

SERFF Tracking Number:	AMLC-125684049	State:	Arkansas
Filing Company:	Liberty National Life Insurance Company	State Tracking Number:	39287
Company Tracking Number:	LSFMS		
TOI:	A021 Individual Annuities- Deferred Non-Variable	Sub-TOI:	A021.002 Flexible Premium
Product Name:	Reserve Fund Annuity		
Project Name/Number:	Reserve Fund Annuity/LSFMS		

## Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Reserve Fund Annuity      SERFF Tr Num: AMLC-125684049      State: ArkansasLH

TOI: A021 Individual Annuities- Deferred Non-Variable      SERFF Status: Closed      State Tr Num: 39287

Sub-TOI: A021.002 Flexible Premium      Co Tr Num: LSFMS      State Status: Approved-Closed

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

Author: Eric Bowie      Disposition Date: 06/17/2008

Date Submitted: 06/12/2008      Disposition Status: Approved

Implementation Date Requested: On Approval      Implementation Date:

State Filing Description:

## General Information

Project Name: Reserve Fund Annuity

Project Number: LSFMS

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/17/2008

State Status Changed: 06/17/2008

Corresponding Filing Tracking Number: LSFMS

Filing Description:

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

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Form LSFMS is a Flexible Premium Deferred Annuity Contract. The guaranteed minimum interest rate will be 3%. This form does not contain any unusual or unorthodox provisions or wordings. The readability score is 59. All variable information has been bracketed.

<i>SERFF Tracking Number:</i>	<i>AMLC-125684049</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39287</i>
<i>Company Tracking Number:</i>	<i>LSFMS</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Reserve Fund Annuity</i>		
<i>Project Name/Number:</i>	<i>Reserve Fund Annuity/LSFMS</i>		

LSFMS is prefaced by LARKNOT, which contains the required Arkansas notice. This notice will be printed as the first page of each policy issued.

Form LSFMS-AP, is the application that will used to with policy form LSFMS. The readability score for this form 46. It has been completed in John Doe fashion

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

1. The form conforms to all insurance statutes and Department requirements of your jurisdiction.
2. The form contains no provisions previously disapproved by your department.
3. The form was filed in Nebraska, our state of domicile, on June 9, 2008 and is being filed in all jurisdictions where the company operates.

## Company and Contact

### Filing Contact Information

Eric Bowie, Compliance Manager Part D	ebowie@torchmarkcorp.com
3700 S. Stonebridge Drive	(214) 544-5304 [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	

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## Filing Fees

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

SERFF Tracking Number: AMLC-125684049 State: Arkansas  
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Variable  
Product Name: Reserve Fund Annuity  
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$50.00	06/12/2008	20809943

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Variable  
Product Name: Reserve Fund Annuity  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/17/2008	06/17/2008



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 Variable  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of variability		Yes
<b>Form</b>	Reserve Fund Annuity		Yes
<b>Form</b>	Reserve Fund Annuity Application		Yes

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## Form Schedule

Lead Form Number: LSFMS

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LSFMS	Policy/Cont	Reserve Fund ract/Fratern Annuity al Certificate	Initial		59	LSFMSAR.pdf
	LSFMS- AP(03)	Application/Reserve Fund Enrollment	Reserve Fund Annuity Application Form	Initial		46	LSFMS- AP(03).pdf

**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  
400 University Tower Building  
Little Rock, Arkansas 72204  
Telephone: (501) 686-2945**

**Agents Name: \_\_\_\_\_ Agent's Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_**

Specimen

**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

*Carry M. Hutchinson*  
**SPECIMEN**  
Secretary

*[Signature]*  
**SPECIMEN**  
President

**POLICY DATA**

<b>ANNUITANT</b>	[JOHN DOE]
<b>AGE AND SEX</b>	[35/M]
<b>POLICY NUMBER</b>	[000000000]
<b>POLICY DATE</b>	[APRIL 1, 2008]
<b>MATURITY DATE</b>	[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.]
<b>BENEFICIARY</b>	[AS STATED IN THE APPLICATION, UNLESS SUBSEQUENTLY CHANGED BY THE OWNER.]
<b>OWNER(S)</b>	[JOHN L. DOE]
<b>MAXIMUM PREMIUM DEPOSIT</b>	[[[\$1,000,000] OVER LIFE OF POLICY OR THE AMOUNT PERMITTED BY THE APPLICABLE SECTION OF THE INTERNAL REVENUE CODE.]
<b>GUARANTEED INTEREST RATE</b>	[3.00%]
<b>ADDITIONAL INTEREST RATE</b>	[THE INITIAL PREMIUM RECEIVED, WILL EARN THE ADDITIONAL INTEREST RATE AS SHOWN BELOW. THE RATE ON ANY ADDITIONAL DEPOSIT WILL BE GUARANTEED UNTIL THE POLICY ANNIVERSARY DATE. THEREAFTER, NEW ADDITIONAL INTEREST RATES FOR PREMIUMS IN YOUR ACCOUNT WILL BE DECLARED NOT MORE FREQUENTLY THAN ONCE IN A TWELVE-MONTH PERIOD. ]

GUARANTEE PERIOD  
1st YEAR

ADDITIONAL INTEREST RATE  
[0.00]%

TOTAL INTEREST RATE  
[3.00]%

**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.

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**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.....	5
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.....	5
Guaranteed Interest Rate.....	1,5		

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**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.

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**POLICY DATA (CONTINUED)**

<b>FLEXIBLE PREMIUM DEFERRED ANNUITY</b>	
<b>FIRST PREMIUM RECEIVED</b>	<b>[\$100.00]</b>
<b>NET PREMIUM ALLOCATED TO CASH VALUE</b>	<b>[\$100.00]</b>
<b>INTENDED PREMIUMS AFTER THE FIRST</b>	<b>[\$100.00]</b>
<b>FREQUENCY OF PREMIUM PAYMENTS</b>	<b>[MONTHLY]</b>

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**TABLE OF GUARANTEED VALUES AT [3.00%]**

**FOR EACH \$1,000 NET SINGLE PREMIUM    FOR EACH \$1,000 NET ANNUAL PREMIUM    FOR EACH \$100 NET MONTHLY PREMIUM**

<u>END OF POLICY YEAR</u>	<u>CASH VALUE</u>	<u>CASH VALUE</u>	<u>CASH VALUE</u>
1	[\$1,030.00	\$1,030.00	\$1,219.41]
2	[ 1,060.90	2,090.90	2,475.41]
3	[ 1,092.73	3,183.63	3,769.08]
4	[ 1,125.51	4,309.14	5,101.56]
5	[ 1,159.27	5,468.41	6,474.02]
6	[ 1,194.05	6,662.46	7,887.66]
7	[ 1,229.87	7,892.34	9,343.70]
8	[ 1,266.77	9,159.11	10,843.42]
9	[ 1,304.77	10,463.88	12,388.14]
10	[ 1,343.92	11,807.80	13,979.19]
11	[ 1,384.23	13,192.03	15,617.98]
12	[ 1,425.76	14,617.79	17,305.93]
13	[ 1,468.53	16,086.32	19,044.52]
14	[ 1,512.59	17,598.91	20,835.27]
15	[ 1,557.97	19,156.88	22,679.74]
16	[ 1,604.71	20,761.59	24,579.54]
17	[ 1,652.85	22,414.44	26,536.34]
18	[ 1,702.43	24,116.87	28,551.84]
19	[ 1,753.51	25,870.37	30,627.81]
20	[ 1,806.11	27,676.49	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.

## GENERAL PROVISIONS

**THE POLICY** - This policy, 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.

## 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.

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 is the policy anniversary following the Annuitant's 100<sup>th</sup> birthday. 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 withdrawal will not reduce the Cash Value to less than \$10.

**SURRENDER VALUE** - The Surrender Value of this policy will be the Cash Value.

**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 five 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 an 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 2.50% compounded annually.

**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.

Specimen

**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**



63478

# RESERVE FUND ENROLLMENT FORM

## ARKANSAS

Annuitant / Owner's First Name: J O H N

Last Name: D O E

Tax ID or Social Security Number: 1 2 3 4 5 6 7 8 9

LNL Policy ID Number: 0 0 0 0 0 0 0 0

M.I.

**PLEASE PRINT IN BLOCK CAPITAL LETTERS WITH A BLUE OR BLACK BALLPOINT INK PEN**

**HOME OFFICE USE ONLY**

Will the annuity being applied for replace any existing insurance or annuity?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you intend to accumulate more than two times the annual deductible or co-payment amount or \$4,000?  Yes  No

**SUMMARY OF AMOUNT PAID**

Initial Deposit to Annuity \$  ,  100 .  00

Additional deposits of \$  100 .  00 will be automatically withdrawn from your account on **MONTHLY** mode beginning  05 -  2008 (mm-yyyy) unless a different mode is selected below:

QUARTERLY  SEMI-ANNUAL  ANNUAL

### THE APPLICANT AGREES:

(1) All statements and answers contained herein are full, complete and true to the best of my knowledge and belief. (2) This annuity contract is effective on the policy date unless (a) the Annuitant is not living on the policy issue date; (b) the check for the initial premium is not honored; or (c) the Owner exercises the contractual right to request a premium refund. (3) If the annuity contract is not effective on the policy date, the Company's sole responsibility will be to refund all premiums paid. (4) No agent can make or change any provisions of the policy, waive any of the Company's rights or bind the Company. (5) Any policy issued on the basis of this enrollment form will be considered delivered in and subject to, the laws of the jurisdiction in which the application was signed.

Under penalties of perjury, I certify (1) that the number shown above on this form is my correct Social Security/taxpayer ID# and (2) that

I AM  I AM NOT **SUBJECT TO A BACKUP WITHHOLDING ORDER UNDER SECTION 3406(a)(1)(C) OF THE INTERNAL REVENUE CODE.**

**Please read the following statements. Your signature below indicates your understanding and acceptance.**

### APPLICANT AUTHORIZATION:

I AUTHORIZE  I DO NOT AUTHORIZE  
Liberty National Life Insurance Company to draft annuity deposits from my bank account on the same mode as my premium payment. (e.g. If you select monthly mode, each month LNL will draft your account for the health insurance premium and the annuity deposit.)

I AUTHORIZE  I DO NOT AUTHORIZE  
Liberty National Life Insurance Company to withdraw any available funds from this annuity for the purpose of automatically paying deductible or co-payment amounts on my health insurance policy. I understand that funds will only be withdrawn and applied to policy deductibles if the available balance is greater than \$10, and the available balance will not be reduced below \$10 to pay policy deductibles.

### THE APPLICANT ACKNOWLEDGES:

That the annuity applied for will be a NON-QUALIFIED annuity.  
That the Annuitant shall be the annuity Owner.  
That the beneficiary of the annuity at issue shall be the Annuitant's estate. The designated beneficiary may be changed by written request to the Company.  
That funds deposited in the annuity will not be available for 14 days.  
Any unpaid deductibles are the responsibility of the policyholder.  
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.

John Doe  
Annuitant's Signature

Signed City: ANYTOWN

Signed State: AR

Date Enrollment Form Signed (mm/dd/yyyy): 04 - 15 - 2008

**Agent:** To the best of your knowledge will this policy replace or change any existing life insurance or annuity?  Yes  No

Agent Last Name: AGENT Agent No.: 123456

Agent's Signature: Joe Agent



SERFF Tracking Number: AMLC-125684049 State: Arkansas  
Filing Company: Liberty National Life Insurance Company State Tracking Number: 39287  
Company Tracking Number: LSFMS  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Reserve Fund Annuity  
Project Name/Number: Reserve Fund Annuity/LSFMS

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 06/05/2008  
**Comments:**  
Certification Attached  
**Attachment:**  
Certification.pdf

**Review Status:**  
**Satisfied -Name:** Application 06/05/2008  
**Comments:**  
Application attached in form schedule section for approval with this filing

**Review Status:**  
**Satisfied -Name:** Statement of variability 06/11/2008  
**Comments:**  
Statement of variability details information that may be included in policy where bracketed.  
**Attachment:**  
SOV LSFMS.pdf

ARKANSAS

COMPANY NAME: LIBERTY NATIONAL LIFE INSURANCE COMPANY

RE: LSFMS

I hereby certify that I have reviewed the filing being submitted and find, to the best of my knowledge and belief, that each form is consistent and complies with the requirements of the Standard Valuation and Nonforfeiture Laws as outlined in Arkansas Regulation 19s10B.

I further certify that I am duly authorized to execute this certification on behalf of the Company.

05/20/ 2008  
Date



Michael J. Gaisbauer, Vice President

C-AR1

# Statement of Variability

## Liberty National Life Form LSFMS

### 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)

Currently, intend to offer at 65 to 90 (but may expand to 0 to 90)

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 inforce 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 will earn the additional interest rate as shown below. The rate on any additional deposit will be guaranteed until the policy anniversary date. Thereafter, new additional interest rates for premiums in your account will be declared not more frequently than once in a twelve month period."

Additional interest rate credited:

Guarantee Period: Policy Year Range for additional interest (declared at issue): Policy Year 1, 2, 3, ... up to Policy Year 10

Additional Interest Rate Range: 0.00% to 10.00%

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

#### Net Premium Allocated to cash value

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

#### 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 values shown for following scenarios:

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