

SERFF Tracking Number: BFLI-125617165 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 38769
Company Tracking Number: AR B 1027 PRF AP2008
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Life Insurance
Project Name/Number: /

Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Application for Life Insurance SERFF Tr Num: BFLI-125617165 State: ArkansasLH
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 38769
Sub-TOI: L08.000 Life - Other Co Tr Num: AR B 1027 PRF State Status: Approved-Closed
AP2008
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Jill Jones, Tina Cunningham Disposition Date: 04/28/2008
Date Submitted: 04/22/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filed via SERFF in
Georgia 04-21-2008
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/28/2008
State Status Changed: 04/28/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

This application will be used to solicit various life insurance products that have been or will have been previously approved by your department; a representative sample of the products to be offered is shown in the selection area. Solicitation will be performed by personally producing, licensed and contracted agents and brokers.

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 Product Name: Application for Life Insurance
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Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$50.00	04/22/2008	19804417

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/28/2008	04/28/2008

SERFF Tracking Number: BFLI-125617165 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Life Insurance
Project Name/Number: /

Disposition

Disposition Date: 04/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BFLI-125617165 State: Arkansas
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 38769
 Company Tracking Number: AR B 1027 PRF AP2008
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Application for Life Insurance
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Application for Life Insurance		Yes
Form	Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: B 1027 PRF AP2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B 1027 PRF AP2008	Application/ Enrollment Form	Application for Life Insurance	Initial		54	B 1027 PRF AP2008 john doe.pdf
	B 1027 STND AP2008	Application/ Enrollment Form	Application for Life Insurance	Initial		59	B 1027 STND AP2008 john doe.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P. O. Box 105146, Atlanta, GA 30348-5146

APPLICATION FOR LIFE INSURANCE PREFERRED UNDERWRITING CLASS

PLEASE PRINT

Agent/Broker Name <u>Joe Agent</u>	Agent # <u>00001</u>
---------------------------------------	-------------------------

Proposed Insured <u>John D. Doe</u>		Social Security No. <u>0000000001</u>		Sex <u>M</u>	Place (State) of Birth <u>GA</u>	Age <u>50</u> <u>01</u> <u>01</u> <u>58</u>			Height & Weight <u>6</u> <u>2</u> <u>180</u>			
Residence Address (Street or Route & Box No.) <u>#1 Main St</u>				City <u>City</u>	County <u>County</u>	State <u>ST</u>	Zip Code <u>30000-0000</u>					
Telephone Number <u>(404) 123-4567</u>	Best Time to Call: <u>8</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Proposed Insured E-mail Address: <u>jddoe@email.com</u>				Mail Policy To: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Agent					

PRINT—To whom should premium notices be sent? Same address as Proposed Insured, or:

Payor name _____ Phone number () _____

Complete Address: _____

SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

LIFE INSURANCE <input checked="" type="checkbox"/> Level Whole Life <input type="checkbox"/> Endowment at Age 100 Requested Face Amount: \$ <u>25,000</u> Automatic Premium Loan: ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>*Includes Accelerated Death Benefit Rider and Waiver of Premium Rider.** **Waiver of Premium not available in Kansas</small>	PREMIUM MODE: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft* <input type="checkbox"/> Monthly Credit Card* *Requested Draft Date _____	PREMIUM CLASS: <input checked="" type="checkbox"/> Non-Tobacco* <input type="checkbox"/> Tobacco <small>*Has not used any tobacco product in the last 3 years.</small>	MODAL PREMIUM COMPUTATION: Total Amount Paid \$ <u>xxx xx</u> <input checked="" type="checkbox"/> Check/money order included. <input type="checkbox"/> Charge credit card for initial premium <input type="checkbox"/> Draft initial premium* *Initial premium draft _____
	REQUESTED EFFECTIVE DATE: <u>05-01-08</u>	BILLING TYPE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family* <small>*Complete Family Billing Form B 0129 FB/LB</small>	

IF THE ANSWER TO ANY PART OF QUESTION 1, 2 OR 3 IS "YES," COVERAGE IS NOT AVAILABLE.

- In the last 5 years, has the Proposed Insured had or been medically diagnosed with or treated for:
 - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? Yes No
 - any lipidosis, including Gaucher's or Tay-Sachs or Wolman's? Yes No
- In the past year, has the Proposed Insured been:
 - confined to a hospital 2 or more times or to a nursing facility or to a wheelchair or receiving home health care or assistance with normal activities of daily living, such as dressing, bathing, eating, transferring or toileting? Yes No
 - medically advised to have surgery or treatment or hospital/nursing facility confinement and not done so? Yes No
- In the last 3 years has the Proposed Insured had, been medically diagnosed with or treated for:
 - heart attack, stroke of any kind, congestive heart failure or surgery for transplanting any organ or tissue (excluding corneal transplants) or amputation due to disease? Yes No
 - emphysema, chronic obstructive pulmonary disease (COPD), or used supplemental oxygen, inhalers or puffers for any of these conditions? Yes No
 - kidney/renal failure, cirrhosis, liver disease, or hepatitis (excluding Type A)? Yes No
 - internal cancer, leukemia, malignant melanoma or Hodgkin's disease? Yes No
 - Alzheimer's disease, dementia, organic brain syndrome, schizophrenia or psychotic disorder, alcoholism or drug addiction or diabetes requiring insulin? Yes No
 - Parkinson's or Huntington's disease, Multiple Sclerosis, Muscular Dystrophy, Lou Gehrig's disease (ALS), Systemic Lupus or sickle cell anemia? Yes No

4. List all prescription drugs the Proposed Insured is currently taking or has been medically advised to take:
(If "None," so state; if additional space is needed attach separate page and have Proposed Insured sign and date.)

Medication	Amount	Condition for Which Prescribed	Currently Taking?
<u>NONE</u>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5. Please provide complete name, address and telephone number of the Proposed Insured's primary care physician:

Physician's name: Dr. Bob Physician Telephone number 404-234-5678

Physician's address: #1 Doctors Ave, City ST 30000

(Application continued on reverse side)

6. Is the Proposed Insured a legal citizen of the United States or its possessions? Yes No
 If "No," is the Proposed Insured a Permanent Resident? Yes No If "No," coverage is not available.
 If "Yes," provide the following information as shown on the Permanent Resident Card:

I.N.S. # _____ CATEGORY _____ RESIDENT SINCE _____ CARD EXPIRES _____

7. (a) Does the Proposed Insured currently have any life insurance policies or annuities in force or pending? Yes No
 (b) Will any life insurance or annuities be replaced with this policy of level whole life insurance? Yes No
 If "Yes," which company? _____ Policy No _____

8. Name of Primary Beneficiary(ies)	Relationship	Social Security No. (if known)	Address	Telephone No.
Jane D. Doe	wife	000-00-0002	Same	Same
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (if known)	Address	Telephone No.
John D. Doe Jr.	son	000-00-0003	Same	Same
Name of Payor (if other than Insured)	Relationship	Social Security No. (if known)	Address	Telephone No.
Name of Owner (if other than Insured)	Relationship	Social Security No. (if known)	Address	Telephone No.

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

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

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

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

Dated at City ST, on 01-21-08 X John D. Doe
(City and State) (Month, Day, Year) Proposed Insured's signature. Please read item 9 before signing.

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

Is any of this insurance being purchased to replace or change any existing life insurance? Yes No

Complete Replacement Notice(s) as required.

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

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

I certify that I have independently verified the Proposed Insureds identity as required by the USA Patriot Act (PL 107-56) by viewing or through a U.S. Federal or state government-issued photo I.D.:

Drivers License Passport Government-issued identification card Other _____

Dated at City ST, on 01-21-08 X Joe Agent 00001
City and State Month, Day, Year Agent's signature Agent's number

X _____
Co-signature (if required)

WRITING AGENT COMPLETE

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P. O. Box 105146, Atlanta, GA 30348-5146

APPLICATION FOR LIFE INSURANCE STANDARD UNDERWRITING CLASS

PLEASE PRINT

Agent/Broker Name <u>Joe Agent</u>	Agent # <u>00001</u>
---------------------------------------	-------------------------

Proposed Insured <u>John D. Doe</u>		Social Security No. <u>0000000001</u>		Sex <u>M</u>	Place (State) of Birth <u>GA</u>	Age <u>50</u> Mo. <u>01</u> Day <u>01</u> Yr. <u>58</u>			Height & Weight Ft. <u>6</u> In. <u>2</u> Lbs. <u>180</u>		
Residence Address (Street or Route & Box No.) <u>#1 Main St</u>				City <u>City</u>	County <u>County</u>	State <u>ST</u>	Zip Code <u>30000-0000</u>				
Telephone Number <u>(404) 123-4567</u>		Best Time to Call: <u>8</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Proposed Insured E-mail Address: <u>jddoe@email.com</u>				Mail Policy To: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Agent			

PRINT—To whom should premium notices be sent? Same address as Proposed Insured, or:

Payor name _____ Phone number () _____
Complete Address: _____

SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

LIFE INSURANCE*: <input checked="" type="checkbox"/> Level Whole Life* <input type="checkbox"/> Modified Whole Life** Requested Face Amount: \$ <u>25,000</u> Automatic Premium Loan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Includes Accelerated Death Benefit Rider and Waiver of Premium Rider.† **Not available in AR, KS, MD, MO, NE, NC, ND, SD, TX, WA, WV or WI. †Waiver of Premium not available in Kansas;	PREMIUM MODE: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft* <input type="checkbox"/> Monthly Credit Card* *Requested Draft Date _____ REQUESTED EFFECTIVE DATE: <u>05.01.08</u>	PREMIUM CLASS: MODAL PREMIUM COMPUTATION: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family* *Complete Family Billing Form B 0129 FB/LB Total Amount Paid \$ <u>2222</u> <input checked="" type="checkbox"/> Check/money order included. <input type="checkbox"/> Charge credit card for initial premium. <input type="checkbox"/> Draft initial premium* *Initial premium draft _____
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IF THE ANSWER TO ANY PART OF QUESTION 1 OR 2 IS "YES," COVERAGE IS NOT AVAILABLE.

- In the last 5 years, has the Proposed Insured had or been medically diagnosed with or treated for:
 - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? Yes No
 - any lipidosis, including Gaucher's or Tay-Sachs or Wolman's? Yes No
- In the past year, has the Proposed Insured been:
 - confined to a hospital 3 or more times or to a nursing facility or to a wheelchair or receiving home health care or assistance with normal activities of daily living, such as dressing, bathing, eating, transferring or toileting? Yes No
 - medically advised to have surgery or treatment or hospital/nursing facility confinement and not done so? Yes No

IF THE ANSWER TO ANY PART OF QUESTION 3 IS "YES," LEVEL WHOLE LIFE IS NOT AVAILABLE. ONLY THE MODIFIED WHOLE LIFE* MAY BE AVAILABLE. *Not available in AR, KS, MD, MO, NE, NC, ND, SD, TX, WA, WV or WI.

- In the last 2 years has the Proposed Insured had, been medically diagnosed with or treated for:
 - heart attack, stroke (excluding Transient ischemic attack (TIA) or mini stroke), congestive heart failure or surgery for transplanting any organ or tissue (excluding corneal transplants) or amputation due to disease? Yes No
 - emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or used supplemental oxygen, inhalers or puffers for any of these conditions? Yes No
 - kidney/renal failure, cirrhosis, liver disease, or hepatitis (excluding Type A)? Yes No
 - internal cancer, leukemia, malignant melanoma or Hodgkin's disease? Yes No
 - Alzheimer's disease, dementia, organic brain syndrome, schizophrenia or psychotic disorder, alcoholism or drug addiction? Yes No
 - Parkinson's or Huntington's disease, Multiple Sclerosis, Muscular Dystrophy, Lou Gehrig's disease (ALS), Systemic Lupus or sickle cell anemia? Yes No
 - diabetic coma, insulin shock or taking 70 or more units of insulin daily? Yes No

(Application continued on reverse side)

4. Is the Proposed Insured a legal citizen of the United States or its possessions? Yes No
 If "No," is the Proposed Insured a Permanent Resident? Yes No **If "No," coverage is not available.**
 If "Yes," provide the following information as shown on the Permanent Resident Card:

I.N.S. # _____ CATEGORY _____ RESIDENT SINCE _____ CARD EXPIRES _____

5. (a) Does the Proposed Insured currently have any life insurance policies or annuities in force or pending? Yes No
 (b) Will any life insurance or annuities be replaced with this policy of level whole life insurance? Yes No
 If "Yes," which company? _____ Policy No _____

6. Name of Primary Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.
Jane D. Doe	wife	000-00-0002	Same	Same
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.
John D. Doe Jr.	son	000-00-0003	Same	Same
Name of Payor (If other than Insured)	Relationship	Social Security No. (If known)	Address	Telephone No.
Name of Owner (If other than Insured)	Relationship	Social Security No. (If known)	Address	Telephone No.

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

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

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

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

Dated at City ST, on 04-21-08 X John Doe
 (City and State) (Month, Day, Year) Proposed Insured's signature. Please read item 7 before signing.

X _____ X _____ X Joe Agent 00001
 Owner-Life only (if other than Proposed Insured) Applicant (if other than Proposed Insured) Agent's signature Agent's number

Is any of this insurance being purchased to replace or change any existing life insurance? Yes No

Complete Replacement Notice(s) as required.

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

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

I certify that I have independently verified the Proposed Insureds identity as required by the USA Patriot Act (PL 107-56) by viewing or through a U.S. Federal or state government-issued photo I.D.:

Drivers License Passport Government-issued identification card Other _____

Dated at City ST, on 04-21-08 X Joe Agent 00001
 City and State Month, Day, Year Agent's signature Agent's number

X _____
 Co-signature (if required)

WRITING AGENT COMPLETE

SERFF Tracking Number: *BFLI-125617165* *State:* *Arkansas*
Filing Company: *Bankers Fidelity Life Insurance Company* *State Tracking Number:* *38769*
Company Tracking Number: *AR B 1027 PRF AP2008*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Application for Life Insurance*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BFLI-125617165 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 38769
Company Tracking Number: AR B 1027 PRF AP2008
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Life Insurance
Project Name/Number: /

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 04/21/2008
Comments:
Attachment:
B 1027 STND PRF AP2008 Flesch Certificate.pdf

Review Status:
Bypassed -Name: Application 04/21/2008
Bypass Reason: N/A this filing is for a application not a policy.
Comments:

Review Status:
Satisfied -Name: Cover Letter 04/22/2008
Comments:
Attachment:
AR B 1027 PRF AP2008 cvr ltr 04-22-08pdf.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY
Atlanta, Georgia

FLESCH SCORE CERTIFICATION

B 1027 STND AP2008 – Application

Words: 288
Sentences: 20
Syllables: 453
Score: 59.15

B 1027 PRF AP2008 – Application

Words: 313
Sentences: 21
Syllables: 510
Score: 53.86

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



Sharon A. Busch
Vice President, Legal/Compliance

April 21, 2008
Date



April 22, 2008

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

RE: Bankers Fidelity Life Insurance Company NAIC # 587-61239 FEIN # 58-0658963
New Forms: B 1027 PRF AP2008 - Application for Life Insurance - Preferred Underwriting
B 1027 STND AP2008 - Application for Life Insurance - Standard Underwriting

Dear r. Musgrove:

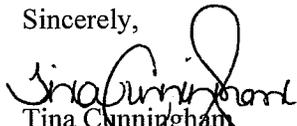
The enclosed forms are being submitted to your department for formal review and approval and will replace the following previously approved forms as indicated:

<u>New Form</u>	<u>Replaced Form</u>	<u>Approval Date</u>
B 1027 PRF AP2008	B 1027 PRF AP2005	11-15-2005
B 1027 STND AP2008	B 1027 STND AP2005	11-15-2005

This application will be used to solicit various life insurance products that have been or will have been previously approved by your department; a representative sample of the products to be offered is shown in the selection area. Solicitation will be performed by personally producing, licensed and contracted agents and brokers.

Thank you for your time in review of this filing. If you have any questions, or need additional information, please contact me at: direct 404-266-5723; toll-free 1-800-241-1439, ext. 5723; fax 404-926-4092 or email tcunningham@atlam.com.

Sincerely,


Tina Cunningham
Compliance Analyst I
Legal/Compliance