

SERFF Tracking Number: AMLC-125683386 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 39367
Company Tracking Number: LFPA802
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Flexible Premium Deferred Annuity
Project Name/Number: Flexible Premium Deferred Annuity/LFPA802

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Flexible Premium Deferred Annuity SERFF Tr Num: AMLC-125683386 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed State Tr Num: 39367

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: LFPA802 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Linda Newell Disposition Date: 06/24/2008

Date Submitted: 06/20/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Flexible Premium Deferred Annuity

Project Number: LFPA802

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/24/2008

State Status Changed: 06/24/2008

Corresponding Filing Tracking Number: LFPA802

Filing Description:

We are submitting a final printed copy of the referenced forms for your review and approval. This is a new filing and does not replace any previously approved forms. The policy has been completed in John Doe fashion.

Form LFPA802 is a Flexible Premium Deferred Annuity Policy.

Form LANN-AP(03) is an application which will be used to market the LFPA802. We would like your approval to use this

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application form with various annuity products approved by your department.

These forms do not contain any unusual or unorthodox provisions or wordings.

The policy will be marketed to the general population. It will be marketed without an illustration.

I hereby certify that I have carefully reviewed these forms and to the best of my knowledge and ability find:

1. These forms conform to all insurance statutes and Department requirements of your jurisdiction.
2. These forms contain no provisions previously disapproved by your department.
3. These forms have been approved by Nebraska, our state of domicile, and will be filed in all jurisdictions where the company operates.

Company and Contact

Filing Contact Information

Linda Newell, Compliance Analyst Inewell@torchmarkcorp.com
 3700 S. Stonebridge Drive (214) 544-5379 [Phone]
 McKinney, TX 75070 (972) 569-3728[FAX]

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
 2001 Third Avenue South Group Code: 290 Company Type: Life and Health
 Birmingham, AL 35233 Group Name: Liberty National Life State ID Number:
 (800) 288-2722 ext. 2912[Phone] FEIN Number: 63-0124600

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One policy form filing = \$50
 Per Company: No

SERFF Tracking Number: AMLC-125683386 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 39367
Company Tracking Number: LFPA802
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Flexible Premium Deferred Annuity
Project Name/Number: Flexible Premium Deferred Annuity/LFPA802

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$50.00	06/20/2008	21019674

SERFF Tracking Number: AMLC-125683386 State: Arkansas
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Company Tracking Number: LFPA802
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Flexible Premium Deferred Annuity
Project Name/Number: Flexible Premium Deferred Annuity/LFPA802

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/24/2008	06/24/2008

SERFF Tracking Number: AMLC-125683386 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 39367
 Company Tracking Number: LFPA802
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Flexible Premium Deferred Annuity
 Project Name/Number: Flexible Premium Deferred Annuity/LFPA802

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Flexible Premium Deferred Annuity		Yes
Form	Application for Deferred Annuity		Yes

SERFF Tracking Number: AMLC-125683386 State: Arkansas
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 Company Tracking Number: LFPA802
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 Variable
 Product Name: Flexible Premium Deferred Annuity
 Project Name/Number: Flexible Premium Deferred Annuity/LFPA802

Form Schedule

Lead Form Number: LFPA802

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LFPA802	Policy/Cont	Flexible Premium ract/Fratern Deferred Annuity al Certificate	Initial		59	AR LFPA802.pdf
	LANN- AP(03)	Application/ Enrollment	Application for Deferred Annuity Form	Initial		50	AR LANN- AP(03).pdf

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 * (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

We will pay to the Annuitant, if living on the Maturity Date of this policy, a monthly annuity as provided in the Annuity Provisions; or

We will pay the Death Benefit of this policy to the Beneficiary upon receipt of due proof of death prior to the Maturity Date as provided in the Death Benefit Provision.

RIGHT TO EXAMINE POLICY- FREE LOOK PROVISION: This policy should be promptly reviewed. The Owner may return it for any reason to Us or Our representative within 30 days after it is received. If returned, it will be considered void from the beginning and any premium paid will be refunded.

This policy is signed for Us by Our Secretary and President

[*Sally D. Hutchison*]
SPECIMEN

Secretary

[*[Signature]*]
SPECIMEN

President

POLICY DATA

ANNUITANT [JOHN DOE]
AGE AND SEX [35/M]
POLICY NUMBER [000000000]
POLICY DATE [June 1, 2008]
MATURITY DATE [THE DATE SELECTED BY THE OWNER ON WHICH PAYMENTS BEGIN UNDER ONE OF THE PAYMENT OPTIONS. IF NO DATE IS SELECTED, THE MATURITY DATE WILL BE THE POLICY ANNIVERSARY FOLLOWING THE ANNUITANT'S 100TH BIRTHDAY.]
BENEFICIARY [AS STATED IN THE APPLICATION, UNLESS SUBSEQUENTLY CHANGED BY THE OWNER.]
OWNER(S) [JANE L. DOE]
MAXIMUM PREMIUM DEPOSIT [\$1,000,000 OVER LIFE OF POLICY OR THE AMOUNT PERMITTED BY THE APPLICABLE SECTION OF THE INTERNAL REVENUE CODE.]
GUARANTEED INTEREST RATE [3.00%]
ADDITIONAL INTEREST RATE [THE INITIAL PREMIUM RECEIVED, LESS ANY PREMIUM TAXES AS DESCRIBED ON PAGE 2, WILL EARN THE ADDITIONAL INTEREST RATE IN EFFECT AT THE TIME THE PREMIUM PAYMENT IS RECEIVED. THAT RATE WILL BE GUARANTEED FOR THE INITIAL PREMIUM FOR THE PERIOD INDICATED ON THE APPLICATION. THE RATE ON ANY ADDITIONAL DEPOSIT WILL BE GUARANTEED UNTIL THE POLICY ANNIVERSARY DATE FOLLOWING THE DATE OF THE ADDITIONAL DEPOSIT. THEREAFTER, NEW ADDITIONAL INTEREST RATES FOR PREMIUMS IN YOUR ACCOUNT WILL BE DECLARED NOT MORE FREQUENTLY THAN ONCE IN A TWELVE MONTH PERIOD.]
[ON THE POLICY DATE, THE ADDITIONAL INTEREST RATE IS 2.00% for year 1, 1.00% for year 2 (THE TOTAL INTEREST RATE IS 5.00% for year 1, 4.00% for year 2).]

Flexible Premium Deferred Annuity - Monthly Income Payable at Maturity - Death Benefit Payable on Death Before Maturity - Optional Maturity Date - Nonparticipating

This is a legal contract between You and the Company. The contract sets forth, in detail, the rights and obligations of both You and Us. IT IS, THEREFORE, IMPORTANT THAT YOU READ YOUR CONTRACT CAREFULLY.

ALPHABETIC GUIDE TO YOUR POLICY

	Page		Page
Additional Interest Rate.....	1,5	Incontestability	4
Annuity Provisions	4	Misstatement of Age or Sex	4
Assignment.....	4	Partial Withdrawals of Cash Value	5
Beneficiary.....	4	Payment of Proceeds.....	6
Cash Value.....	3,5	Policy Values and Partial Withdrawals	5
Change in Policy Owner and Beneficiary	4	Premiums	2,4
Death Benefit Provision	6	Surrender Value.....	3,5
Guaranteed Interest Rate	1,5	Withdrawal Charges.....	5

DEFINITIONS

You and Your means the Owner of the policy.

We, Us, Our and Company means Liberty National Life Insurance Company.

Age means age on the last birthday of the Annuitant.

Maturity Date means the date on which payments begin under one of the Payment Options of this policy.

POLICY DATA (CONTINUED)

FLEXIBLE PREMIUM DEFERRED ANNUITY

FIRST PREMIUM RECEIVED	[\$2,000.00]
LESS PREMIUM TAX, IF ANY	[\$0.00]
NET PREMIUM ALLOCATED TO CASH VALUE	[\$2,000.00]
INTENDED PREMIUMS AFTER THE FIRST	[\$100.00]
FREQUENCY OF PREMIUM PAYMENTS	[MONTHLY]

IF PREMIUM TAXES ARE LEVIED BY A STATE OR LOCAL GOVERNMENT ENTITY, THEY WILL BE CHARGED AGAINST PAYMENTS RECEIVED BY THE COMPANY OR THE CASH VALUE, WHEN SUCH TAXES ARE INCURRED.

WITHDRAWAL CHARGE RATES

WITHDRAWAL DURING POLICY YEAR	WITHDRAWAL CHARGE RATE APPLIED TO AMOUNT WITHDRAWN
1	8%
2	8%
3	7%
4	6%
5	5%
6	4%
7	3%
8 OR MORE	NONE

SEE WITHDRAWAL CHARGES ON PAGE 5 FOR FURTHER EXPLANATION OF WITHDRAWAL CHARGES.

TABLE OF GUARANTEED VALUES AT [3.00%]

<u>END OF POLICY YEAR</u>	<u>FOR EACH \$1,000 NET SINGLE PREMIUM*</u>		<u>FOR EACH \$1,000 NET ANNUAL PREMIUM*</u>		<u>FOR EACH \$100 NET MONTHLY PREMIUM*</u>	
	<u>CASH VALUE</u>	<u>SURRENDER VALUE</u>	<u>CASH VALUE</u>	<u>SURRENDER VALUE</u>	<u>CASH VALUE</u>	<u>SURRENDER VALUE</u>
1	[\$1,030.00]	[\$1,000.00]	[\$1,030.00]	[\$1,000.00]	[\$1,219.41]	[\$1,200.00]
2	[1,060.90]	[1,000.00]	[2,090.90]	[2,000.00]	[2,475.41]	[2,400.00]
3	[1,092.73]	[1,022.73]	[3,183.63]	[3,000.06]	[3,769.08]	[3,600.00]
4	[1,125.51]	[1,065.51]	[4,309.14]	[4,069.14]	[5,101.56]	[4,813.56]
5	[1,159.27]	[1,109.27]	[5,468.41]	[5,218.41]	[6,474.02]	[6,174.02]
6	[1,194.05]	[1,154.05]	[6,662.46]	[6,422.46]	[7,887.66]	[7,599.66]
7	[1,229.87]	[1,199.87]	[7,892.34]	[7,682.34]	[9,343.70]	[9,091.70]
8	[1,266.77]	[1,266.77]	[9,159.11]	[9,159.11]	[10,843.42]	[10,843.42]
9	[1,304.77]	[1,304.77]	[10,463.88]	[10,463.88]	[12,388.14]	[12,388.14]
10	[1,343.92]	[1,343.92]	[11,807.80]	[11,807.80]	[13,979.19]	[13,979.19]
11	[1,384.23]	[1,384.23]	[13,192.03]	[13,192.03]	[15,617.98]	[15,617.98]
12	[1,425.76]	[1,425.76]	[14,617.79]	[14,617.79]	[17,305.93]	[17,305.93]
13	[1,468.53]	[1,468.53]	[16,086.32]	[16,086.32]	[19,044.52]	[19,044.52]
14	[1,512.59]	[1,512.59]	[17,598.91]	[17,598.91]	[20,835.27]	[20,835.27]
15	[1,557.97]	[1,557.97]	[19,156.88]	[19,156.88]	[22,679.74]	[22,679.74]
16	[1,604.71]	[1,604.71]	[20,761.59]	[20,761.59]	[24,579.54]	[24,579.54]
17	[1,652.85]	[1,652.85]	[22,414.44]	[22,414.44]	[26,536.34]	[26,536.34]
18	[1,702.43]	[1,702.43]	[24,116.87]	[24,116.87]	[28,551.84]	[28,551.84]
19	[1,753.51]	[1,753.51]	[25,870.37]	[25,870.37]	[30,627.81]	[30,627.81]
20	[1,806.11]	[1,806.11]	[27,676.49]	[27,676.49]	[32,766.06]	[32,766.06]

* THE ABOVE VALUES HAVE BEEN CALCULATED ASSUMING NO WITHDRAWALS OCCURRED AND THAT EACH PREMIUM IS PAID ON THE SCHEDULED DATE.

ANNUAL REPORT -- WE WILL PROVIDE THE OWNER WITH AN ANNUAL REPORT OF THE CASH VALUE OF THIS POLICY.

THE SURRENDER VALUE MAY BE REDUCED BY PREMIUM TAXES, IF ANY.

SEE DEFINITION OF SURRENDER VALUE ON PAGE 5.

GENERAL PROVISIONS

THE POLICY - This policy and any riders or endorsements, including the application, is the entire contract between You and Us. Any change must be made in writing by one of Our officers.

All statements in the application are representations and not warranties. No statement shall be used to void this policy or to defend against a claim unless contained in the application.

PAYMENT OF BENEFITS - All benefits are payable at Our Administrative Office. We may require You to submit this policy before We approve changes or pay benefits.

MISSTATEMENT OF AGE OR SEX - If the Annuitant's age or sex is misstated, the benefits under this policy will be those the premium would have purchased at the correct age and sex.

INCONTESTABILITY - The policy will be incontestable after it has been in force during the lifetime of the Annuitant for two years from the Policy Date.

STATE LAWS - This policy is governed by the law of the state in which it is delivered. Any Paid-Up Annuity, Surrender Value, and Death Benefit are not less than the minimum benefits required by such state.

OWNER AND BENEFICIARY

RIGHTS OF THE OWNER - This policy belongs to You, the Owner. Unless You provide otherwise, You may receive all benefits and exercise all rights granted by this policy during the Annuitant's lifetime.

BENEFICIARY - If no named Beneficiary survives the Annuitant, the Proceeds will be paid to the Owner, if living; otherwise to the Owner's estate.

CHANGE IN POLICY OWNER AND BENEFICIARY - Unless You provide otherwise in writing to Us, You may change the Owner or Beneficiary during the lifetime of the Annuitant. Changes must be made by written request filed with Us. The change will take effect on the date the request was signed, but it will not apply to payments made by Us before We accept the request in writing.

ASSIGNMENT - You may assign this policy. However, no assignment will bind Us until it is filed in writing at Our Administrative Office. When it is filed, Your rights and the rights of any beneficiary will be subject to it. We will not be responsible for the validity of any assignment.

RESTRICTIONS ON ASSIGNMENT - If this Policy is issued to qualify under Sections 401, 403 or 408 of the Internal Revenue Code, ownership of the Policy may not be transferred or assigned to anyone other than the Company.

PREMIUMS

Premiums may be paid at any time at Our Administrative Office or to an authorized agent. We will issue a receipt upon request.

The Net Premium is equal to the premium received by the Company, less premium taxes incurred, if any.

The amount of the first premium is shown on page 2. Premiums after the first may vary in amount, but no premium payment may be less than \$50.00. The maximum amount of premiums which may be paid over the life of the policy is shown on page 1.

ANNUITY PROVISIONS

ANNUITY PAYMENT - Unless another Payment Option is elected, the amount of the monthly annuity payment will be determined by applying the proceeds of this policy on the Maturity Date under Payment Option 3 of the Payment of Proceeds provision with payments guaranteed for 10 years.

OPTIONAL MATURITY DATE - The Maturity Date elected by You is shown in the application. You may change this date by notifying Us in writing prior to the Maturity Date.

POLICY VALUES AND PARTIAL WITHDRAWALS

CASH VALUE - The Cash Value of this policy on or before the Maturity Date will be:

1. the compound interest accumulation of the first Net Premium from the policy date; plus
2. the compound interest accumulation of each Net Premium after the first from the date received; less
3. any adjustments for partial withdrawals.

GUARANTEED INTEREST RATE - The Guaranteed Interest Rate for accumulation of Net Premiums is compounded annually and is shown under the Policy Data on page 1.

ADDITIONAL INTEREST RATE - An Additional Interest Rate may be allowed and specified by Our Board of Directors.

PARTIAL WITHDRAWALS OF CASH VALUE - You may withdraw part of the Cash Value at any time provided that:

1. the Maturity Date has not passed;
2. You request the withdrawal in writing;
3. the amount of withdrawal is at least \$100;
4. withdrawals are made not more frequently than monthly; and
5. the withdrawal will not reduce the Cash Value to less than \$1,000.

FREE WITHDRAWALS - Subject to the Partial Withdrawals of Cash Value provision, You may withdraw interest credited without incurring withdrawal charges.

You may make a partial or complete withdrawal without incurring withdrawal charges by providing proof satisfactory to Us that:

1. the Annuitant or the Annuitant's spouse is then confined in a Hospital or Nursing Home and has been confined for a combined stay of at least 30 days within a 35-day period, or has been discharged from such confinement within the previous 60 days; or
2. the Annuitant or the Annuitant's spouse is then enrolled in a Hospice Care Program, or has been discharged from such program within the previous 60 days.

The confinement in the Hospital or Nursing Home or the enrollment in a Hospice Care Program must have totally occurred after the Policy Date.

Hospital means a place which is duly licensed as a hospital and is operating within the scope of its license.

Nursing Home means a duly licensed facility providing skilled nursing care under the supervision of a duly licensed physician, other than the Owner of this policy, the Annuitant, or a member of the Owner's or Annuitant's immediate family.

Hospice Care Program means a coordinated program of medical and other health services provided by a duly licensed hospice.

WITHDRAWAL CHARGES - Withdrawals are subject to withdrawal charges shown on page 2. However, withdrawal charges do not apply to withdrawals of credited interest and may not exceed the interest credited.

SURRENDER VALUE - The Surrender Value of this policy will be the Cash Value less any withdrawal charge.

SURRENDER OF POLICY - At any time after the Free Look Provision has expired, but prior to the Maturity Date, You may surrender this policy to Us and receive its Surrender Value. Payment of the Surrender Value cannot be deferred for more than 6 months after request.

AMOUNT OF PROCEEDS

The proceeds of this policy on the Maturity Date will be the Cash Value of the policy. The proceeds payable as a Death Benefit prior to the Maturity Date, as provided in the Death Benefit Provision, will be the Cash Value of the policy.

DEATH BENEFIT PROVISION

The proceeds payable as a Death Benefit will be the Cash Value of the policy. If the Annuitant dies prior to the Maturity Date, We will pay the Death Benefit to the Beneficiary, however, if the Annuitant is also an Owner or Joint Owner of the policy, the Death Benefit distribution rules for the Owner shall apply.

If the Owner dies prior to the Maturity Date, the Death Benefit will be paid to the Owner's Designated Beneficiary. If the policy has joint Owners and one Owner dies, the Owner's Designated Beneficiary is the surviving Joint Owner. If there is no Joint Owner, upon death of the Owner, the Owner's Designated Beneficiary is the Beneficiary named in the policy.

The Death Benefit will be payable in a lump sum upon receipt of due proof of death of the Annuitant or Owner whichever first occurs while this policy is in force. If the Owner's death occurs first, upon agreement by the Company and the Owner's Designated Beneficiary, the lump sum payment may be deferred and accumulated with interest for a period not exceeding 5 years.

In lieu of a lump sum payment, the Receiver of Proceeds (Owner's Designated Beneficiary or Beneficiary) may elect to have the Death Benefit distributed in the form of monthly payments as described in the Payment of Proceeds provision, provided that:

1. The Receiver of Proceeds elects a Payment Option within 60 days after the date of death;
2. Payments must begin no later than one year after the date of death; and
3. Payments must be made over a period which does not exceed the life of the Receiver of Proceeds or the life expectancy of the Receiver of Proceeds.

If the Owner dies prior to the Maturity Date and the surviving spouse is the sole Owner's Designated Beneficiary, such spouse may elect in writing not to receive the Death Benefit, and in lieu thereof, continue this contract in force as the Owner.

PAYMENT OF PROCEEDS

PAYMENT - All or part of the proceeds may be applied under any Payment Option, subject to the following conditions;

1. No Payment Option may be selected unless the Proceeds are payable to a natural person in that person's own right.
2. Proceeds may not be applied under a Payment Option unless the policy has been in force for at least one year.
3. Payments may not be less than \$25.00 each or less than \$120.00 in a year.
4. If You have not elected a Payment Option when the Annuitant becomes entitled to proceeds, the Annuitant may elect the Payment Option.
5. The election must be filed with Us in writing.
6. We may require exchange of this policy for a policy covering the election.

PAYMENT OPTIONS

OPTION 1 - FIXED AMOUNT - Monthly payments of a fixed amount, but not less than 7% of the proceeds nor more than 15% of the proceeds each year, until the proceeds are fully paid.

OPTION 2 - FIXED PERIOD - Monthly payments for a fixed period of not less than 10 years and not more than 30 years.

OPTION 3 - LIFE INCOME - Monthly payments for a fixed period of 5, 10, 15 or 20 years, as selected, and life thereafter. No payment will become due after death, except payment for any remaining fixed period.

OPTION 4 - JOINT LIFE INCOME CONTINUING TO SURVIVOR - Monthly payments of an income during the joint lifetime of two annuitants and to the survivor during the survivor's remaining lifetime.

OPTION 5 - AS AGREED TO - Any form of annuity payment option or mode that is agreed to in writing by both the Owner and the Company. The Owner must make written request to the Company at least 60 days prior to the date payments are to begin.

PAYMENT OPTION INTEREST RATE - The interest rate on funds held under all options will be at least 2.5% compounded annually.

PAYMENT OPTION MORTALITY- The mortality on funds held under all options with life income will use the 2000 Annuity Mortality Table.

DEATH OF ANNUITANT AFTER THE MATURITY DATE - If the Annuitant dies, the value of any remaining guaranteed payments will be paid to the Annuitant's estate, unless otherwise provided in the election of the option. The value will be based on the Payment Option Interest Rate.

CHANGES IN PAYMENT OPTION - Once payments begin, the terms of payment may not be changed without Our consent.

**GUARANTEED MINIMUM MONTHLY PAYMENT
FOR EACH \$1,000 PROCEEDS APPLIED UNDER OPTION 2**

Yrs.	Payment										
10	\$9.39	14	\$7.03	18	\$5.73	22	\$4.90	25	\$4.46	28	\$4.12
11	8.64	15	6.64	19	5.49	23	4.74	26	4.34	29	4.02
12	8.02	16	6.30	20	5.27	24	4.60	27	4.22	30	3.93
13	7.49	17	6.00	21	5.08						

To obtain the minimum payments for other intervals, multiply the monthly payment by 11.865 for annual, by 5.969 for semi-annual or by 2.994 for quarterly payments.

**GUARANTEED MINIMUM MONTHLY LIFE INCOME
FOR EACH \$1,000 PROCEEDS APPLIED UNDER OPTION 3**

AGE OF ANNUITANT	FIXED PERIOD								AGE OF ANNUITANT	FIXED PERIOD							
	5 YEARS		10 YEARS		15 YEARS		20 YEARS			5 YEARS		10 YEARS		15 YEARS		20 YEARS	
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F
20	\$2.67	\$2.59	\$2.67	\$2.59	\$2.67	\$2.59	\$2.67	\$2.59	72	\$6.72	\$6.09	\$6.30	\$5.85	\$5.68	\$5.45	\$5.01	\$4.92
25	2.77	2.68	2.77	2.68	2.77	2.68	2.76	2.68	73	6.96	6.31	6.47	6.03	5.78	5.56	5.05	4.98
30	2.90	2.79	2.89	2.79	2.89	2.78	2.88	2.78	74	7.22	6.55	6.65	6.22	5.87	5.67	5.09	5.02
35	3.05	2.92	3.05	2.92	3.04	2.91	3.03	2.91	75	7.49	6.81	6.82	6.41	5.96	5.78	5.12	5.07
40	3.24	3.08	3.24	3.08	3.23	3.07	3.21	3.06	76	7.77	7.09	7.00	6.61	6.04	5.89	5.15	5.10
45	3.48	3.28	3.47	3.28	3.45	3.27	3.42	3.25	77	8.06	7.38	7.18	6.81	6.12	5.98	5.17	5.14
50	3.79	3.54	3.76	3.53	3.73	3.51	3.67	3.48	78	8.38	7.69	7.36	7.01	6.19	6.07	5.19	5.16
55	4.17	3.87	4.13	3.85	4.07	3.81	3.97	3.76	79	8.70	8.02	7.53	7.21	6.25	6.16	5.21	5.19
60	4.67	4.30	4.61	4.26	4.48	4.20	4.29	4.09	80	9.04	8.38	7.70	7.42	6.31	6.23	5.22	5.21
61	4.79	4.40	4.72	4.36	4.57	4.28	4.36	4.16	81	9.39	8.75	7.87	7.61	6.37	6.30	5.24	5.22
62	4.92	4.51	4.83	4.46	4.67	4.37	4.43	4.23	82	9.75	9.14	8.03	7.80	6.41	6.36	5.25	5.24
63	5.06	4.63	4.95	4.57	4.76	4.47	4.50	4.31	83	10.12	9.55	8.18	7.99	6.45	6.41	5.25	5.25
64	5.20	4.75	5.08	4.68	4.86	4.56	4.56	4.38	84	10.50	9.97	8.32	8.16	6.49	6.46	5.26	5.26
65	5.36	4.88	5.21	4.80	4.96	4.67	4.63	4.45	85	10.89	10.40	8.46	8.32	6.52	6.49	5.26	5.26
66	5.52	5.02	5.35	4.93	5.07	4.77	4.69	4.53									
67	5.70	5.17	5.50	5.07	5.17	4.88	4.75	4.60									
68	5.88	5.33	5.65	5.21	5.28	4.99	4.81	4.67									
69	6.07	5.50	5.80	5.36	5.38	5.10	4.87	4.74									
70	6.28	5.68	5.96	5.51	5.48	5.22	4.92	4.80									
71	6.49	5.88	6.13	5.68	5.58	5.33	4.97	4.87									

Rates for ages not shown will be furnished upon request.

**GUARANTEED MINIMUM MONTHLY INCOME
FOR EACH \$1,000 PROCEEDS APPLIED UNDER OPTION 4**

Male Annuitant Age	Age of Female Joint Annuitant																
	Years Younger								Same Age	Years Older							
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
50	\$3.03	\$3.06	\$3.09	\$3.11	\$3.14	\$3.17	\$3.19	\$3.22	\$3.24	\$3.27	\$3.30	\$3.32	\$3.35	\$3.37	\$3.40	\$3.42	\$3.44
51	3.07	3.10	3.12	3.15	3.18	3.21	3.24	3.26	3.29	3.32	3.35	3.37	3.40	3.42	3.45	3.47	3.50
52	3.11	3.13	3.16	3.19	3.22	3.25	3.28	3.31	3.34	3.37	3.40	3.42	3.45	3.48	3.51	3.53	3.56
53	3.15	3.18	3.21	3.24	3.27	3.30	3.33	3.36	3.39	3.42	3.45	3.48	3.51	3.54	3.57	3.59	3.62
54	3.19	3.22	3.25	3.28	3.31	3.35	3.38	3.41	3.44	3.48	3.51	3.54	3.57	3.60	3.63	3.66	3.69
55	3.23	3.26	3.30	3.33	3.36	3.40	3.43	3.47	3.50	3.53	3.57	3.60	3.63	3.66	3.70	3.73	3.76
56	3.27	3.31	3.34	3.38	3.42	3.45	3.49	3.52	3.56	3.60	3.63	3.67	3.70	3.73	3.77	3.80	3.83
57	3.32	3.36	3.40	3.43	3.47	3.51	3.55	3.58	3.62	3.66	3.70	3.73	3.77	3.81	3.84	3.87	3.91
58	3.37	3.41	3.45	3.49	3.53	3.57	3.61	3.65	3.69	3.73	3.77	3.81	3.85	3.88	3.92	3.96	3.99
59	3.42	3.47	3.51	3.55	3.59	3.63	3.67	3.72	3.76	3.80	3.84	3.88	3.92	3.96	4.00	4.04	4.08
60	3.48	3.52	3.57	3.61	3.65	3.70	3.74	3.79	3.83	3.88	3.92	3.97	4.01	4.05	4.09	4.13	4.17
61	3.54	3.58	3.63	3.68	3.72	3.77	3.82	3.86	3.91	3.96	4.01	4.05	4.10	4.14	4.19	4.23	4.27
62	3.60	3.65	3.70	3.75	3.79	3.84	3.90	3.95	4.00	4.05	4.10	4.15	4.19	4.24	4.29	4.33	4.38
63	3.67	3.72	3.77	3.82	3.87	3.92	3.98	4.03	4.09	4.14	4.19	4.24	4.30	4.35	4.40	4.45	4.49
64	3.73	3.79	3.84	3.90	3.95	4.01	4.07	4.12	4.18	4.24	4.29	4.35	4.40	4.46	4.51	4.56	4.61
65	3.81	3.86	3.92	3.98	4.04	4.10	4.16	4.22	4.28	4.34	4.40	4.46	4.52	4.58	4.63	4.69	4.74
66	3.88	3.94	4.01	4.07	4.13	4.19	4.26	4.32	4.39	4.45	4.52	4.58	4.64	4.71	4.77	4.82	4.88
67	3.97	4.03	4.09	4.16	4.23	4.30	4.36	4.43	4.50	4.57	4.64	4.71	4.78	4.84	4.91	4.97	5.03
68	4.05	4.12	4.19	4.26	4.33	4.40	4.48	4.55	4.62	4.70	4.77	4.84	4.92	4.99	5.06	5.12	5.19
69	4.14	4.22	4.29	4.37	4.44	4.52	4.60	4.68	4.76	4.83	4.91	4.99	5.07	5.14	5.22	5.29	5.36
70	4.24	4.32	4.40	4.48	4.56	4.64	4.73	4.81	4.89	4.98	5.06	5.15	5.23	5.31	5.39	5.46	5.54
71	4.35	4.43	4.51	4.60	4.69	4.77	4.86	4.95	5.04	5.14	5.23	5.31	5.40	5.49	5.57	5.65	5.73
72	4.46	4.54	4.63	4.73	4.82	4.91	5.01	5.11	5.20	5.30	5.40	5.49	5.59	5.68	5.77	5.86	5.94
73	4.58	4.67	4.76	4.86	4.96	5.06	5.17	5.27	5.38	5.48	5.58	5.69	5.79	5.88	5.98	6.07	6.16
74	4.70	4.80	4.90	5.01	5.12	5.23	5.34	5.45	5.56	5.67	5.78	5.89	6.00	6.10	6.21	6.30	6.40
75	4.84	4.94	5.05	5.17	5.28	5.40	5.52	5.64	5.76	5.88	6.00	6.11	6.23	6.34	6.45	6.55	6.65
76	4.98	5.10	5.21	5.34	5.46	5.59	5.71	5.84	5.97	6.10	6.23	6.35	6.47	6.59	6.71	6.82	6.92
77	5.13	5.26	5.39	5.52	5.65	5.79	5.92	6.06	6.20	6.34	6.47	6.61	6.74	6.86	6.99	7.10	7.22
78	5.30	5.43	5.57	5.71	5.85	6.00	6.15	6.30	6.44	6.59	6.74	6.88	7.02	7.16	7.29	7.41	7.53
79	5.48	5.62	5.77	5.92	6.08	6.23	6.39	6.55	6.71	6.87	7.02	7.18	7.32	7.47	7.61	7.74	7.86
80	5.67	5.82	5.98	6.15	6.31	6.48	6.65	6.82	6.99	7.16	7.33	7.49	7.65	7.80	7.95	8.09	8.22

Rates for ages not shown will be furnished upon request

**Flexible Premium Deferred Annuity - Monthly Income Payable at Maturity -
Death Benefit Payable on Death Before Maturity - Optional Maturity Date - Nonparticipating**

SPECIMEN

IMPORTANT NOTICE

This notice is to advise You that should any problems arise regarding this insurance, You may contact the following:

Consumer Service Department
Liberty National Life Insurance Company
P.O. Box 8080
McKinney, Texas 75070
Telephone: (972) 529-5085

Arkansas Department of Insurance
Consumer Services Division
1200 W. 3rd Street
Little Rock, Arkansas 72201
Telephone: (501) 371-2640 Toll Free: (800) 852-5494

Agents Name: _____
Telephone: _____

Agent's Address: _____

Annuitant Telephone No. - - Plan Code

Home Office Use Only _____

ANNUITANT

Annuitant's First Name M.I. Sex Male Female

Annuitant's Last Name

Street Address

City State

Zip Code Social Security Number - -

Date of Birth (mm-dd-yyyy) - - Age Last Birthday

Beneficiary Name Relationship to Annuitant

Social Security Number - -

OWNER

(if different from Annuitant)

Owner's First Name M.I. Relationship to Annuitant

Owner's Last Name

Date of Birth (mm-dd-yyyy) - - Age Last Birthday Taxpayer ID/ Social Security #

Street Address

City State Zip Code

JOINT OWNER

(if different from Annuitant)

Joint Owner's First Name M.I. Relationship to Annuitant

Joint Owner's Last Name

Date of Birth (mm-dd-yyyy) - - Age Last Birthday Taxpayer ID/ Social Security #

Street Address

City State Zip Code



PREMIUM

Premium Mode Single Premium Quarterly
 Annual Monthly
 Semi-Annual

Payment Method Bank Draft Direct

Draft Day (01 to 28)

Amount of Modal Premium
 \$, .

Amount Paid with Application
 \$, .

Expected Maturity Date

- - **20**

(The policy anniversary following Annuitant's age 100 (age 81 for single premium deferred annuity) unless otherwise indicated.)

TYPE OF ANNUITY

Non-Qualified

Non-Qualified

Qualified

(not applicable to single premium deferred annuity)

- IRA
- IRA Rollover
- IRA Transfer
- _____

Amount
 \$, .

Contribution Year

Amount
 \$, .

Contribution Year

INTEREST

1st year interest rate . %

E-mail Address

Annuitant Owner Joint Owner

REPLACEMENT

Do you have any existing life insurance policies or annuity contracts? Yes No
 If "Yes", Replacement Notice must be completed.

Will the annuity applied for replace any existing life insurance or annuity? Yes No
 If "Yes", explain:



SERFF Tracking Number: AMLC-125683386 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 39367
Company Tracking Number: LFPA802
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Flexible Premium Deferred Annuity
Project Name/Number: Flexible Premium Deferred Annuity/LFPA802

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/05/2008

Comments:

The Consumer Information Notice is attached to the policy as Page 9.
The Flesch Certification is attached hereto.

Attachment:

AR Readability Cert.pdf

Review Status:

Satisfied -Name: Statement of Variability

06/20/2008

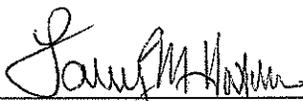
Comments:

Attachment:

SOV LFPA802.xls.pdf

CERTIFICATION

This is to certify that the attached Policy Form **LFPA802** has achieved a Flesch Reading Ease Score of 59 and complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Larry M. Hutchison, Executive Vice President

June 20, 2008

SUPPLEMENTAL FORMS

LANN-AP(03)

SCORE

50

Statement of Variability

Liberty National Life Form LFPA802

Policy Data - Page 1

Annuitant

Annuitant's name as stated on the application

Age and Sex

Issue Age Range: 0 to 90 (annuitant's issue age)
M or F (annuitant's gender)

Policy Number

Alpha-numerical policy number

Policy Date

The date the annuity is issued

Maturity Date

The date the annuity is scheduled to begin the annuitization payout, as selected by the applicant.
Currently we allow the date to be modified by the owner while annuity is in force and before maturity. Thus, we state....
"The date selected by the owner on which payments begin under one of the payment options.
If no date is selected, the maturity date will be the policy anniversary following the annuitant's 100th birthday."

Beneficiary

Name of beneficiary, or
"As stated in the application, unless subsequently changed by the owner" to allow owner to change beneficiary

Owner(s)

Name(s) of owner(s) of this annuity policy

Maximum Premium

"\$xxxxxx over life of policy or the amount permitted by the applicable deposit section of the Internal Revenue Code"
Range for \$xxxxxx ==> \$100,000 to \$2,000,000.
Wording is variable to handle future IRS code modifications.

Guaranteed Interest Rate

Minimum interest rate allowed during the deferred phase (before maturity). Range is 3.00% to 10.00%.

Additional Interest Rate

Description of current practice allowing interest credited above the Guarantee Interest Rate
"The initial premium receive, less any premium taxes as describe on page 3, will earn the additional interest rate in effect at the time the premium payment is received. That rate will be guaranteed for the initial premium for the period indicated on the application. The rate on any additional deposit will be guaranteed until the policy anniversary date following the date of the additional deposit. Thereafter, the new additional interest rates for premiums in your account will be declared not more frequently than once in a twelve month period."

Description of the current additional interest rate credit
"On the policy date, the additional interest rate is xx.xx% for policy year 1, xx.xx% for policy year 2. (The total interest rate is XX.XX% for policy year 1, XX.XX% for policy year 2)

Additional Interest Rate Range: 0.00% to 10.00%
Policy Year Range for additional interest (declared at issue): Policy Year 1, 2, 3, ... up to Policy Year 10
Total Interest Rate is Guaranteed Interest Rate plus Additional Interest Rate

Policy Data - Page 2

First Premium Received

Amount of First Premium. Range: \$2,000 to \$2,000,000

Less Premium Tax, if Any

Amount of Premium Tax per state regulations
If state does not have premium tax at time annuity is issued, \$0.00 will be filled

Net Premium Allocated to cash value

First premium received less thee premium tax

Intended Premiums & Frequency

Amount and frequency selected on application.
This is an optional premium the applicants intends to pay in order to increase the annuity value.

Table of Guaranteed Values - Page 3

Table of Values based on the Guaranteed Interest Rate. Cash and surrender values shown for following scenarios:

1. \$1,000 Single Premium
2. \$1,000 Annual Premiums
3. \$100 Monthly Premiums