(100,000 x .50 = 50,000)
Paid-Up Additions:	1,000	(2,000 x .50 = 1,000)
Term Rider:	+20,000	(40,000 x .50 = 20,000)
Benefit at Death:	\$71,000	
Cash Value:	\$8,000	(16,000 x .50 = 8,000)
Policy Loan:	-2,500	(5,000 x .50 = 2,500)
Remaining Cash Value:	\$5,500	(8,000 – 2,500 = 5,500)
Premium Before Benefit:	\$1,200.00 per year	
Premium After Benefit:	\$600.00 per year	(1,200 x .50 = 600)

ACCELERATED BENEFITS AND TAXATION: The benefit paid under this Rider may or may not be taxable. Tax liability created by the payment of this benefit depends on how the IRS interprets applicable portions of the Tax Code. As with all tax questions, the Owner is advised to consult a personal tax advisor to assess the impact of this benefit.

ACCELERATED BENEFITS AND MEDICAID: Receipt of accelerated benefits may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. Consult a qualified tax advisor and social service agencies concerning how receipt of accelerated benefits will affect eligibility for public assistance.

I hereby acknowledge receipt of the Summary and Acknowledgement form.

_____ Signature of Agent	_____ Date	_____ Signature of Proposed Insured (if different than Owner)	_____ Date
_____ Signature of Owner	_____ Date	_____ Signature of Second Insured (if different than Owner)	_____ Date

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS

400 Kansas Avenue, P.O. Box 1497
Topeka, Kansas 66601

A Mutual Company

Children's Level Term Life Insurance
This is a Legal Contract – Please read it carefully

The American Home Life Insurance Company of Kansas agrees to pay the death benefit to the Beneficiary, subject to the conditions and provisions of this policy. Payment will be made when proof of an Insured Child's death is received at the Company's Home Office in **Topeka, Kansas**. This policy may have to be returned.

The policy is issued in consideration of the application and the payment of premium.

**NOTICE OF 30 DAY RIGHT TO EXAMINE
RIGHT TO CANCEL**

This policy may be cancelled by delivering or sending a written notice to The American Home Life Insurance Company of Kansas, P.O. Box 1497, Topeka, Kansas 66601 or to the insurance agent through whom it was effected, and by returning the policy before midnight of the thirtieth day after the date the policy is delivered. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this policy within thirty days after it receives notice of cancellation and the returned policy.

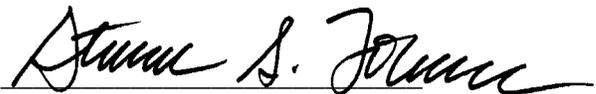
COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this policy, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

Signed for the Company at Topeka, Kansas on the issue date.



Secretary



President

LEVEL PREMIUM TERM INSURANCE POLICY
Insurance Payable at Death Prior to Final Expiry Date
Participating
Premiums Payable to Final Expiry Date or
Until Prior Death of Insured Children
Convertible as Provided Herein

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SCHEDULE OF BENEFITS

BENEFIT		ANNUAL PREMIUM
Death Benefit:	\$10,000.00 EACH INSURED CHILD	\$100.00

Insured Children of: JOHN A DOE

Insured Child or Children means, with respect to an Owner who is a parent of the children to be insured, a person who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement, or was acquired by the Owner after the date of the application; and (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a grandparent of the children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner's son or daughter, whichever is applicable; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement or was acquired by the Owner's son or daughter, whichever is applicable, after the date of the application; (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a legal guardian of the child or children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) has had the Owner legally designated as the child's guardian; (3) the Owner was listed as such in the application for this policy; and (4) the child had not attained age 21 on the date of the application for this policy.

SCHEDULE OF PREMIUMS

For all frequency intervals other than Annual, a processing fee has been added to the premium amount.

Premiums Due	Frequency Of Premium Payment			
Beginning On:	Annual	Semi-Annual	Quarterly	MA
4/07/2008	\$100.00	\$52.00	\$26.50	\$10.00

POLICY SPECIFICATIONS

Policy Number:	0000101	Policy Date:	4/07/2008
Premium Class:	STANDARD REGULAR		
Death Benefit:	\$10,000.00		
Annual Premium:	\$100.00		
Owner:	JOHN R DOE		

DEFINITION OF TERMS

Beneficiary means the person the Owner has chosen to receive the proceeds on the death of the Insured Child or Children as shown in our records. There may be different classes of Beneficiaries, such as primary and contingent. These different classes set the order of payment. There may be more than one Beneficiary in a class. The Beneficiaries, whether primary or contingent, must be the parent(s), grandparent(s) or legal guardian(s) of the Insured Child or Children.

Insured Child or Children means, with respect to an Owner who is a parent of the children to be insured, a person who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement, or was acquired by the Owner after the date of the application; and (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a grandparent of the children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner's son or daughter, whichever is applicable; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement or was acquired by the Owner's son or daughter, whichever is applicable, after the date of the application; (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a legal guardian of the child or children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) has had the Owner legally designated as the child's guardian; (3) the Owner was listed as such in the application for this policy; and (4) the child had not attained age 21 on the date of the application for this policy.

Owner means the person who owns the policy as shown in our records. Each Owner may designate a contingent Owner in the application for this policy. If the Owner dies while this policy is in force, ownership will belong to the contingent owner. If there is no contingent owner named or the contingent owner dies before the Owner, ownership will belong to the Owner's estate. The naming of a new contingent owner will revoke any previous named contingent owner. Any Owner or contingent owner must be the parent, grandparent or legal guardian of the Insured Child or Children.

Policy Date means the date this policy becomes effective as shown in the Policy Specifications. Policy months, years and anniversaries are measured from that date.

Expiry Date means the date of the expiry of insurance on the life of each Insured Child. It is the policy anniversary date nearest the 25th birthday of that child.

Final Expiry Date means the policy anniversary nearest the 25th birthday of the youngest Insured Child.

Company means The American Home Life Insurance Company of Kansas.

SUMMARY OF POLICY BENEFITS

BENEFITS

This policy provides certain rights, which may be exercised by the Owner during the lifetime of the Insured Child or Children. These include the right to:

- Change the Beneficiary
- Change the contingent owner
- Obtain dividend credits
- Convert the insurance on any Insured Child to a permanent form of insurance without evidence of insurability

The exercise of these rights is subject to the terms and conditions of this policy.

DEATH BENEFITS

This policy pays death benefits to the Beneficiary. The amount payable is the total of the following amounts determined on the date of the Insured Child's death:

The death benefit of this policy as shown in the Schedule of Benefits;

PLUS Interest from date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate required by state law;

PLUS Any dividends due but unpaid;

MINUS Any part of any unpaid premium to the date of death if death occurs during the grace period.

Subject to the conditions and provisions of this policy, the Company will pay the applicable death benefit to the Beneficiary, upon receipt at the Home Office of the Company of due proof of death of each Insured Child occurring while the policy is in force and prior to the Expiry Date of insurance on the life of each Insured Child. The death benefit for each Insured Child is shown in the Schedule of Benefits.

PLEASE READ THIS POLICY FOR FULL DETAILS

GENERAL PROVISIONS AND EXCLUSIONS

THE CONTRACT

The entire contract consists of this policy, including any endorsements, and the attached application. In issuing this policy, the Company has relied upon the statements made in the application. These statements are representations and not warranties, except in the case of fraud. The Company will not use any statement to void this policy or to defend against a claim under it, unless the statement is contained in the attached written application. Policy years are measured from the Policy Date. The only way this contract may be modified is by a written agreement signed by the president, a vice president, or the secretary of the Company. The Company may require that the policy be submitted for endorsement to show any change. No agent has authority to change the policy or to waive any of its provisions.

SUICIDE

If an Insured Child dies by suicide within 2 years from the Policy Date, the policy proceeds will be limited to the premiums paid, reduced by the amount of any dividends paid in cash. The policy and any insurance on any remaining Insured Child or Children may be kept in force by continuing premium payments provided for in the Schedule of Premiums.

MISSTATEMENT OF AGE

If the age of any Insured Child has been misstated, no change of the death benefit will be required. Coverage will expire on the policy anniversary nearest the correct 25th birthday of that Insured Child. If an Insured Child's correct age was 21 or over at the time of issue, there will be no coverage for that child under this policy.

INCONTESTABILITY

Except for nonpayment of premiums, the Company cannot deny a claim on an Insured Child unless:

1. Death happens within two years after the Policy Date; and
2. An answer in the application regarding that child was not true or complete; and
3. If the Company had known the truth, it would not have issued the policy or would have deleted insurance for that child by endorsement.

TERMINATION OF POLICY

This policy will terminate on the earliest of the following dates or events:

1. On the policy anniversary nearest the 25th birthday of the youngest Insured Child; or
2. upon written request of the Owner, when this policy is returned to the Company; or
3. as otherwise provided elsewhere in this policy.

RIGHTS OF OWNER AND BENEFICIARY

RIGHTS OF OWNER

The Owner on the Policy Date is shown in the Policy Specifications. Unless changed by Beneficiary designation or assignment, the Owner, if living (or the contingent owner if the Owner is not living) has all rights in this policy while any Insured Child is living.

A change of Owner or contingent owner may be made at any time. It must be done on the Company's form. The form must be signed by the current Owner and sent to the Company. The Company will record the change. After being recorded by the Company, the change will take effect as of the date the form was signed.

ASSIGNMENT

The Owner may assign the ownership of this policy. No policy assignment will be binding on the Company unless it is in writing in a form satisfactory to the Company and received and recorded by the Company at its Home Office. The assignment will then be effective as of the date it was signed, subject to any payment or other action by the Company before recording. The Company is not responsible for the validity, effect or sufficiency of an assignment.

BENEFICIARY

The Beneficiary named in the application will receive the death benefit upon an Insured Child's death unless the Owner has changed the Beneficiary designation. The Owner may change any designation, while any Insured Child is living, by written notice provided to the Company. To be effective, such written notice must include the full name and address of the new Beneficiary and be signed and dated by the current Owner. After being recorded by the Company, the change will take effect as of the date the notice was signed, subject to any payment or other action taken by the Company before recording. If any Beneficiary dies before an Insured Child, that interest will pass to any other Beneficiaries according to their respective interests. If no Beneficiary survives an Insured Child, the proceeds will be paid in one sum to the Owner, if living. If the Owner is not living and no Beneficiary survives the Insured Child, the proceeds will be paid in one sum to the contingent owner, if living; otherwise, to the Owner's estate.

PREMIUMS

PREMIUMS

This policy is issued in consideration of the application and the first premium payment. Premiums are due and payable in advance while any Insured Child is alive. The amount and frequency of premium payments are shown in the Schedule of Premiums. All premiums are payable at the Home Office in Topeka, Kansas, or to an agent of the Company upon delivery of a receipt signed by one or more officers of the Company.

Premiums may be paid annually, semi-annually, quarterly, or by monthly bank draft. The Owner may change the frequency of premium payments subject to Company rules. A written request must be filed at the Home Office in a form satisfactory to the Company.

CANCELLATION

If this term life insurance policy is cancelled, we will refund any unearned premiums for the remainder of the term for which the premiums were paid. The amount of unearned premiums to be refunded will be equal to the difference between the total premium paid and the amount derived by multiplying 1/3 of the quarterly rate by the number of months the policy was in force.

While this policy is in force, it is eligible to receive dividends. The amount, if any, will be set each year by the Company. Dividends, if any, are payable at the end of each policy year if premiums for the year are paid in full.

GRACE PERIOD

A grace period of thirty-one (31) days will be allowed for payment of each premium due after the first. This policy will continue in force during the grace period.

REINSTATEMENT

The Owner may, upon written request, reinstate this policy within five (5) years from the date of the first unpaid premium.

The requirements for reinstatement are:

1. An Insured Child is alive;
2. Evidence of insurability acceptable to the Company must be submitted for each Insured Child;
3. All premiums due and unpaid plus interest compounded on each policy anniversary at a rate of 6.00% per year must be paid.

The effective date of reinstatement will be the date the application for reinstatement is approved. The reinstated policy may be contested on account of misrepresentation of facts material to the reinstatement if death happens within two years after the effective date of reinstatement. Such contest shall be subject to the considerations set forth with respect to contestability after original issuance of the policy.

DIVIDENDS

Due to the premiums charged for this policy it is unlikely that a dividend will ever be declared. In the event that a dividend is declared, it will be paid in cash.

CONVERSION PRIVILEGE

BY OWNER

The insurance provided under this policy on the life of any Insured Child may be converted by the Owner without evidence of insurability, if all premiums for this policy falling due prior to such conversion have been paid, subject to the following conditions:

1. Conversion shall be on or before the Expiry Date of the insurance being converted.
2. A proper written application for conversion of the insurance on an Insured Child must be completed by the Owner. The written application and the first premium on the converted policy must be received by the Company at the Home Office no later than the end of the thirty-one day period following the date of expiry and during the lifetime of the Insured Child to be insured under the converted policy.
3. The converted policy may be on any level premium whole life or endowment plan available at the time of conversion under the Company's rules as to amount, plan of insurance, and classification of risk and age. Premiums for the converted policy shall be at the Company's then current rates for such a policy.
4. The amount of insurance under a converted policy on the life of an Insured Child shall not exceed the amount of Death Benefit shown in the Schedule of Benefits.
5. Additional benefits (supplemental agreements) may be included in the new policy only with the consent of the Company.
6. If an Insured Child eligible for a new policy dies within the period permitted for conversion but before the date of issue of the new policy, the death benefit in effect under this children's level term policy shall be payable as if death occurred while insurance under this children's level term policy on the life of such Insured Child was in force.
7. A new suicide or contestable period will not apply to benefits converted from this policy to a new policy. These periods will be measured from the Policy Date of this policy.

CONVERSION PRIVILEGE

(Continued)

BY INSURED CHILD

The insurance provided under this policy on the life of an Insured Child may be converted by the Insured Child without evidence of insurability, if all premiums for this policy falling due prior to such conversion have been paid, subject to the following conditions:

1. Conversion shall be as of the Expiry Date of the insurance being converted.
2. A proper written application for conversion must be completed by the Insured Child to be insured under the converted policy. The written application and the first premium on the converted policy must be received by the Company at the Home Office before the end of the thirty-one day period following the date of expiry and during the lifetime of the Insured Child to be insured under the converted policy.
3. The converted policy may be on any level premium whole life or endowment plan available as of the Expiry Date of the term insurance under the Company's rules as to amount, plan of insurance, and classification of risk and age. Premiums for the converted policy shall be at the Company's then current rates for such a policy.
4. The amount of insurance under a converted policy on the life of an Insured Child shall not exceed five (5) times the amount then expiring.
5. Additional benefits (supplemental agreements) may be included in the new policy only with the consent of the Company.
6. If an Insured Child eligible for a new policy dies within the period permitted for conversion but before the date of issue of the new policy, the death benefit in effect under this children's level term policy shall be payable as if death occurred while insurance under this children's level term policy on the life of such Insured Child was in force.
7. A new suicide or contestable period will not apply to benefits converted from this policy to a new policy. These periods will be measured from the Policy Date of this policy.

RENEWAL

This policy may be renewed by timely payment of premiums on each anniversary date until the policy anniversary nearest the 25th birthday of the youngest Insured Child.

SETTLEMENT OPTIONS PROVISIONS

Settlement Options - The benefit can be paid:

In one lump sum; or
In any way the Company agrees.

Before an Insured Child dies, the Owner can choose how the benefits are to be paid. After an Insured Child dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

Once payments have started, the election of Settlement Options 1 through 4 shall be final.

Settlement Options are available only with the Company's consent if: (a) this policy is assigned; or (b) the payee is a trust, corporation, or any other legally recognized entity other than a natural person.

All payments are subject to the Company's amount limits. If the Company changes the limits, the Company may change the amount and interval of payments to comply with the new limits.

Option 1 – Life Income Only: The Company will pay equal monthly payments for the payee's remaining lifetime. Payments end with the payment due just before the payee's death. There is no death benefit under this Settlement Option.

Option 2 – Life Income with Fixed Period Certain: The Company will pay equal monthly payments for the longer of: (a) the payee's life; or (b) the fixed period certain. The fixed period certain may be 10 years (120 months) or 20 years (240 months), but in no event may such fixed period certain exceed the payee's life expectancy.

If the payee dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the payee's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been paid.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least 15 days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

Option 3 – Fixed Period Certain Only: The Company will pay equal annual, semiannual, quarterly or monthly payments for a fixed period certain of up to 30 years, but in no event may such fixed period certain exceed the payee's life expectancy. If the payee dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the payee's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been made.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least 15 days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

SETTLEMENT OPTIONS PROVISIONS

(Continued)

Option 4 – Payments of a Fixed Amount:

The Company will pay equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.

Option 5 – Proceeds Held At Interest Only:

The Company will hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than five (5) years and no more than twenty (20) years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

Interest Rate: The guaranteed interest rate for all Settlement Options is compounded daily to produce an annual effective rate of 3%. The Company may declare and pay current interest higher than the guaranteed rate at any time.

Other Forms of Payment – Benefits can be provided under any other Settlement Option not described in this section, subject to The Company's agreement and any applicable federal or state law, rule or regulation.

Basis of Computation -- The rates for Settlement Options are based upon the Annuity 2000 Mortality Table, and an annual effective interest rate of not less than 3%.

SETTLEMENT OPTIONS PROVISIONS
(Continued)

Table of Guaranteed Settlement Options

The rates contained in the Tables below will be used to provide a minimum guaranteed monthly income. The rates shown are for each \$1,000 of value applied under the applicable Settlement Option.

Any rates and/or ages not shown in the Tables contained in this section will be provided by the Company upon written request.

Annuity 2000 Mortality Table; 12 payments per year; 3% interest.

Age of Payee	Monthly Income		Monthly Income for Life with a Guaranteed Period of:									
	For Life Only		5 Year		10 Year		15 Year		20 Year			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
35	3.26	3.13	3.26	3.13	3.25	3.13	3.25	3.13	3.24	3.12		
36	3.29	3.16	3.29	3.16	3.29	3.16	3.28	3.15	3.27	3.15		
37	3.33	3.19	3.33	3.19	3.32	3.19	3.31	3.18	3.30	3.17		
38	3.36	3.22	3.36	3.22	3.36	3.22	3.35	3.21	3.33	3.20		
39	3.40	3.25	3.40	3.25	3.40	3.25	3.38	3.24	3.37	3.23		
40	3.44	3.28	3.44	3.28	3.44	3.28	3.42	3.27	3.40	3.26		
41	3.49	3.32	3.48	3.32	3.48	3.32	3.46	3.31	3.44	3.30		
42	3.53	3.36	3.53	3.36	3.52	3.35	3.50	3.34	3.48	3.33		
43	3.58	3.40	3.57	3.39	3.56	3.39	3.55	3.38	3.52	3.37		
44	3.63	3.44	3.62	3.43	3.61	3.43	3.59	3.42	3.56	3.40		
45	3.68	3.48	3.67	3.48	3.66	3.47	3.64	3.46	3.60	3.44		
46	3.73	3.52	3.73	3.52	3.71	3.51	3.69	3.50	3.65	3.48		
47	3.79	3.57	3.78	3.57	3.77	3.56	3.74	3.55	3.70	3.52		
48	3.85	3.62	3.84	3.62	3.82	3.61	3.79	3.59	3.74	3.57		
49	3.91	3.67	3.90	3.67	3.88	3.66	3.84	3.64	3.79	3.61		
50	3.97	3.73	3.96	3.72	3.94	3.71	3.90	3.69	3.84	3.66		
51	4.04	3.78	4.03	3.78	4.01	3.77	3.96	3.74	3.90	3.71		
52	4.11	3.84	4.10	3.84	4.07	3.83	4.02	3.80	3.95	3.76		
53	4.19	3.91	4.18	3.90	4.14	3.89	4.09	3.86	4.01	3.81		
54	4.27	3.97	4.25	3.97	4.22	3.95	4.16	3.92	4.07	3.87		
55	4.35	4.05	4.34	4.04	4.30	4.02	4.23	3.98	4.12	3.92		
56	4.44	4.12	4.42	4.11	4.38	4.09	4.30	4.05	4.19	3.98		
57	4.53	4.20	4.52	4.19	4.47	4.17	4.38	4.12	4.25	4.04		
58	4.63	4.29	4.61	4.28	4.56	4.25	4.46	4.19	4.31	4.11		
59	4.74	4.38	4.72	4.36	4.65	4.33	4.54	4.27	4.37	4.17		
60	4.85	4.47	4.83	4.46	4.75	4.42	4.63	4.35	4.44	4.24		
61	4.97	4.57	4.95	4.56	4.86	4.51	4.71	4.43	4.50	4.31		
62	5.10	4.68	5.07	4.66	4.97	4.61	4.80	4.52	4.57	4.38		
63	5.24	4.79	5.20	4.78	5.09	4.72	4.90	4.61	4.63	4.45		
64	5.39	4.92	5.35	4.90	5.22	4.83	4.99	4.70	4.69	4.52		
65	5.55	5.05	5.50	5.02	5.35	4.94	5.09	4.80	4.75	4.59		
66	5.71	5.19	5.66	5.16	5.48	5.07	5.19	4.90	4.81	4.66		
67	5.90	5.34	5.83	5.31	5.62	5.20	5.29	5.01	4.87	4.72		
68	6.09	5.50	6.01	5.46	5.77	5.34	5.39	5.11	4.93	4.79		
69	6.29	5.67	6.20	5.63	5.92	5.48	5.49	5.22	4.98	4.86		
70	6.51	5.86	6.40	5.81	6.07	5.63	5.58	5.33	5.03	4.92		
71	6.74	6.06	6.61	6.00	6.23	5.79	5.68	5.44	5.07	4.98		
72	6.99	6.28	6.84	6.21	6.40	5.96	5.77	5.55	5.11	5.03		
73	7.26	6.52	7.07	6.43	6.56	6.13	5.86	5.66	5.15	5.08		
74	7.54	6.78	7.32	6.66	6.73	6.31	5.95	5.77	5.18	5.13		

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS

Home Office

400 Kansas Avenue, P.O. Box 1497, Topeka, Kansas 66601

NOTICE

If there are any questions about this policy or if anyone seeks to replace this policy, please contact an American Home Life agent or the Home Office of the Company. All inquiries should be in writing, stating the policy number.

LEVEL PREMIUM TERM INSURANCE POLICY

Insurance Payable at Death Prior to Final Expiry Date
Participating
Premiums Payable to Final Expiry Date or
Until Prior Death of Insured Children
Convertible as Provided Herein

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS

400 Kansas Avenue, P.O. Box 1497
Topeka, Kansas 66601

A Mutual Company

Children's Single Premium Term Life Insurance
This is a Legal Contract – Please read it carefully

The American Home Life Insurance Company of Kansas agrees to pay the death benefit to the Beneficiary, subject to the conditions and provisions of this policy. Payment will be made when proof of an Insured Child's death is received at the Company's Home Office in **Topeka, Kansas**. This policy may have to be returned.

The policy is issued in consideration of the application and the payment of premium.

**NOTICE OF 30 DAY RIGHT TO EXAMINE
RIGHT TO CANCEL**

This policy may be cancelled by delivering or sending a written notice to The American Home Life Insurance Company of Kansas, P.O. Box 1497, Topeka, Kansas 66601 or to the insurance agent through whom it was effected, and by returning the policy before midnight of the thirtieth day after the date the policy is delivered. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this policy within thirty days after it receives notice of cancellation and the returned policy.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this policy, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

Signed for the Company at Topeka, Kansas on the issue date.


Secretary


President

SINGLE PREMIUM TERM INSURANCE POLICY
Insurance Payable at Death Prior to Final Expiry Date
Participating

Convertible as Provided Herein

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SCHEDULE OF BENEFITS

BENEFIT			SINGLE PREMIUM
Death Benefit:	\$10,000.00	EACH INSURED CHILD	\$1,000.00

Insured Children of: JOHN A DOE

Insured Child or Children means, with respect to an Owner who is a parent of the children to be insured, a person who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement, or was acquired by the Owner after the date of the application; and (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a grandparent of the children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner's son or daughter, whichever is applicable; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement or was acquired by the Owner's son or daughter, whichever is applicable, after the date of the application; (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a legal guardian of the child or children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) has had the Owner legally designated as the child's guardian; (3) the Owner was listed as such in the application for this policy; and (4) the child had not attained age 21 on the date of the application for this policy.

POLICY SPECIFICATIONS

Policy Number:	0000100
Policy Date:	4/07/2008
Premium Class:	STANDARD REGULAR
Death Benefit:	\$10,000.00
Single Premium:	\$1,000.00
Owner:	JOHN R DOE

DEFINITION OF TERMS

Beneficiary means the person the Owner has chosen to receive the proceeds on the death of the Insured Child or Children as shown in our records. There may be different classes of Beneficiaries, such as primary and contingent. These different classes set the order of payment. There may be more than one Beneficiary in a class. The Beneficiaries, whether primary or contingent, must be the parent(s), grandparent(s) or legal guardian(s) of the Insured Child or Children.

Insured Child or Children means, with respect to an Owner who is a parent of the children to be insured, a person who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement, or was acquired by the Owner after the date of the application; and (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a grandparent of the children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) is a natural child, adopted child or stepchild of the Owner's son or daughter, whichever is applicable; (3) was listed as such in the application for this policy unless eliminated from this policy by endorsement or was acquired by the Owner's son or daughter, whichever is applicable, after the date of the application; (4) had not attained age 21 on the date of the application for this policy. With respect to an Owner who is a legal guardian of the child or children to be insured, Insured Child or Children means, a child who (1) has attained age 15 days; (2) has had the Owner legally designated as the child's guardian; (3) the Owner was listed as such in the application for this policy; and (4) the child had not attained age 21 on the date of the application for this policy.

Owner means the person who owns the policy as shown in our records. Each Owner may designate a contingent Owner in the application for this policy. If the Owner dies while this policy is in force, ownership will belong to the contingent owner. If there is no contingent owner named or the contingent owner dies before the Owner, ownership will belong to the Owner's estate. The naming of a new contingent owner will revoke any previous named contingent owner. Any Owner or contingent owner must be the parent, grandparent or legal guardian of the Insured Child or Children.

Policy Date means the date this policy becomes effective as shown in the Policy Specifications. Policy months, years and anniversaries are measured from that date.

Expiry Date means the date of the expiry of insurance on the life of each Insured Child. It is the policy anniversary date nearest the 25th birthday of that child.

Final Expiry Date means the policy anniversary nearest the 25th birthday of the youngest Insured Child.

Company means The American Home Life Insurance Company of Kansas.

SUMMARY OF POLICY BENEFITS

BENEFITS

This policy provides certain rights, which may be exercised by the Owner during the lifetime of the Insured Child or Children. These include the right to:

- Change the Beneficiary
- Change the contingent owner
- Obtain dividend credits
- Convert the insurance on any Insured Child to a permanent form of insurance without evidence of insurability

The exercise of these rights is subject to the terms and conditions of this policy.

DEATH BENEFITS

This policy pays death benefits to the Beneficiary. The amount payable is the total of the following amounts determined on the date of the Insured Child's death:

The death benefit of this policy as shown in the Schedule of Benefits;

PLUS Interest from date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate required by state law;

PLUS Any dividends due but unpaid.

Subject to the conditions and provisions of this policy, the Company will pay the applicable death benefit to the Beneficiary, upon receipt at the Home Office of the Company of due proof of death of each Insured Child occurring while the policy is in force and prior to the Expiry Date of insurance on the life of each Insured Child. The death benefit for each Insured Child is shown in the Schedule of Benefits.

PLEASE READ THIS POLICY FOR FULL DETAILS

GENERAL PROVISIONS AND EXCLUSIONS

THE CONTRACT

The entire contract consists of this policy, including any endorsements, and the attached application. In issuing this policy, the Company has relied upon the statements made in the application. These statements are representations and not warranties, except in the case of fraud. The Company will not use any statement to void this policy or to defend against a claim under it, unless the statement is contained in the attached written application. Policy years are measured from the Policy Date. The only way this contract may be modified is by a written agreement signed by the president, a vice president, or the secretary of the Company. The Company may require that the policy be submitted for endorsement to show any change. No agent has authority to change the policy or to waive any of its provisions.

SUICIDE

If an Insured Child dies by suicide within 2 years from the Policy Date, the policy proceeds will be limited to the premiums paid, reduced by the amount of any dividends paid in cash. The policy and any insurance on any remaining Insured Child or Children will remain in force.

MISSTATEMENT OF AGE

If the age of any Insured Child has been misstated, no change of the death benefit will be required. Coverage will expire on the policy anniversary nearest the correct 25th birthday of that Insured Child. If an Insured Child's correct age was 21 or over at the time of issue, there will be no coverage for that child under this policy.

INCONTESTABILITY

Except for nonpayment of premiums, the Company cannot deny a claim on an Insured Child unless:

1. Death happens within two years after the Policy Date; and
2. An answer in the application regarding that child was not true or complete; and
3. If the Company had known the truth, it would not have issued the policy or would have deleted insurance for that child by endorsement.

TERMINATION OF POLICY

This policy will terminate on the earliest of the following dates or events:

1. On the policy anniversary nearest the 25th birthday of the youngest Insured Child; or
2. upon written request of the Owner, when this policy is returned to the Company; or
3. as otherwise provided elsewhere in this policy.

RIGHTS OF OWNER AND BENEFICIARY

RIGHTS OF OWNER

The Owner on the Policy Date is shown in the Policy Specifications. Unless changed by Beneficiary designation or assignment, the Owner, if living (or the contingent owner if the Owner is not living) has all rights in this policy while any Insured Child is living.

A change of Owner or contingent owner may be made at any time. It must be done on the Company's form. The form must be signed by the current Owner and sent to the Company. The Company will record the change. After being recorded by the Company, the change will take effect as of the date the form was signed.

ASSIGNMENT

The Owner may assign the ownership of this policy. No policy assignment will be binding on the Company unless it is in writing in a form satisfactory to the Company and received and recorded by the Company at its Home Office. The assignment will then be effective as of the date it was signed, subject to any payment or other action by the Company before recording. The Company is not responsible for the validity, effect or sufficiency of an assignment.

CANCELLATION

If this term life insurance policy is cancelled by the Owner, we will refund any unearned premium for the remainder of the term period. The amount of unearned premium to be refunded will be equal to the difference between the total premium paid and the amount derived by multiplying 1/3 of the quarterly rate by the number of months the policy was in force.

BENEFICIARY

The Beneficiary named in the application will receive the death benefit upon an Insured Child's death unless the Owner has changed the Beneficiary designation. The Owner may change any designation, while any Insured Child is living, by written notice provided to the Company. To be effective, such written notice must include the full name and address of the new Beneficiary and be signed and dated by the current Owner. After being recorded by the Company, the change will take effect as of the date the notice was signed, subject to any payment or other action taken by the Company before recording. If any Beneficiary dies before an Insured Child, that interest will pass to any other Beneficiaries according to their respective interests. If no Beneficiary survives an Insured Child, the proceeds will be paid in one sum to the Owner, if living. If the Owner is not living and no Beneficiary survives the Insured Child, the proceeds will be paid in one sum to the contingent owner, if living; otherwise, to the Owner's estate.

DIVIDENDS

While this policy is in force, it is eligible to receive dividends. The amount, if any, will be set each year by the Company. Dividends, if any, are payable at the end of each policy year.

Due to the premiums charged for this policy it is unlikely that a dividend will ever be declared. In the event that a dividend is declared, it will be paid in cash.

CONVERSION PRIVILEGE

BY OWNER

The insurance provided under this policy on the life of any Insured Child may be converted by the Owner without evidence of insurability, if all premiums for this policy falling due prior to such conversion have been paid, subject to the following conditions:

1. Conversion shall be on or before the Expiry Date of the insurance being converted.
2. A proper written application for conversion of the insurance on an Insured Child must be completed by the Owner. The written application and the first premium on the converted policy must be received by the Company at the Home Office no later than the end of the thirty-one day period following the date of expiry and during the lifetime of the Insured Child to be insured under the converted policy.
3. The converted policy may be on any level premium whole life or endowment plan available at the time of conversion under the Company's rules as to amount, plan of insurance, and classification of risk and age. Premiums for the converted policy shall be at the Company's then current rates for such a policy.
4. The amount of insurance under a converted policy on the life of an Insured Child shall not exceed the amount of Death Benefit shown in the Schedule of Benefits.
5. Additional benefits (supplemental agreements) may be included in the new policy only with the consent of the Company.
6. If an Insured Child eligible for a new policy dies within the period permitted for conversion but before the date of issue of the new policy, the death benefit in effect under this children's single premium term policy shall be payable as if death occurred while insurance under this children's single premium term policy on the life of such Insured Child was in force.
7. A new suicide or contestable period will not apply to benefits converted from this policy to a new policy. These periods will be measured from the Policy Date of this policy.

CONVERSION PRIVILEGE
(Continued)

BY INSURED CHILD

The insurance provided under this policy on the life of an Insured Child may be converted by the Insured Child without evidence of insurability, if all premiums for this policy falling due prior to such conversion have been paid, subject to the following conditions:

1. Conversion shall be as of the Expiry Date of the insurance being converted.
2. A proper written application for conversion must be completed by the Insured Child to be insured under the converted policy. The written application and the first premium on the converted policy must be received by the Company at the Home Office before the end of the thirty-one day period following the date of expiry and during the lifetime of the Insured Child to be insured under the converted policy.
3. The converted policy may be on any level premium whole life or endowment plan available as of the Expiry Date of the term insurance under the Company's rules as to amount, plan of insurance, and classification of risk and age. Premiums for the converted policy shall be at the Company's then current rates for such a policy.
4. The amount of insurance under a converted policy on the life of an Insured Child shall not exceed five (5) times the amount then expiring.
5. Additional benefits (supplemental agreements) may be included in the new policy only with the consent of the Company.
6. If an Insured Child eligible for a new policy dies within the period permitted for conversion but before the date of issue of the new policy, the death benefit in effect under this children's premium term policy shall be payable as if death occurred while insurance under this children's single premium term policy on the life of such Insured Child was in force.
7. A new suicide or contestable period will not apply to benefits converted from this policy to a new policy. These periods will be measured from the Policy Date of this policy.

SETTLEMENT OPTIONS PROVISIONS

Settlement Options - The benefit can be paid:

In one lump sum; or
In any way the Company agrees.

Before an Insured Child dies, the Owner can choose how the benefits are to be paid. After an Insured Child dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

Once payments have started, the election of Settlement Options 1 through 4 shall be final.

Settlement Options are available only with the Company's consent if: (a) this policy is assigned; or (b) the payee is a trust, corporation, or any other legally recognized entity other than a natural person.

All payments are subject to the Company's amount limits. If the Company changes the limits, the Company may change the amount and interval of payments to comply with the new limits.

Option 1 – Life Income Only: The Company will pay equal monthly payments for the payee's remaining lifetime. Payments end with the payment due just before the payee's death. There is no death benefit under this Settlement Option.

Option 2 – Life Income with Fixed Period Certain: The Company will pay equal monthly payments for the longer of: (a) the payee's life; or (b) the fixed period certain. The fixed period certain may be 10 years (120 months) or 20 years (240 months), but in no event may such fixed period certain exceed the payee's life expectancy.

If the payee dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the payee's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been paid.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least 15 days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

Option 3 – Fixed Period Certain Only: The Company will pay equal annual, semiannual, quarterly or monthly payments for a fixed period certain of up to 30 years, but in no event may such fixed period certain exceed the payee's life expectancy. If the payee dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the payee's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been made.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least 15 days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

SETTLEMENT OPTIONS PROVISIONS

(Continued)

Option 4 – Payments of a Fixed Amount:

The Company will pay equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.

Option 5 – Proceeds Held At Interest Only:

The Company will hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than five (5) years and no more than twenty (20) years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

Interest Rate: The guaranteed interest rate for all Settlement Options is compounded daily to produce an annual effective rate of 3%. The Company may declare and pay current interest higher than the guaranteed rate at any time.

Other Forms of Payment – Benefits can be provided under any other Settlement Option not described in this section, subject to The Company's agreement and any applicable federal or state law, rule or regulation.

Basis of Computation -- The rates for Settlement Options are based upon the Annuity 2000 Mortality Table, and an annual effective interest rate of not less than 3%.

SETTLEMENT OPTIONS PROVISIONS
(Continued)

Table of Guaranteed Settlement Options

The rates contained in the Tables below will be used to provide a minimum guaranteed monthly income. The rates shown are for each \$1,000 of value applied under the applicable Settlement Option.

Any rates and/or ages not shown in the Tables contained in this section will be provided by the Company upon written request.

Annuity 2000 Mortality Table; 12 payments per year; 3% interest.

Age of Payee	Monthly Income		Monthly Income for Life with a Guaranteed Period of:									
	For Life Only		5 Year		10 Year		15 Year		20 Year			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
35	3.26	3.13	3.26	3.13	3.25	3.13	3.25	3.13	3.24	3.12		
36	3.29	3.16	3.29	3.16	3.29	3.16	3.28	3.15	3.27	3.15		
37	3.33	3.19	3.33	3.19	3.32	3.19	3.31	3.18	3.30	3.17		
38	3.36	3.22	3.36	3.22	3.36	3.22	3.35	3.21	3.33	3.20		
39	3.40	3.25	3.40	3.25	3.40	3.25	3.38	3.24	3.37	3.23		
40	3.44	3.28	3.44	3.28	3.44	3.28	3.42	3.27	3.40	3.26		
41	3.49	3.32	3.48	3.32	3.48	3.32	3.46	3.31	3.44	3.30		
42	3.53	3.36	3.53	3.36	3.52	3.35	3.50	3.34	3.48	3.33		
43	3.58	3.40	3.57	3.39	3.56	3.39	3.55	3.38	3.52	3.37		
44	3.63	3.44	3.62	3.43	3.61	3.43	3.59	3.42	3.56	3.40		
45	3.68	3.48	3.67	3.48	3.66	3.47	3.64	3.46	3.60	3.44		
46	3.73	3.52	3.73	3.52	3.71	3.51	3.69	3.50	3.65	3.48		
47	3.79	3.57	3.78	3.57	3.77	3.56	3.74	3.55	3.70	3.52		
48	3.85	3.62	3.84	3.62	3.82	3.61	3.79	3.59	3.74	3.57		
49	3.91	3.67	3.90	3.67	3.88	3.66	3.84	3.64	3.79	3.61		
50	3.97	3.73	3.96	3.72	3.94	3.71	3.90	3.69	3.84	3.66		
51	4.04	3.78	4.03	3.78	4.01	3.77	3.96	3.74	3.90	3.71		
52	4.11	3.84	4.10	3.84	4.07	3.83	4.02	3.80	3.95	3.76		
53	4.19	3.91	4.18	3.90	4.14	3.89	4.09	3.86	4.01	3.81		
54	4.27	3.97	4.25	3.97	4.22	3.95	4.16	3.92	4.07	3.87		
55	4.35	4.05	4.34	4.04	4.30	4.02	4.23	3.98	4.12	3.92		
56	4.44	4.12	4.42	4.11	4.38	4.09	4.30	4.05	4.19	3.98		
57	4.53	4.20	4.52	4.19	4.47	4.17	4.38	4.12	4.25	4.04		
58	4.63	4.29	4.61	4.28	4.56	4.25	4.46	4.19	4.31	4.11		
59	4.74	4.38	4.72	4.36	4.65	4.33	4.54	4.27	4.37	4.17		
60	4.85	4.47	4.83	4.46	4.75	4.42	4.63	4.35	4.44	4.24		
61	4.97	4.57	4.95	4.56	4.86	4.51	4.71	4.43	4.50	4.31		
62	5.10	4.68	5.07	4.66	4.97	4.61	4.80	4.52	4.57	4.38		
63	5.24	4.79	5.20	4.78	5.09	4.72	4.90	4.61	4.63	4.45		
64	5.39	4.92	5.35	4.90	5.22	4.83	4.99	4.70	4.69	4.52		
65	5.55	5.05	5.50	5.02	5.35	4.94	5.09	4.80	4.75	4.59		
66	5.71	5.19	5.66	5.16	5.48	5.07	5.19	4.90	4.81	4.66		
67	5.90	5.34	5.83	5.31	5.62	5.20	5.29	5.01	4.87	4.72		
68	6.09	5.50	6.01	5.46	5.77	5.34	5.39	5.11	4.93	4.79		
69	6.29	5.67	6.20	5.63	5.92	5.48	5.49	5.22	4.98	4.86		
70	6.51	5.86	6.40	5.81	6.07	5.63	5.58	5.33	5.03	4.92		
71	6.74	6.06	6.61	6.00	6.23	5.79	5.68	5.44	5.07	4.98		
72	6.99	6.28	6.84	6.21	6.40	5.96	5.77	5.55	5.11	5.03		
73	7.26	6.52	7.07	6.43	6.56	6.13	5.86	5.66	5.15	5.08		
74	7.54	6.78	7.32	6.66	6.73	6.31	5.95	5.77	5.18	5.13		

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS
Home Office
400 Kansas Avenue, P.O. Box 1497, Topeka, Kansas 66601

NOTICE

If there are any questions about this policy or if anyone seeks to replace this policy, please contact an American Home Life agent or the Home Office of the Company. All inquiries should be in writing, stating the policy number.

SINGLE PREMIUM TERM INSURANCE POLICY

Insurance Payable at Death Prior to Final Expiry Date
Participating
Convertible as Provided Herein

**CHILDREN'S TERM INSURANCE BENEFIT
PROVIDING INSURANCE FOR INSURED CHILDREN**

BENEFIT FOR POLICY NUMBER: 0000102

INSURED: JOHN R DOE

NUMBER OF UNITS: 10.000

BENEFIT EXPIRY DATE: 4/07/2048

EFFECTIVE DATE: 4/07/2008

BENEFIT PREMIUM: \$100.00

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS (hereafter "we" or "us") will pay the amount of insurance shown above if an Insured Child dies before this benefit terminates or coverage for that child expires. The expiry date for each Insured Child is the policy anniversary nearest that child's 25th birthday or the Benefit Expiry Date shown above. The amount of insurance for each Insured Child is \$1,000 per unit.

GENERAL PROVISIONS

DEFINITION OF INSURED CHILD. An Insured Child is a person who:

- (1) Has reached age 15 days, and
- (2) is a natural child, adopted child or stepchild of the Insured, and
- (3) was named in the application for this benefit unless removed by endorsement, or was acquired by the Insured after the date of the application, and
- (4) had not reached age 21 on the date of the application.

BENEFIT EXPIRY DATE. The Benefit Expiry Date of this benefit is the anniversary nearest the 65th birthday of the Insured, or the end of the premium paying period of this policy, if earlier.

MISSTATEMENT OF AGE. If the age of the Insured or of any Insured Child has been misstated, the Benefit Expiry Date or the dates of expiry of insurance for any Insured Child under this benefit will be those dates for the correct ages.

BENEFICIARY. Unless changed by written notice to us, the Beneficiary for each Insured Child is the Insured, if living. Otherwise, it will be the Insured Child's estate. The person having control of this policy and benefit may change the Beneficiary designation at any time by written notice to us. To be effective, such written notice must include the full name and address of the new beneficiary and be signed and dated by the person having control of this policy and benefit. After being recorded by us, the change will take effect as of the date the notice was signed, subject to any payment or other action taken by us before recording.

CONTROL OF BENEFIT. Unless changed by assignment or endorsement, the Insured will have every right, option, benefit and privilege under this benefit. After the Insured's death, each Insured Child will have all rights, options, benefits and privileges for the insurance on his or her life.

REINSTATEMENT. This benefit may be reinstated at the same time as the policy if:

- (1) evidence of insurability, satisfactory to the Company, is given for each Insured Child, and
- (2) all past due premiums are paid with compound interest at 6% per annum. We will not pay the benefit proceeds if an Insured Child dies after the end of the grace period and the premium is not paid.

The effective date of reinstatement will be the date the application for reinstatement is approved. The reinstated benefit may be contested on account of misrepresentation of facts material to the reinstatement if death happens within two years after the effective date of reinstatement. Such contest shall be subject to the considerations set forth with respect to contestability after original issuance of the benefit.

INCONTESTABILITY. The terms and conditions of the Incontestability provision of the policy shall apply to this benefit. They also relate to any Insured Child under this benefit. The incontestability period will begin on the Effective Date of this benefit.

SUICIDE. If the Insured or any Insured Child dies by suicide within 2 years from the Effective Date of this benefit, the liability of the

Company will be limited to the amount of premiums paid to us. If the Insured dies by suicide within 2 years from the Effective Date of this benefit, the Paid-up Term Insurance Provisions of this benefit will not apply. This benefit on any remaining Insured Child may be kept in force by continuing premium payments as provided in the policy to which this benefit is attached.

TERMINATION. Unless this benefit is converted, coverage will end on the earliest of the following dates or events:

- (1) On the Benefit Expiry Date shown above; or
- (2) when any premium for this policy or benefit is not paid when due or within the grace period; or
- (3) upon surrender of this policy under any of its Nonforfeiture Provisions; or
- (4) at the option of the Company, when this policy is converted or changed; or
- (5) upon written request of the Insured; or
- (6) upon the death of the Insured.

POLICY PROVISIONS. All conditions and provisions of the policy, which are not inconsistent with these benefit provisions, will apply to this benefit.

PAID-UP TERM INSURANCE PROVISIONS

The term insurance on the life of each Insured Child will be paid-up on receipt of due proof of the death of the Insured while this benefit is in force. This benefit may then be surrendered for a cash value, if any. The cash value, if any, will be equal to the net single premium for the future guaranteed benefits. It will be computed on the Commissioners 2001 Standard Ordinary Mortality Table, age nearest birthday. The interest will be 5% per annum. We assume that deaths during any policy year occur at the end of that year.

CONVERSION PRIVILEGE

BY INSURED. The insurance provided under this children's term insurance benefit on the life of any Insured Child may be converted by the Insured without evidence of insurability, if all premiums for this policy falling due prior to such conversion have been paid, subject to the following conditions:

- (1) Conversion of the insurance on any Insured Child shall occur on or before the policy anniversary nearest the Insured Child's 25th birthday.
- (2) A proper written application for conversion of the insurance on an Insured Child must be completed by the Insured. The written application and the first premium on the converted policy must be received by the Company at the Home Office no later than the end of the thirty-one day period following the date of expiry and during the lifetime of the Insured Child to be insured under the converted policy.
- (3) The converted policy may be on any level premium whole life or endowment plan available at the time of conversion under the Company's rules as to amount, plan of insurance, and classification of risk and age. Premiums for the converted policy shall be at the Company's then current rates for such a policy.
- (4) The amount of insurance under a converted policy on the life of an Insured Child shall not exceed the current death benefit of this benefit for that Insured Child.
- (5) Additional benefits (supplemental agreements) may be included in the new policy only with the consent of the Company.
- (6) If an Insured Child eligible for a new policy dies within the period permitted for conversion but before the date of issue of the new policy, the death benefit in effect under this children's term insurance benefit, shall be payable as if death occurred while insurance under this children's term insurance benefit on the life of such Insured Child was in force.
- (7) A new suicide or contestable period will not apply to benefits converted from this children's term insurance benefit to a new policy. These periods will be measured from the Effective Date of this benefit.

CONVERSION PRIVILEGE

(Continued)

BY INSURED CHILD. The insurance provided under this benefit on the life of an Insured Child may be converted by the Insured Child without evidence of insurability, if all premiums for this policy falling due prior to such conversion have been paid, subject to the following conditions:

- (1) Conversion of the insurance on an Insured Child shall be as of the policy anniversary nearest the Insured Child's 25th birthday.
- (2) A proper written application for conversion must be completed by the Insured Child to be insured under the converted policy. The written application and the first premium on the converted policy must be received by the Company at the Home Office before the end of the thirty-one day period following the date of expiry and during the lifetime of the Insured Child to be insured under the converted policy.
- (3) The converted policy may be on any level premium whole life or endowment plan available under the Company's rules as to amount, plan of insurance, and classification of risk and age as of the date of conversion. Premiums for the converted policy shall be at the Company's then current rates for such a policy.
- (4) The amount of insurance under a converted policy on the life of an Insured Child shall not exceed five (5) times the amount then expiring.
- (5) Additional benefits (supplemental agreements) may be included in the new policy only with the consent of the Company.
- (6) If an Insured Child eligible for a new policy dies within the period permitted for conversion but before the date of issue of the new policy, the death benefit in effect under this children's term insurance benefit, shall be payable as if death occurred while insurance under this children's term insurance benefit on the life of such Insured Child was in force.
- (7) A new suicide or contestable period will not apply to benefits converted from this policy to a new policy. These periods will be measured from the Effective Date of this benefit.

CONSIDERATION

This children's term insurance benefit is issued in return for the premium shown above. The premium for this benefit is to be paid in the same way and at the same time as the premium for the policy. The total premium for the policy and other benefits is shown in the policy Schedule of Benefits. Premiums for this benefit are to be paid until the Benefit Expiry Date unless terminated sooner under the "Termination" section of this benefit.

If this benefit terminates under the "Termination" section of this benefit, the policy premium will be reduced by the amount of the Benefit Premium. If we accept a premium for this benefit after it is terminated under the "Termination" section of this benefit, we will not waive premiums nor will the benefit go back in force. Any premium paid after termination of the benefit under the "Termination" section of this benefit, will be refunded.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this benefit, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS


Secretary


President

**WAIVER OF PREMIUM IN EVENT OF THE DEATH
OF THE PREMIUM PAYOR**

BENEFIT FOR POLICY NUMBER: 0000103

INSURED: JOHN R DOE

EFFECTIVE DATE: 4/07/2008

PREMIUM PAYOR: JOHN A DOE

BENEFIT PREMIUM: \$12.20

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS (hereafter "we" or "us") will waive all premiums due for this policy if the Premium Payor dies before the earlier of the date the policy matures or the date it reaches the policy anniversary nearest the 21st birthday of the Insured. We must have proof that the Payor died while the policy and this benefit are in force. Any premiums due after the Insured's age 21 must be paid as they come due. No policy benefit or value will be reduced if premiums are waived or refunded.

GENERAL PROVISIONS

This benefit provides no extra values. This benefit has the same provisions as the policy except as stated below:

MISSTATEMENT OF AGE. If the age of the Premium Payor has been misstated, we will adjust the amount we pay. It will be the amount for the Premium Payor's correct age.

SUICIDE. If the Premium Payor dies by suicide within 2 years from the policy date, we will not waive premiums for this policy.. We will return all premiums paid for this benefit, to the Insured and this benefit will terminate.

TERMINATION. This benefit will end for any of these reasons:

- (1) If the Premium Payor dies by suicide as previously defined; or
- (2) on the anniversary of the policy nearest to attained age 21 of the Insured or the policy's prior maturity; or
- (3) when any premium for the policy or this benefit is not paid when due or within the grace period.

This benefit may be terminated on the due date of any premium. The Premium Payor must send us a written request and return the policy. We will endorse the policy and return it.

CONSIDERATION

This benefit is issued in return for the premium shown above. The premium for this benefit is to be paid in the same way and at the same time as the premium for the policy. The total premium is due if the Premium Payor dies while this benefit is in force.

If this benefit terminates, the policy premium will be reduced by the amount of the Benefit Premium. If we accept a premium for this benefit after it is terminated, we will not waive premiums nor will the benefit go back in force. Any premium paid after the benefit is terminated will be refunded.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this benefit, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS


Secretary


President

**WAIVER OF PREMIUM IN EVENT OF THE DEATH
OR TOTAL AND PERMANENT DISABILITY
OF THE PREMIUM PAYOR**

BENEFIT FOR POLICY NUMBER: 0000103

INSURED: JOHN R DOE

EFFECTIVE DATE: 4/07/2008

PREMIUM PAYOR: JOHN A DOE

BENEFIT PREMIUM: \$14.10

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS (hereafter "we" or "us") will waive all premiums due for this policy, if the Premium Payor dies before the policy matures or the Insured reaches the policy anniversary nearest his or her 21st birthday. We will require proof of the Premium Payor's death.

We will also waive all premiums due for this policy, if we receive notice and proof that the Premium Payor has become totally and permanently disabled. Disability must occur after the Effective Date of this benefit. The conditions described in Disability Provisions must be met before we can waive premiums.

Any premiums due after the Insured's age 21 must be paid as they come due. No policy benefit or value will be reduced if premiums are waived or refunded.

DISABILITY PROVISIONS

TOTAL AND PERMANENT DISABILITY DEFINED. Total disability is when the Premium Payor is unable to perform any work in any occupation for which the person is reasonably qualified or trained. Total disability will be considered permanent to determine the start of eligibility for this benefit when the Premium Payor has been totally disabled for at least 6 consecutive months. The entire and permanent loss of sight of both eyes or the total and permanent loss by removal or disease of the use of both hands or both feet or of one hand and one foot shall be considered as total and permanent disability. Other causes of disability may qualify as permanent and total.

NOTICE AND PROOF OF CLAIM. Written notice of claim and satisfactory proof of total and permanent disability of the Premium Payor must be given to the Company

- (1) While the Premium Payor is living and during his or her total and permanent disability, and
- (2) Before the anniversary nearest age 60 of the Premium Payor.

We will accept notice and proof afterward, if it was not reasonably possible to give such notice and proof at such times. Notice and proof must be given as soon as reasonably possible. If the policy lapses because the premium was not paid before notice and proof

of claim is received, we will allow disability benefits if notice and proof are received within 1 year of the due date of the first premium in default. Total disability must have started before the due date of the premium that was not paid. It may also start after the due date but within the grace period. No premium will be waived, if it was due more than 6 months before notice of disability was given to us. The Premium Payor must pay any premium due before the 6 month disability period began. Interest at the rate of 6 percent per year will be charged on the unpaid premium, and must be paid in advance.

We reserve the right to have one or more doctors examine the Premium Payor to judge if he or she is disabled.

PROOF OF CONTINUANCE OF DISABILITY AND RECOVERY FROM DISABILITY. We may require the Premium Payor to give us proof of his or her disability at any time during the first 2 years. After the first 2 years, we will not ask for proof of disability more than once per year. If the Premium Payor does not give us proof, or take a doctor's examination, policy premiums must then be paid by the Premium Payor. If the Premium Payor returns to work for compensation or profit, then he or she must resume paying policy premiums. The Premium Payor agrees to give immediate notice to the Company when he or she recovers from disability. Failure to give us notice will cancel the disability benefits.

GENERAL PROVISIONS

When we use the term "country" in the following provisions, we mean a country or government, or a group of countries or governments in an international organization; "war" means declared or undeclared war or any conflict between the armed forces of countries; "military service" means service in military, naval or air forces.

A. The Disability Benefit provided by this benefit will not be granted if the disability of the Premium Payor:

1. Occurs, or results from an injury sustained outside the states of the United States, or the District of Columbia, while the Insured is in military service for any country at war; or

2. Results directly or indirectly from any of the following causes:

- (a) Insurrection or war or any act related to war, whether or not the Premium Payor is in military service; or
- (b) participating in a riot; or
- (c) intentionally self-inflicted injuries; or

(d) operating or riding in or descending from any kind of aircraft as a pilot, officer or member of the crew. Giving or receiving any kind of training or instruction. Performing any duties on an aircraft or descending from an aircraft.

B. This benefit will no longer be in force under any of the following conditions:

- 1. The Premium Payor dies by suicide as defined below; or
- 2. on the policy anniversary nearest to the Insured's 21st birthday or the policy's prior maturity; or
- 3. for Waiver of Premium in Event of Total and Permanent Disability of the Premium Payor on the policy anniversary nearest the Premium Payor's 60th birthday; or

- 4. when any premium for the policy or for this benefit is not paid when due or within the grace period provided.
- C. We may contest our liability for disability waiver of premium benefits at any time and for any cause.
- D. This benefit may be terminated on the due date of any premium. We will need a written request by the Premium Payor and the policy. We will endorse the policy for the change and return it.
- E. If the age of the Premium Payor has been misstated, we will adjust the amount we pay. It will be the amount for the Premium Payor's correct age.
- F. If the Premium Payor dies by suicide within 2 years of the policy date we will not waive premiums for this policy. We will return all premiums paid for this benefit to the Insured, and this benefit will terminate.

CONSIDERATION

This benefit is issued in return for the premium shown above as Benefit Premium. It is included in the premiums shown in the Policy Schedule. It is to be paid in the same way and at the same time as the premium for the policy.

If this benefit terminates, the policy premium will be reduced by the amount of the additional premium for the benefit. If we accept a premium for this benefit after it is terminated, we will not waive premiums nor will the benefit go back in force. Any premium paid after the benefit terminates will be refunded.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this benefit, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS


Secretary


President

BENEFIT IN EVENT OF ACCIDENTAL DEATH PRIOR TO AGE 65

BENEFIT

The American Home Life Insurance Company of Kansas will pay the amount of the Accidental Death Benefit shown on Page 3 of this policy upon receipt at the Home Office of proof that the Insured's death:

- (1) resulted directly and independently of all other causes from accidental bodily injury; and
- (2) occurred within 90 days after such injury; and
- (3) occurred while this policy and benefit were in force.

If payable, this benefit will be added to the policy death benefit.

RISKS NOT ASSUMED

This benefit is not payable if the Insured's death results, directly or indirectly, from any of the following causes or is contributed to, wholly or in part, by any of the following causes:

- (1) Infirmary or disease of mind or body or treatment for it; or
- (2) suicide; or
- (3) committing or attempting to commit an assault or felony; or
- (4) war or any act of war, declared or undeclared. The term "war" includes resistance to armed aggression; or
- (5) service in the military, naval or air forces of any country at war declared or undeclared, or any civilian noncombatant units serving with such forces; or

- (6) medical or surgical treatment of any kind unless related to the accidental bodily injury; or
- (7) any infection other than one caused by accidental cut or wound; or
- (8) the voluntary taking of any drug, except as prescribed by a licensed physician; or
- (9) the voluntary taking or inhaling of any poison, drug or gas; or
- (10) flight or descent from any kind of aircraft if the Insured:
 - (a) is a pilot, officer or member of the crew; or
 - (b) is being flown for the purpose of descent from such aircraft while in flight; or
 - (c) is giving or receiving any kind of training or instructions; or
 - (d) has any duties aboard such aircraft; or
 - (e) is a member of the armed forces, and such aircraft is operated by, the armed forces.

PROOF OF CLAIM

Proof of the Insured's death must be received at the Company's Home Office within 90 days after the Insured's date of death. If proof of death cannot, for good cause, be given within 90 days, such proof must be given as soon as possible. The Company shall have the right and opportunity to make an autopsy unless prohibited by law, at Company expense.

TERMINATION

This benefit will end on the earliest of:

- (1) the last day of the grace period for any premium in default; or
- (2) on the policy anniversary nearest the Insured's age 65; or
- (3) when the policy to which this benefit is attached becomes paid-up; or
- (4) the date the Company receives a written request to terminate this benefit or the policy to which it is attached; or
- (5) the date any premium is waived or claim allowed in accordance with any attached rider providing total and permanent disability benefits.

GENERAL PROVISIONS

- (1) This benefit is attached to and made a part of this policy.
- (2) The effective date of this benefit is the Policy Date unless otherwise shown on Page 3.
- (3) The premium for this benefit is shown on Page 3. It is included in the premium for this policy.
- (4) If the Company accepts premiums for this benefit after termination, any liability hereunder shall be limited to a refund of such premiums.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this benefit, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS


Secretary


President

Waiver of Premium Benefit in Event of Total Disability Rider

If the Insured becomes totally disabled for a continuous period of at least 6 months, the Company will waive the payment of premiums falling due as long as such total disability continues. Total disability is defined herein. This Benefit is subject to all the provisions set forth below in the Policy.

TOTAL DISABILITY DEFINED

Total disability means that the Insured is unable to perform any work in any occupation for which he or she is reasonably qualified or trained. Total disability includes the entire and irrecoverable loss by removal or disease of:

- (1) sight of both eyes;
- (2) both hands;
- (3) both feet; or
- (4) one hand and one foot

NOTICE OF DISABILITY

Written notice and proof that total disability has existed continuously for 6 months must be given to the Company at its Home Office while the Insured is alive, totally disabled and prior to the policy anniversary nearest age 60.

An otherwise valid claim will not be denied if it is shown that notice and proof were given as soon as was reasonably possible. No premium due more than one year prior to proof of claim will be waived if notice is not given as soon as was reasonably possible.

Any premium that becomes due before the Company is notified in writing of a claim is payable. If the Company receives satisfactory proof of the Insured's total disability, any paid premium, which became due after total disability and before written notice of claim was received, will be refunded.

However, if any premium is unpaid, an otherwise valid claim will be approved only if

total disability began before the end of the grace period of the first unpaid premium and notice and proof of claim are received within six months of the due date of the first premium in default.

The Company may require proof of continued total disability at reasonable intervals, including medical examinations of the Insured by a physician named by the Company. After 2 years of total disability, proof will not be required more than once a year. If any required proof is not submitted, no further premiums will be waived. All premiums due thereafter will be payable.

NOTICE OF RECOVERY

When the Insured recovers from total disability, immediate notice must be given to the Company.

RISKS NOT ASSUMED

No premium will be waived if disability results from:

- (1) intentionally self-inflicted injury; or
- (2) injury sustained in any war, or warlike action in time of peace, whether or not the Insured is in military service.

TERMINATION

This Benefit will end on the earliest of:

- (1) the end of the last day of the grace period for any premium in default;

- (2) on the policy anniversary nearest to age 60 of the Insured; or
- (3) the date the Company receives a written request to terminate this Benefit or this Policy.

GENERAL PROVISIONS

This Benefit is made a part of this Policy to which it is attached. This Benefit is subject to all provisions set forth herein and in this Policy.

This Benefit will take effect as of the Policy Date unless otherwise shown on page 3 on this Policy.

The premium for this Benefit is shown on page 3.

No change in the method of premium payment may be made while premiums are being waived under this Benefit. Except as otherwise provided in this Policy, the plan of insurance may not be changed while the Insured is disabled.

The amount payable under any settlement will not be reduced by any premiums waived under this Benefit. Any dividends and surrender values will be the same as if the premium waived had been paid in cash. The payment of premiums under this Benefit will not increase any values under the policy.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this benefit, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS


Secretary


President

**GUARANTEED INSURABILITY BENEFIT
OPTION TO PURCHASE ADDITIONAL INSURANCE**

RIDER FOR POLICY NUMBER: 0000102

INSURED: JOHN R DOE

AGE: 25

BASIC AMOUNT OF OPTION: \$10,000.00

ADDITIONAL ANNUAL PREMIUM: \$20.00

EFFECTIVE DATE: 4/07/2008

REGULAR OPTION DATES: Policy anniversaries nearest the 25th, 28th, 31st, 34th, 37th and 40th birthdays of the Insured.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS will issue additional insurance on the life of the Insured, without further underwriting. The new insurance will be in the same premium class as the policy to which this is attached. New insurance can be purchased on each of the Regular Option Dates or Special Option Dates, subject to these conditions:

- (1) Regular Options. A Regular Option will occur on each Regular Option Date. A new policy can be purchased on that date if the option has not been cancelled and this policy and rider are still in force. The application for new insurance must be received by us within sixty days before the Regular Option Date.

The cancellation of all Regular Options will not change the Company's obligation to issue additional insurance on following Special Option Dates. However, we will not issue more than \$150,000 of additional insurance under this rider.
- (2) Special Options. A Special Option will occur at these events:
 - a) The Insured's marriage, or
 - b) The birth of each living child of the Insured's marriage, or
 - c) The legal adoption of each child by the Insured.

Marriage, birth or adoption must occur on or before the last of the Regular Option Dates and this policy and rider must be in force. A Special Option can be exercised 60 days after the date of the marriage, birth or adoption.
- (3) Limitations on Options. The exercise of a Special Option will cancel the next Regular Option.
- (4) Submission of Application. An application for the new life insurance must be completed. The first premium for the new policy must also be sent to the Company. The new policy will become effective on the Option Date. The right to buy new insurance on any Option Date will expire if the Insured does not apply within sixty days before the Regular Option Date. The Insured will not lose the right to buy additional insurance on the next Option Date.
- (5) Plan and Amount of Insurance. The death benefit of a new policy issued on each Option Date will be the Basic Amount of Option as shown above. New policies may be on any form of life or endowment insurance then being issued by the Company.

The premium for each new policy will be based upon the plan and amount of insurance and the attained age of the Insured on that Option Date.

- (6) Additional Benefits. Waiver of Premium Benefit and Accidental Death Benefit may be included in new policies with the consent of the Company and at the premium rate in effect at that time.

SPECIAL BENEFITS

Credit for Premiums Paid. We will give a credit for payment of the first premium on the new policy. The amount of the credit will be the sum of all premiums paid for this rider, less the sum of credits previously used. The credit will not exceed 50% of the first premium for the new policy.

Special Term Insurance. When a marriage, birth or adoption creates a Special Option, the death benefit of the policy will be increased. Special Term Insurance in an amount equal to the Basic Amount of Option will be in force until the day before the Special Option Date.

GENERAL PROVISIONS

Proof of Special Option. We may require proof of the marriage, birth, or adoption which creates a Special Option or causes Special Term Insurance to come into effect. The term "marriage" shall mean only a marriage resulting from a marriage ceremony conducted by a third person legally authorized to do so.

Waiver of premium. If the base policy has Waiver of Premium Benefit, and the Insured becomes disabled, premiums for this rider will be waived.

Termination. This rider will end:

- (1) Upon the last of the Regular Option Dates as shown in the above schedule.

- (2) When any premium for this rider or the base policy is not paid when due or within the grace period provided.
- (3) When the policy to which this rider is attached becomes paid-up
- (4) Upon surrender of the base policy under any of the Nonforfeiture Provisions.
- (5) Upon written request of the Insured with this policy and rider for endorsement.
- (6) Upon the issue of the maximum amount of \$150,000 of additional insurance provided herein.

CONSIDERATION

This rider is issued in consideration of the total additional premium. The total additional premium is included in the premium stated in the Policy Schedule. It is payable in the same manner, on the same dates and under the same conditions as the premium for the base policy.

If this rider is terminated, the premium for the base policy will be reduced accordingly. If we accept a premium by mistake, after the rider is terminated, we will not be liable for benefits and the rider will remain terminated. We will refund any premium for this rider which is accepted after the rider is terminated.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this rider, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS



Secretary



President

ACCELERATED BENEFIT RIDER

INSURED: JOHN R DOE

POLICY NUMBER: 0000102

AGE AT ISSUE: 25

RIDER DATE: 4/07/2008

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS will pay to the Owner the Accelerated Benefit described in this rider form. The benefit will be paid if the Insured has a terminal illness, subject to the provisions of this rider, and upon written request for payment of the benefit. This rider is made a part of the policy to which it is attached and, except as provided, is subject to all provisions of the policy.

NOTICE

Death benefits, cash values and loan values will be reduced if an Accelerated Benefit is paid. Consult a qualified tax advisor to assess the tax consequences of accelerated benefits.

Receipt of accelerated benefits may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI) and drug assistance programs. Consult a qualified tax advisor and social service agencies concerning how receipt of accelerated benefits will affect eligibility for public assistance.

PROVISIONS

CONSIDERATION

This rider is issued in consideration of the application. This rider is attached to and made a part of this policy. Unless changed by this rider, all provisions, exclusions, and limitations of the policy remain the same and apply to this rider. There is no charge for this rider prior to the time rider benefits are requested.

RENEWABILITY

We will not cancel this rider. Unless the owner requests termination, it will remain in force as long as the policy to which it is attached remains in force.

RIGHT TO EXAMINE RIDER

This rider may be cancelled for any reason within 30 days after it is received by delivering or mailing it to the agent through whom the policy was purchased or to the home office of the company. Upon cancellation, it will be considered void from the inception.

REPRESENTATIONS AND CONTESTABILITY

All statements made in the application for this rider, or the policy to which it is attached, will in the absence of fraud, be deemed representations and not warranties. The validity of this rider with respect to the Insured will not be contestable after it has been in force

**PROVISIONS
(Continuation)**

for 2 years from the Rider Date or reinstatement of the policy during which time the Insured was living.

REINSTATEMENT

If the policy to which this rider is attached is reinstated, the rider will also be reinstated, provided a benefit has not been paid under this rider.

MISSTATEMENT OF AGE OR SEX

If there is an error in the age or sex of the Insured, the benefits available under this rider will be the amount that would be available based on the death benefit that this policy would have provided at the correct age or sex.

TERMINATION OF RIDER

This rider terminates:

- (1) On the day we receive the Owner's written request for termination; or
- (2) upon termination of this policy; or
- (3) upon payment of the accelerated benefit provided by this rider; or
- (4) upon the death of the Insured.

DEFINITIONS

ACCELERATED BENEFIT

The Accelerated Benefit is the requested portion of the policy's Eligible Death Benefit, less the adjustments and deductions explained in the Benefits section of the rider.

ADMINISTRATIVE EXPENSE FEE

The Administrative Expense Fee will be deducted from the Accelerated Benefit upon payment. In no event will the fee exceed \$150.

BENEFIT RATIO

The Benefit Ratio is found by dividing the requested portion of the Eligible Death Benefit by the total Eligible Death Benefit.

ELIGIBLE DEATH BENEFIT

This is the death benefit of the policy to which this rider is attached, at the time an Accelerated Benefit is requested, PLUS the current death benefit of any term insurance rider (on the life of the Insured with a Terminal

Illness) PLUS any death benefit purchased as paid-up additions.

ELIGIBILITY

To be eligible for this benefit, the Insured must have been diagnosed as having a Terminal Illness. We will require written verification of this diagnosis. No benefit will be provided by this rider if terminal illness results from self-inflicted injuries.

NOTICE OF CLAIM

Written notice to the company naming the Insured and telling us the amount of the benefit requested. The Claimant's Statement must be signed by the Owner.

TERMINAL ILLNESS

A non-correctable medical condition that, with reasonable medical certainty, will result in the death of the Insured within 12 months from the date on which this benefit is requested.

BENEFITS

DESCRIPTION

If the Insured develops a Terminal Illness, a portion of the Eligible Death Benefit may be requested as an Accelerated Benefit. The Eligible Death Benefit will be determined upon receipt of Notice of Claim. The maximum amount of the Accelerated Benefit will be 50% of the Eligible Death Benefit. In no event will the minimum amount of the Accelerated Benefit be less than \$5,000 or the maximum amount exceed \$200,000.

ADJUSTMENTS AND DEDUCTIONS

The Accelerated Benefit will be subject to the following adjustments and deductions:

- (1) An actuarial discount will be deducted from the requested portion of the Eligible Death Benefit. This discount reflects the early payment of amounts held under the policy. It will be based on an annual interest rate (declared by us) and the then current premium, both of which are in effect as of the date the Claimant's Statement is received. The maximum interest rate used shall be the current maximum adjustable policy loan interest rate permitted by law in effect on the date of request.
- (2) If there is an outstanding policy loan, the requested portion of the Eligible Death Benefit will be reduced to repay a portion of the policy loan. The portion of the loan repaid is established by multiplying the outstanding policy loan by the Benefit Ratio.
- (3) A deduction will be made for any premiums due within the policy's grace

period, which are unpaid at the time the Accelerated Benefit is approved for payment.

- (4) A deduction will be made for a one-time Administrative Expense Fee.

WAIVER OF PREMIUMS

Under the following circumstances, the Insured will be eligible for Waiver of Premium benefits, as well as Accelerated Benefits:

- (1) This policy has Waiver of Premium Benefit,
- (2) such rider is in force at the time a claim for Accelerated Benefits is made, and
- (3) proof of Terminal Illness is submitted and approved.

The Insured will be deemed to be totally disabled and will have satisfied the initial waiting period required by the Waiver of Premium rider.

CONDITIONS FOR PAYMENT OF ACCELERATED BENEFIT RIDER

The Accelerated Benefit is subject to the following conditions:

- (1) The policy must be in force other than as extended term insurance or reduced paid-up insurance.
- (2) The benefit must be requested while the Insured is still alive. We must receive proof of Terminal Illness acceptable to us.

BENEFITS
(Continuation)

- (3) No prior request for an Accelerated Benefit may have been made under this or any other Accelerated Benefit Rider issued by us to the Insured. If more than one request is received at the same time, we will determine which request was received first. Any other requests will be returned.
- (4) We must receive written consent from all irrevocable beneficiaries, if any, and all assignees, if any. We also reserve the right to require a consent form from a spouse, the Insured, other beneficiaries, or any other person if, in our judgment, such person's consent is necessary to protect our interests.
- (5) This rider provides for the advance payment of a portion of the policy's

death benefit. This is not meant to cause involuntary access to policy proceeds ultimately payable to the beneficiary. This benefit is not available:

- (a) if either the Owner or the Insured is required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise, or
- (b) if either the Owner or the Insured is required by a governmental agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

EFFECT ON POLICY BENEFITS

When payment is made under this rider, the policy and all riders will remain in force subject to the following adjustments:

- (1) The policy's death benefit and its guaranteed cash value will be reduced by the Benefit Ratio.
 - (2) Any outstanding policy loan will be reduced by the portion of the policy loan repaid as specified in the Benefits provision of this rider.
 - (3) Policy premiums will be reduced after we pay an Accelerated Benefit. Term insurance rider premiums (on the life of the insured with the Terminal Illness) will also be reduced in the same proportion as the rider death benefit when the Accelerated Benefit is paid. The new premium will be an amount the company would charge for the same policy and rider issued at the reduced death benefit.
 - (4) We will give the Owner a statement showing the effects of payment of the Accelerated Benefit on the policy's death benefit, cash values, loan amounts, and policy premiums.
 - (5) Any life insurance under an Accidental Death Benefit rider attached to this policy will stay in force, at the issued amount, as long as this policy is in force.
 - (6) At the death of the Insured, any remaining death benefit and proceeds due will be paid under the provisions of the base policy.
- The payment of this benefit will not in itself cause any reclassification of the Insured.

CLAIMS

NOTICE AND PROOF OF CLAIM

Written Notice of Claim may be given to us at any time after the insured is diagnosed with a Terminal Illness, as defined in this rider. Notice of Claim must identify the Insured and be sent to us at our Home Office. We will send a Claimant's Statement to the Owner within 10 days. The Claimant's Statement must be completed and sent to us with a physician's statement verifying the existence of a Terminal Illness.

We may request additional medical information from the physician submitting the statement, or from any physician or institution as deemed necessary. In addition, we reserve the right to have a physician of our choosing examine the Insured. This will be done at our expense. Should the physician we choose disagree with the Insured's physician, we reserve the right to rely on our physician's opinion for claim purposes. We will not unreasonably withhold our acceptance of a claim under this rider.

The Claimant's Statement must be completed and sent to us within 91 days after it is sent to the Owner. We will not reduce or deny a claim if it is not possible to supply proof of Terminal Illness in the time required. However, such proof must be filed as soon as reasonably possible.

PAYMENT OF CLAIM

The Accelerated Benefit will be paid to the Owner of the policy in a lump sum. If the Insured and the Owner are not the same, and the Owner dies, we will pay the Accelerated Benefit to the Contingent Owner. If there is no Contingent Owner, we will pay it to the estate of the Owner. The benefit will be paid within 10 days of receipt of the last required physician's statement or written consent as described in the Conditions provision.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this rider, you may call the Company's toll-free number 1-800-876-0199. You may write to the Company at its Home Office address: The American Home Life Insurance Company of Kansas, Attention: Policyowners Service, P.O. Box 1497, Topeka, Kansas 66601. If you are unable to contact the Company and/or unable to resolve your complaint, you may contact the Arkansas Insurance Department, Consumer Services Divisions, 1200 West Third Street, Little Rock, Arkansas 72201 or by telephone at (800) 852-5494.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS


Secretary


President

The American Home Life Insurance Company
400 Kansas Avenue
Topeka, KS 66603
785-235-6276

HIPAA Compliant Authorization for Release of Medical Information

Name of proposed insured/patient (please type or print)

____/____/____
Date of birth

I authorize the Medical Information Bureau (MIB) as well as any health plan, physician, health care professional, hospital, the Veterans Administration, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record, prescription history, medications prescribed and any other protected health information concerning me to The American Home Life Insurance Company. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that The American Home Life Insurance Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with The American Home Life Insurance Company.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written notification to the entity identified above. I understand that a revocation is not effective to the extent that any of My Providers has already relied on this Authorization to disclose information about me or to the extent that The American Home Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by the recipient except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization, or otherwise condition my enrollment or eligibility for health benefits on my signing this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, The American Home Life Insurance Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

Signature of Proposed Insured/Patient or Personal Representative

Date

Description of Personal Representative's Authority or Relationship to Patient

SERFF Tracking Number: AHLL-125645435 State: Arkansas
Filing Company: The American Home Life Insurance Company State Tracking Number: 39030
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Traditional Application, Children's Term Products, and HIPAA Authorization
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AHLL-125645435 State: Arkansas
Filing Company: The American Home Life Insurance Company State Tracking Number: 39030
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Traditional Application, Children's Term Products, and HIPAA Authorization
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/13/2008

Comments:

The Underwriting Department of our Company ensures that Rule & Regulation 49, as well as the Consumer Information Notice, is in compliance. If proof of compliance is required, please let me know.

Attachments:

Read Cert.pdf
Rule 19.pdf

Review Status:

Satisfied -Name: Application 05/13/2008

Comments:

Policies 08 CTILP-AR and 08 CTISP-AR as well as the submitted riders are to be used with the previously approved U-ACTD-AR. This application was withdrawn and then became active again on April 27, 2006. If you have any questions, please let me know.

Review Status:

Satisfied -Name: Life & Annuity - Actuarial Memo 05/13/2008

Comments:

Attachments:

Actuarial Memorandum 08 CTILP.pdf
Actuarial Memorandum 08 CTISP.pdf

Review Status:

Satisfied -Name: Cover Letter 05/15/2008

Comments:

Attachment:

Cover Letter.pdf

Review Status:

Satisfied -Name: Statement of Actuarial Basis 05/29/2008

Comments:

SERFF Tracking Number: AHLL-125645435 State: Arkansas
Filing Company: The American Home Life Insurance Company State Tracking Number: 39030
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Traditional Application, Children's Term Products, and HIPAA Authorization
Project Name/Number: /

Attachment:

Actuarial memorandum 95 ABR.pdf

CERTIFICATION

This is to certify that the following form(s) has achieved the Flesch readability score required in the state of Arkansas.

<u>Form Number</u>	<u>Description</u>	<u>Flesch Readability Score</u>
AHL-U-07-ALT-AR	LIFE APPLICATION	48.1
Form 08 CTILP-AR	CHILDREN'S LEVEL TERM LIFE INSURANCE	46.7
Form 08 CTISP-AR	CHILDREN'S SINGLE PREMIUM TERM LIFE INSURANCE	47
Form 08 CTIB-AR	CHILDREN'S TERM INSURANCE BENEFIT	44
Form 08 PAYD-AR	WAIVER OF PREMIUM IN EVENT OF THE DEATH OF THE PREMIUM PAYOR	50.3
Form 08 PAYDD-AR	WAIVER OF PREMIUM IN EVENT OF THE DEATH OR TOTAL AND PERMANENT DISABILITY OF THE PREMIUM PAYOR	47.9
Form 08 ADB-AR	BENEFIT IN EVENT OF ACCIDENTAL DEATH PRIOR TO AGE 65	48.3
Form 08 WP-AR	WAIVER OF PREMIUM BENEFIT	43.7
Form 08 GIB-AR	GUARANTEED INSURABILITY BENEFIT	50.1
Form 08 ABR-AR	ACCELERATED BENEFIT RIDER	44.8



5/15/08

Les E. Diehl
Vice President - General Counsel

Date

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: The American Home Life Insurance Company of Kansas

Form Number(s): AHL-U-07-ALT-AR, Form 08 CTILP-AR, Form 08 CTISP-AR, Form 08 CTIB-AR,
Form 08 PAYD-AR, Form 08 PAYDD-AR, Form 08 ADB-AR, Form 08 WP-AR,
Form 08 GIB-AR, Form 08 ABR-AR, Form No. U-83

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Les E. Diehl

Name

Vice President-General Counsel

Title

5/14/2008

Date

AMERICAN HOME LIFE INSURANCE COMPANY
Term to Age 25, Level Pay FORM # 08 CTILP

STATEMENT OF ACTUARIAL BASIS

Description of Plan

The plan provides term insurance coverage, to age 25, for any and all natural-born, or adopted, children of policyholder. The death benefits are level throughout the eligible term of insurance. The premiums are level, and are payable as long as eligible children survive.

Basis of Values

Reserves and nonforfeiture values are based on the 2001 CSO, ANB, ultimate, mortality tables, sex-distinct, using semicontinuous functions. A 4.00% interest rate is used for reserves, and 5.0% is used for nonforfeiture values. Reserves based on semicontinuous functions do not require any additional reserves for immediate payment of claims.

Reserves were calculated according to the Commissioners Reserve Valuation Method (CRVM). Cash Surrender Values were calculated according to the minimum method as prescribed by the Standard Nonforfeiture Law. None of the cash surrender values exceeded zero for any duration of any issue age.

Present Value of Benefits

$${}_0PVB_x = 1000 * (\bar{M}_x - \bar{M}_{25}) / D_x$$

Valuation Net Premiums

$$\text{Year 1 Net Premium: } \alpha = 1000c_x$$

$$\text{Renewal Net Premium: } \beta = 1000 * (\bar{M}_{x+1} - \bar{M}_{25}) / (N_{x+1} - N_{25})$$

Terminal Reserves (2001 CSO, M/F, ANB, 4.00%)

$${}_tV(\bar{A}_x) = [1000 * (\bar{M}_{x+t} - \bar{M}_{25}) - \beta * (N_{x+t} - N_{25})] / D_{x+t}$$

$${}_1MV(\bar{A}_x) = (\alpha + {}_tV(\bar{A}_x)) / 2$$

$$\text{For } t > 1, {}_tMV(\bar{A}_x) = ({}_{t-1}V(\bar{A}_x) + \beta + {}_tV(\bar{A}_x)) / 2$$

CRVM reserves were calculated for issue ages 0, 5, and 10, for both males and females. Averages of the mean reserves were calculated, assuming 2.5 children, and an even distribution between sexes. These averages are shown in the Sample Calculations sections.

AMERICAN HOME LIFE INSURANCE COMPANY
Term to Age 25, Level Pay **FORM # 08 CTILP**

A net premium of \$2.00, and a level terminal reserve of \$4.00, were chosen for all ages and durations, giving a level mean reserve of $(4+2+4)/2 = \$5.00$ for all ages and durations. \$5.00 exceeded all of the calculated average mean reserve values.

Sample Calculations (Male, Issue Age 5)

Present Value of Benefits (2001 CSO, Male, ANB, 4.0%)

$${}_0PVB_5 = 1000*(614,771.890 - 554,990.199) / 8,199,562.2 = 7.29084$$

Valuation Net Premiums (2001 CSO, Male, ANB, 4.0%)

Year 1 Net Premium: $\alpha = 1000c_5 = 0.20594$

Renewal Net Premium:

$$\beta = 1000*(613,083.312 - 554,990.199) / (189,316,390.7 - 81,983,954.7)$$

$$= 0.54124$$

Reserves (2001 CSO, Male, ANB, 4.0%)

$${}_1V(\bar{A}_5) = \frac{[1000*(613,083.312 - 554,990.199) - (189,316,390.7 - 81,983,954.7)* 0.54124]}{7,882,538.8} = 0.00$$

$${}_2V(\bar{A}_0) = \frac{[1000*(611,382.721 - 554,990.199) - (181,433,852.0 - 81,983,954.7)* 0.54124]}{7,577,696.7} = 0.33866 = 0.34$$

$${}_1MV(\bar{A}_5) = (0.20594 + 0.00) / 2 = 0.10297 = 0.10$$

$${}_1MV(\bar{A}_5) = (0.00 + 0.54124 + 0.33866) / 2 = 0.43995 = 0.44$$

AMERICAN HOME LIFE INSURANCE COMPANY
Term to Age 25, Level Pay **FORM # 08 CTILP**

Sample of Calculations of M/F Average in table:

Sex	Iss Age	${}_1MV(A_0)$	${}_2MV(A_0)$	Sex	Iss Age	${}_1MV(A_0)$	${}_2MV(A_0)$
M	0	0.25	0.25	F	0	0.15	0.15
M	5	0.10	0.44	F	5	0.09	0.23
M	10	0.11	0.58	F	10	0.11	0.27
Sum:		0.38	1.06			0.29	0.54
x(2.5/3)							

Example: $0.38 = (0.25 + 0.10 + 0.11) * (2.5/3)$

M/F Average = $(0.38 + 0.29) / 2 = 0.34$ for duration 1

$(1.06 + 0.54) / 2 = 0.81$ for duration 2

Duration	M/F Avg	Duration	M/F Avg
1	0.34	13	4.27
2	0.81	14	4.11
3	1.26	15	3.87
4	1.74	16	3.62
5	2.28	17	3.38
6	2.80	18	3.05
7	3.26	19	2.65
8	3.62	20	2.19
9	3.91	21	1.82
10	4.12	22	1.58
11	4.26	23	1.32
12	4.32	24	1.04

A level mean reserve of \$5.00 for all ages and durations was chosen which exceeded all of the calculated average mean reserve values.



 John R. Miller, FSA, MAAA
 March 24, 2008

AMERICAN HOME LIFE INSURANCE COMPANY
Term to Age 25, Single Pay FORM # 08 CTISP

STATEMENT OF ACTUARIAL BASIS

Description of Plan

The plan provides term insurance coverage, to age 25, for any and all natural-born, or adopted, children of policyholder. The death benefits are level throughout the eligible term of insurance. The premium is paid in one initial payment.

Basis of Values

Reserves and nonforfeiture values are based on the 2001 CSO, ANB, ultimate, mortality tables, sex-distinct, using semicontinuous functions. A 4.00% interest rate is used for reserves, and 5.0% is used for nonforfeiture values. Reserves based on semicontinuous functions do not require any additional reserves for immediate payment of claims.

Reserves were calculated according to the Commissioners Reserve Valuation Method (CRVM). Cash Surrender Values were calculated according to the minimum method as prescribed by the Standard Nonforfeiture Law. None of the cash surrender values exceeded \$25/\$1,000 insurance for any duration of any issue age. Thus the Nonforfeiture Law triviality test exempts this plan from providing and cash surrender values.

Present Value of Benefits

$${}_0PVB_x = 1000 * (\bar{M}_x - \bar{M}_{25}) / D_x$$

Terminal Reserves (2001 CSO, M/F, ANB, 4.00%)

$${}_tV(\bar{A}_x) = {}_tPVB_x$$

$${}_1MV(\bar{A}_x) = (\alpha + {}_tV(\bar{A}_x)) / 2$$

$$\text{For } t > 1, {}_tMV(\bar{A}_x) = ({}_{t-1}V(\bar{A}_x) + \beta + {}_tV(\bar{A}_x)) / 2$$

Reserves were calculated according to CRVM, for issue ages 0, 5, and 10, for both males and females. Averages of the mean reserves were calculated, assuming 2.5 children, and an even distribution between sexes.

Smoothed mean reserve values were created. These averages and smoothed values are shown in the Sample Calculations sections.

AMERICAN HOME LIFE INSURANCE COMPANY
Term to Age 25, Single Pay FORM # 08 CTISP

Sample Calculations (Male, Issue Age 0)

Present Value of Benefits (2001 CSO, Male, ANB, 4.0%)

$${}_0PVB_0 = 1000*(637,195.767 - 554,990.199) / 10,000,000.0 = 8.22056$$

Valuation Net Premiums (2001 CSO, Male, ANB, 4.0%)

Year 1 Net Premium: $\alpha = {}_0PVB_0 = 8.22056$

Renewal Net Premium: $\beta = 0.00$

Reserves (2001 CSO, Male, ANB, 4.0%)

$${}_1V(\bar{A}_0) = 1000*(627,683.525 - 554,990.199) / 9,606,057.7 = 7.56745$$

$$= 7.57$$

$${}_2V(\bar{A}_0) = 1000*(622,408.259 - 554,990.199) / 9,231,421.4 = 7.30311$$

$$= 7.30$$

$${}_1MV(\bar{A}_0) = (8.22056 + 7.56745) / 2 = 7.89401 = 7.89$$

$${}_1MV(\bar{A}_0) = (7.56745 + 0 + 7.30311) / 2 = 7.43528 = 7.45$$

Sample of Calculations of M/F Average in table:

Sex	Iss Age	${}_1MV(A_0)$	${}_2MV(A_0)$	Sex	Iss Age	${}_1MV(A_0)$	${}_2MV(A_0)$
M	0	7.89	7.44	F	0	4.81	4.58
M	5	7.33	7.41	F	5	4.37	4.36
M	10	7.70	7.76	F	10	4.21	4.15
Sum:		19.10	18.84			11.16	10.91
x(2.5/3)							

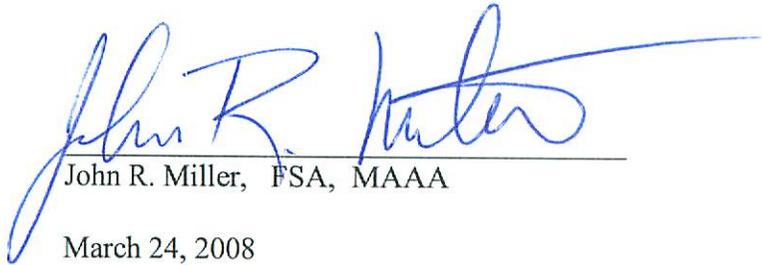
Example: $19.10 = (7.89 + 7.33 + 7.70)*(2.5/3)$

AMERICAN HOME LIFE INSURANCE COMPANY
Term to Age 25, Single Pay FORM # 08 CTISP

M/F Average = $(19.10 + 11.16) / 2 = 15.13$ for duration 1

$(18.84 + 10.91) / 2 = 14.87$ for duration 2

Duration	M/F Avg	Smoothed Value	Duration	M/F Avg	Smoothed Value
1	15.13	16	13	10.40	12
2	14.87	16	14	9.34	12
3	14.73	16	15	11.74	12
4	14.63	15	16	10.72	11
5	14.53	15	17	9.55	11
6	14.38	15	18	8.22	10
7	14.15	15	19	6.73	10
8	13.80	14	20	9.28	10
9	13.33	14	21	7.80	10
10	12.78	13	22	6.24	10
11	12.11	13	23	4.58	10
12	11.33	12	24	2.82	10



John R. Miller, FSA, MAAA

March 24, 2008



THE AMERICAN HOME
LIFE INSURANCE COMPANY

May 15, 2008

Arkansas Insurance Department
Life & Health Division
1200 W 3rd St.
Little Rock, AR 72201-1904

THE AMERICAN HOME LIFE INSURANCE COMPANY

NAIC #60542

FEIN #48-0119710

FORMS: AHL-U-07-ALT-AR	LIFE APPLICATION
Form 08 CTILP-AR	CHILDREN'S LEVEL TERM LIFE INSURANCE
Form 08 CTISP-AR	CHILDREN'S SINGLE PREMIUM TERM LIFE INSURANCE
Form 08 CTIB-AR	CHILDREN'S TERM INSURANCE BENEFIT
Form 08 PAYD-AR	WAIVER OF PREMIUM IN EVENT OF THE DEATH OF THE PREMIUM PAYOR
Form 08 PAYDD-AR	WAIVER OF PREMIUM IN EVENT OF THE DEATH OR TOTAL AND PERMANENT DISABILITY OF THE PREMIUM PAYOR
Form 08 ADB-AR	BENEFIT IN EVENT OF ACCIDENTAL DEATH PRIOR TO AGE 65
Form 08 WP-AR	WAIVER OF PREMIUM BENEFIT
Form 08 GIB-AR	GUARANTEED INSURABILITY BENEFIT
Form 08 ABR-AR	ACCELERATED BENEFIT RIDER
Form No. U-83	HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

We enclose the following with this cover letter for your consideration:

- A copy of the submitted forms.
- A Certificate of Compliance with Arkansas Rule 19.
- Readability Certification for the aforesaid forms.
- Actuarial Memorandums for use with Form 08 CTILP-AR and Form 08 CTISP-AR.



Life and Health Section

Page 2

May 15, 2008

The American Home Life Insurance Company is filing the aforesaid forms for approval and informational purposes in the state of Arkansas. These forms were filed with and approved by the Kansas Insurance Department, our domiciliary state, on May 2, 2008. The only difference between the forms as approved in Kansas and as submitted herein for approval in Arkansas is as follows:

- AHL-U-07-ALT: the conditional receipt language has been changed from that approved in Kansas. Kansas requires specific conditional receipt language pursuant to K.S.A. §40-451 that is different from the conditional receipt language used by the Company in other states.

A brief description of each form follows.

AHL-U-07-ALT

Form AHL-U-07-ALT, previously approved as AHL-U-03-ALT-AR, is the American Home Life Insurance Company's traditional life application. The following changes have been made to the application:

- Formatting changes such as font size and placement of sections within the application.
- The medical questions on page 3 of the application have been changed to inquire about "treatment" from a licensed medical professional and the HIV/AIDS question has been revised.
- The replacement questions on page 2 and 7 of the application have been revised.
- The authorization language on page 4 and 8 of the application has been revised in regards to types of information that may be obtained.
- An "Agreement" section has been added to the application on page 5 of the application.
- The "Avocation" section on page 2 of the application has been revised and now includes questions that were previously asked on page 3 of the application. Accordingly, the form U-12 that is within the application has been updated.
- Form 95 ABR/SA (REV 07) within the application has a revised "Accelerated Benefits and Medicaid" section.
- Forms U-80 and U-81 have been omitted from the application.

Form 08 CTILP-AR and Form 08 CTISP-AR

The Children's Level Term Life Insurance policy provides term insurance for children, to the age of 25, with level premiums payable until expiry. The premiums are \$10.00 per \$1,000 (unit) per year, with death benefits ranging from \$1,000 to \$10,000.



Life and Health Section

Page 3

May 15, 2008

The Children's Single Premium Term Life Insurance policy provides the same children's term insurance as Form 08 CTILP-AR with a single premium. The premiums are \$100 for each \$1,000 of coverage and are payable on a one-time basis.

Form 08 CTIB-AR

The Children's Term Insurance Benefit is a rider used with Level term insurance on the children of a family unit. It provides coverage to expiry as shown in the rider form. This form is a guaranteed level premium that may be added to any eligible life insurance policy.

Form 08 PAYD-AR

The Waiver of Premium In Event of the Death of the Premium Payor is a rider that provides a waiver of premium in the event of the death of the premium payor.

Form 08 PAYDD-AR

The Payor Death or Disability Rider provides a waiver of premium in the event of the death or total and permanent disability of the premium payor.

Form 08 ADB-AR

The Benefit in Event of Accidental Death Prior to Age 65 is an accidental death benefit rider that may be attached to eligible individual policies.

Form 08 WP-AR

The Waiver of Premium Benefit is a rider that waives premiums for disability of insured. It may be added to any eligible individual life insurance policy.

Form 08 GIB-AR

The Guaranteed Insurability Benefit Option to Purchase Additional Insurance is a rider attached to and made part of a policy. This form guarantees that under the conditions stated in the rider, The American Home Life Insurance Company will issue additional insurance on the life of the Insured, without further underwriting. The new insurance will be in the same premium class as the policy to which this is attached.



THE AMERICAN HOME
LIFE INSURANCE COMPANY

Life and Health Section

Page 4

May 15, 2008

Form 08 ABR-AR

The Accelerated Benefit Rider permits the payment of a portion of the death benefit in the event of a terminal illness. There is no premium charge for this benefit. An actuarial discount method is used as the cost basis.

Form No. U-83

The Form No. U-83 is a stand alone form to obtain medical information both before and after death. It will not necessarily be used with an application since the application, AHL-U-07-ALT, already contains a release.

To the best of my knowledge, these forms comply with the laws, rules, and regulations of the state of Arkansas. If you have any questions or need additional information, please call me toll free at (800) 876-0199. Thank you for your prompt attention to this matter.

LES E. DIEHL, VICE PRESIDENT-GENERAL COUNSEL

LED/jdn

THE AMERICAN HOME LIFE INSURANCE COMPANY
ACCELERATED DEATH BENEFIT RIDER FORM # 95 ABR

STATEMENT OF ACTUARIAL BASIS

Description of Provision Benefit

The Accelerated Benefit Option for Terminal Medical Condition allows a member options for collecting benefits in the event that a terminal medical condition illness is diagnosed which would result in death of the insured in 12 months. The insured may select to receive an Advance Payment Amount equal to a maximum of 50% of the Face Amount (not including any paid-up additions) of the certificate, but not to exceed \$200,000. This maximum of \$200,000 is inclusive of any other Accelerated Death Benefit Rider in force with us on the life of the insured. The Advance Payment Amount must exceed \$5,000.

The Accelerated Benefit amount is adjusted as follows:

The amount will be discounted for interest, to reflect the cost of the early payment of the death benefit. This discounting is based on the expected future lifetime of the insured and the interest rate which is declared by us.

An Administrative Expense Fee will be deducted from the discounted benefit.

If there are any outstanding loans, this discounted value will be adjusted to repay a fraction of the loan, this fraction equalling the ratio of the Accelerated Benefit amount to the Certificate Face Amount.

This amount will also be adjusted by any premiums that are due and unpaid at the time of election of the accelerated benefit.

The Accelerated Benefit will be paid as a lump sum, except in states where periodic payments are a required option.

**THE AMERICAN HOME LIFE INSURANCE COMPANY
ACCELERATED DEATH BENEFIT RIDER FORM # 95 ABR**

Basis of Values

The Accelerated Benefit Option for Terminal Medical Condition does not have a separate premium charge. At time of exercise, an Administrative Expense Charge, currently set at \$150, will be made to cover costs associated with reviewing the claim. These costs were not considered as part of the base pricing. Benefit payments under this provision will be discounted with interest.

All benefits, premiums, outstanding certificate loans, and other certificate values will be adjusted by the ratio of the Accelerated Benefit amount to the amount of insurance on the certificate, apart from any other benefit riders.

Example of Change in Certificate Values

Consider a certificate, with Face Amount of \$100,000, issued to a male at age 35 which is now in duration 20. The certificate would have the following values.

Face Amount:	\$100,000.00	Cash Value:	\$26,254.00
Premium:	\$1,340.00	Basic Reserve:	\$26,254.00
		Outstanding Loan:	\$10,000.00

If an Advance Payment Amount of \$50,000 were distributed, then certificate values would be multiplied by 0.5 (\$50,000 / \$100,000). The resulting certificate values would be as follows:

Face Amount:	\$50,000	Cash Value:	\$13,127.00
Premium:	\$670.00	Basic Reserve:	\$13,127.00
		Outstanding Loan:	\$ 5,000.00

The insured would receive:

$$50,000 / (1.08)^{(1/2)} - 150 - 10,000 * (50,000 / 100,000) - 0$$
$$= \$42,962.52$$

THE AMERICAN HOME LIFE INSURANCE COMPANY
ACCELERATED DEATH BENEFIT RIDER FORM # 95 ABR

Reserves

Reserves for the accelerated payment of death benefits are not separately determined from basic certificate reserves. This benefit accelerates the payment of death benefits by up to twelve months for members selecting the benefit. On average, payments may be accelerated for six months. To account for this expense, the amount actually received by the member exercising this option is discounted for six months (1/2 yr), at the currently declared interest rate. Consequently, this option creates no additional reserve liability.

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