

<i>SERFF Tracking Number:</i>	<i>HULI-125673885</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Annuity & Life Reassurance America, Inc.</i>	<i>State Tracking Number:</i>	<i>39161</i>
<i>Company Tracking Number:</i>	<i>AL-TL-POL101</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life to Age 65 with Specified Period</i>		
<i>Project Name/Number:</i>	<i>LS 3/5/AL-TL-POL101</i>		

Filing at a Glance

Company: Annuity & Life Reassurance America, Inc.

Product Name: Term Life to Age 65 with Specified Period
 SERFF Tr Num: HULI-125673885 State: ArkansasLH

TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 39161
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life	Co Tr Num: AL-TL-POL101	State Status: Approved-Closed
Filing Type: Form	Co Status: Submitted	Reviewer(s): Linda Bird
	Author: Kim Hiar	Disposition Date: 06/04/2008
	Date Submitted: 05/31/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: LS 3/5
 Project Number: AL-TL-POL101
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 06/04/2008
 State Status Changed: 06/04/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Deemer Date:

This filing is a new modified term life insurance product. It is a unique alternative to the traditional lump-sum term benefit products. The applicant elects a monthly benefit amount based on their current salary which is payable for a specified period of time, ranging from 3 to 10 years.

We would like to use the following forms along with this new product. They have been previously filed and approved for

<i>SERFF Tracking Number:</i>	<i>HULI-125673885</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AL-TL-POL101</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life to Age 65 with Specified Period</i>		
<i>Project Name/Number:</i>	<i>LS 3/5/AL-TL-POL101</i>		

use in Arkansas under SERFF Tracking Number HULI-125571367:

1. AL-TL-AMD400 – Amendment
2. AL-TL-REP100A – Replacement Appendix B
3. AL-TL-REP200A – Replacement Appendix C
4. AL-TL-APP100A – Application Overflow
5. AL-TL-APP300 – Reinstatement Application

The plan will be marketed under the product name, SalaryShield Enhanced. This plan will be marketed through a direct-response distribution system, including mail, radio and television. The applicant is given the option to return a completed application or call the service center to complete the application via telephone. The applicant is also able to access the application via the Internet and submit a completed application using an electronic signature.

Company and Contact

Filing Contact Information

Kim Hiar, Compliance Manager	kimberly.hiar@heritageunion.com
1805 Monument Avenue	(804) 212-2818 [Phone]
Richmond, VA 23220	(804) 213-0051[FAX]

Filing Company Information

Annuity & Life Reassurance America, Inc.	CoCode: 62421	State of Domicile: Connecticut
1805 Monument Avenue	Group Code: 181	Company Type: Life & Health Insurer
Suite 201		
Richmond, VA 23220	Group Name:	State ID Number: 2058
(804) 212-2818 ext. [Phone]	FEIN Number: 41-0880965	

Filing Fees

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

SERFF Tracking Number: HULI-125673885 *State:* Arkansas
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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Annuity & Life Reassurance America, Inc.	\$50.00	05/31/2008	20606888

SERFF Tracking Number: HULI-125673885 State: Arkansas
Filing Company: Annuity & Life Reassurance America, Inc. State Tracking Number: 39161
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TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life to Age 65 with Specified Period
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/04/2008	06/04/2008

SERFF Tracking Number: HULI-125673885 *State:* Arkansas
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TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
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Product Name: Term Life to Age 65 with Specified Period
Project Name/Number: LS 3/5/AL-TL-POL101

Disposition

Disposition Date: 06/04/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HULI-125673885 State: Arkansas
 Filing Company: Annuity & Life Reassurance America, Inc. State Tracking Number: 39161
 Company Tracking Number: AL-TL-POL101
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variables		Yes
Form	Term Life to Age 65 with Specified Period		Yes
Form	Policy Schedule		Yes
Form	Application		Yes
Form	Cost & Benefit Statement		Yes

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Form Schedule

Lead Form Number: AL-TL-POL101B-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AL-TL-POL101B-AR	Policy/Contract	Term Life to Age 65 with Specified Period Certificate	Initial		48	AL-TL-POL101B-AR LS 3_5 Policy Form.pdf
	AL-TL-SCH101A	Schedule	Policy Schedule Pages	Initial		44	AL-TL-SCH101B-AR Policy Schedule.pdf
	AL-TL-APP101A	Application/Enrollment Form	Application Enrollment Form	Initial		45	AL-TL-APP101A Application 3-24.pdf
	AL-TL-CBS101A	Other	Cost & Benefit Statement	Initial		44	AL-TL-CBS101A Cost Benefit Statement.pdf

ANNUITY & LIFE REASSURANCE AMERICA, INC.
Executive Office: 1805 Monument Avenue, Suite 201, Richmond, Virginia 23220

We agree to pay the Policy Proceeds if the Insured dies before the Expiration Date while this policy is in force subject to all policy provisions. Payment will be made upon receipt at Our Administrative Office of due proof of the Insured's death that is satisfactory to Us.

This policy is issued in consideration of the application and payment of the first premium. While the Insured is alive, premiums must be paid as shown on the Policy Schedule until the Expiration Date.

THIS IS A LEGAL CONTRACT – READ IT CAREFULLY

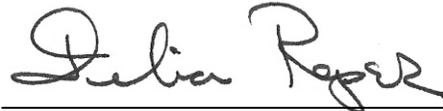
IMPORTANT NOTICE – RIGHT TO CANCEL

This policy may be cancelled within 30 days after You receive it by returning it to Our Administrative Office, or by mailing or returning it to the agent from whom it was purchased, if any. We will return all payments made for this policy and cancel the policy as of the Policy Date.

Issued and signed for Annuity & Life Reassurance America, Inc.,
a Connecticut domestic life insurance company



[Philip Walker]
CEO



[Julia Roper]
President

**LEVEL PREMIUM
TERM LIFE INSURANCE TO AGE 65
PREMIUMS PAYABLE TO EXPIRATION DATE
POLICY PROCEEDS PAYABLE FOR SPECIFIED PERIOD UPON DEATH
BEFORE EXPIRATION DATE
NON-PARTICIPATING NON-CONVERTIBLE**

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Copies of applications, endorsements and/or riders.

Policy Schedule

Owner: [Jane Doe]

Policy Date: [April 23, 2007]

Insured: [John Doe]

Insured's Policy Issue Age: [34]

Policy Number: [1234567890]

Specified Period: [3 Years]

Sex: [M]

Expiration Date: [April 23, 2038]

Premium Class: [Standard, Non-Smoker]

Mode of Premium Payment: [Monthly]

Premium[*]: [\$5.88]

*[*Includes \$75.00 Annual Policy Fee]*

Benefit Amount

[\$500.00] Per Month until the end of the Specified Period as shown above.

Base Policy Modal Premium

Modes of Premium Payment Are Shown Below:

	<u>Per Mode Premium</u>	<u>Total Yearly Premium</u>
Annual	\$[70.56]	[70.56]
Semi-Annual	\$[35.28]	[70.56]
Quarterly	\$[17.64]	[70.56]
Monthly	\$[5.88]	[70.56]

Please contact our Administrative Office for questions or information regarding your policy.

Annuity & Life Reassurance America, Inc. Service Center
[P.O. Box 1439
Deerfield, IL 60015-1439]
[TOLL FREE – 866-893-6771]

If We fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
400 University Tower Building
Little Rock, AR 72204
(501) 371-1811

Please direct your inquiries as to this bulletin to the Legal Division of this Department at (501) 371-2820

TABLE OF GUARANTEED SURRENDER VALUES

<u>END OF POLICY YEAR</u>	<u>CASH VALUE</u>	<u>EXTENDED TERM INSURANCE</u>	
		MONTHS	DAYS
1	\$[0.00]	[0]	[0]
2	\$[0.00]	[0]	[0]
3	\$[0.00]	[0]	[0]
4	\$[0.00]	[0]	[0]
5	\$[2.98]	[1]	[18]
6	\$[50.20]	[24]	[12]
7	\$[97.83]	[42]	[1]
8	\$[146.24]	[55]	[13]
9	\$[195.15]	[66]	[21]
10	\$[243.93]	[76]	[16]
11	\$[291.76]	[84]	[12]
12	\$[337.79]	[89]	[25]
13	\$[381.46]	[92]	[28]
14	\$[422.67]	[94]	[1]
15	\$[461.80]	[93]	[15]
16	\$[499.08]	[91]	[24]
17	\$[533.96]	[89]	[7]
18	\$[565.82]	[86]	[4]
19	\$[593.56]	[82]	[10]
20	\$[615.98]	[77]	[29]
AGE 60	\$[560.25]	[41]	[21]
AGE 65	\$[0.00]	[0]	[0]

The above values are greater than or equal to the minimum values calculated according to the Standard Nonforfeiture Law. We calculate all cash values and premiums by using:

1. 2001 CSO age last birthday, select and ultimate, gender-distinct, smoker-distinct mortality table;
2. age last birthday;
3. guaranteed interest rate of 5%.

SECTION 1 – DEFINITIONS

Administrative Office – means the office located at the address shown on the Policy Schedule.

Assign – means to transfer Your rights as the Owner of this policy. If You transfer all of Your rights irrevocably, the Assignment is absolute. If You transfer all or some of Your rights as the Owner of this policy as security for a loan, but on the condition that they return to You once the debt is paid, then the Assignment is collateral.

Beneficiary – means the person(s) or entity designated to receive Policy Proceeds at the time of the Insured's death.

Discount Rate – is the interest rate used to determine the present value of a stream of policy payments.

Endorsement or Rider – is a form which amends this policy or which provides additional benefits. When an Endorsement or Rider is attached to this policy it becomes a part of this policy and is subject to all of the policy terms unless We state otherwise in the Endorsement or Rider.

Expiration Date – is the date on which the insurance coverage under this policy ends. The Expiration Date is shown on the Policy Schedule.

Grace Period – is the period after a Premium Due Date during which We will accept premiums to keep the policy in force.

He – is used to mean “he” or “she.”

His – is used to mean “his” or “hers.”

Insured – is the person whose life is covered under this policy.

Owner – is the person who may exercise the rights of this policy.

Policy Anniversary – is the same day and month as the Policy Date for each subsequent year this policy is in force.

Policy Anniversary Age – is the Insured's age on his or her last birthday prior to the Policy Anniversary.

Policy Date – is the date on which this policy is issued and the insurance coverage becomes effective.

Policy Issue Age – is the Insured's age on his or her last birthday prior to the Policy Date.

Policy Months and Policy Years – refer to the months and years during which this policy is in force. Policy Months and Policy Years are measured from the Policy Date.

Policy Proceeds – is the amount payable to the Beneficiary upon due proof of the Insured's death that is satisfactory to Us.

Premium Due Date – is the date premiums, other than the first, must be paid. If the annual mode of premium payment is chosen, the Premium Due Dates are the Policy Anniversaries. If a monthly, quarterly, or semi-annual mode of premium payment is chosen, the Premium Due Dates are, respectively, every 1 month, 3 months, or 6 months from the Policy Date. The first Premium Due Date is measured from the Policy Date. All following Premium Due Dates are measured from the immediately preceding Premium Due Date.

Specified Period – is the period of time in which Policy Proceeds are payable upon death of the Insured while this policy is in force.

We, Us, Our, Ours – means Annuity & Life Reassurance America, Inc.

Written Notice – means a written form satisfactory to Us and received by Us at Our Administrative Office.

You, Your, Yours – means the Owner.

SECTION 2 – GENERAL PROVISIONS

ENTIRE CONTRACT – The entire contract consists of this policy, Endorsements or Riders, if any, the attached written application and supplemental written application(s), if any. Any statement made in any such written application, in the absence of fraud, is deemed a representation and not a warranty. We will not use any statement made by the Insured, or on his behalf, to challenge a claim under this policy unless it is contained in a written application.

CHANGES TO CONTRACT – This policy may be changed only if the change is approved in writing by Our President and Secretary.

INCONTESTABILITY – We cannot contest this policy, except for non-payment of premiums, after it has been in force during the Insured's lifetime for two years from the Policy Date or, if reinstated, for two years from the date of reinstatement. Reinstatements may be contested based on material misrepresentations only with respect to statements made in the application for reinstatement.

SUICIDE – If the Insured commits suicide, while sane or insane, within two years from the Policy Date, Our liability is limited to an amount equal to the total premiums paid. We will pay this amount to the Beneficiary in one sum.

MISSTATEMENT OF AGE – If the age of the Insured has been misstated, We will adjust the Policy Proceeds to the amount which the premiums paid would have purchased at the correct age.

NON-PARTICIPATING – This policy is not entitled to share in Our profits or surplus.

CONFORMITY WITH STATE STATUTES – Any provision of this policy, which on the Policy Date is in conflict with the statutes of the state in which the Insured resides on such date, is hereby amended to conform to the minimum requirements of such statutes.

TERMINATION – This policy will terminate and all coverage on the Insured's life shall end on the earliest of the following dates or events:

1. The Expiration Date, as set out on the Policy Schedule; or
2. The date the policy terminates, as set out in the Grace Period provision; or
3. The date We receive Your Written Notice to surrender Your policy; or
4. The date of the Insured's death.

SECTION 3 – PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUMS – Each premium must be paid to Us at Our Administrative Office on or before its Premium Due Date. You may change the mode of premium payment, by providing Written Notice satisfactory to Us. You may change to any mode of premium payment being offered by Us at the time of Written Notice.

GRACE PERIOD – Any premium, other than the first, which is not paid by the Premium Due Date must be paid and received by Us within 31 days after its Premium Due Date. The policy stays in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct the unpaid premium from the Policy Proceeds. If the premium remains unpaid at the end of the Grace Period, this policy will terminate as of the unpaid Premium Due Date.

REINSTATEMENT – This policy may be reinstated, during the lifetime of the Insured within 15 days after the end of the Grace Period by payment of the unpaid premium.

This policy may also be reinstated following the 15 day period after the end of the Grace Period. Such reinstatement must be made during the lifetime of the Insured and within 5 years after the Premium Due Date of the unpaid premium. For such reinstatement We require and must receive:

1. Written application for reinstatement satisfactory to Us;
2. Evidence of insurability satisfactory to Us; and
3. Payment of all past due premiums with interest at 6% per year compounded annually to the date of reinstatement.

The reinstated policy will be in force from the date We approve the reinstatement application.

SECTION 4 – NONFORFEITURE OPTIONS

You may surrender this policy for one of the nonforfeiture options described below. We must receive a written request for surrender before the Insured's death and not later than 60 days after the due date of an unpaid premium.

NONFORFEITURE OPTIONS – If this policy has cash value, You have the following options:

1. **Surrender for Cash** – The cash value of this policy when all premiums have been paid, is the cash value shown on the Table of Guaranteed Surrender Values for the period the policy has been in force. You may elect to have this value paid to You in one lump sum. We may defer payment of any cash value for not more than 6 months from the date We receive the request. If payment is deferred for 30 or more days, interest at the rate required by the state in which this policy is delivered will be paid during the period of deferment.
2. **Extended Term Insurance** – You may elect to have the cash value of this policy applied to continue the full coverage amount under this policy for as long a term as the cash value can provide when applied as a single premium at the Insured's attained age.

AUTOMATIC OPTION - If You do not elect an option within 60 days as described above, this policy will continue as Extended Term Insurance.

SECTION 5– OWNERSHIP AND BENEFICIARY

OWNER'S RIGHTS - You may without the Beneficiary's consent:

- Receive any benefit, exercise any right and use any privilege granted by the policy;
- Transfer ownership of the policy;
- Change any revocable Beneficiary during the Insured's lifetime; or
- Agree with Us to any change or amendment of the policy.

If You die while the Insured is alive, ownership will pass to Your estate.

CHANGE OF OWNER – On the Policy Date the Owner is as shown on the Policy Schedule. You may change the Owner by sending Us Written Notice. We must receive Written Notice informing Us of the change. The change will take effect as of the date the Written Notice was signed. However, We are not liable for any payment made by Us before We record the Written Notice.

ASSIGNMENT – You may Assign this policy. We are bound by an Assignment only if We receive a duplicate of the original Assignment at Our Administrative Office. We are not liable for any payment made by Us before We record the Assignment. We are not responsible for the validity of any Assignment.

You may revoke any Assignment prior to its effective date provided We receive Written Notice of revocation satisfactory to Us before the Assignment is recorded by Us.

An Assignment will not change or revoke the Beneficiary designation in effect at the time the Assignment is made. If an Assignment is absolute, Your rights and privileges, including any right to change the Beneficiary, vest in the Assignee. If any Assignment is collateral, the collateral Assignee has priority over the interest of any revocable Beneficiary or revocable payee.

BENEFICIARY – On the Policy Date, the Beneficiary is as stated in the application. If no Beneficiary is designated or if all named Beneficiaries are deceased at the time of the Insured's Death, You will become the Beneficiary, if living, otherwise Your estate will.

CHANGE OF BENEFICIARY – You may change a revocable Beneficiary. We must receive Written Notice satisfactory to Us informing Us of the change. The change will take effect as of the date the Written Notice was signed. However, We are not liable for any payment made by Us before We record the Written Notice.

If the Beneficiary designation is irrevocable, it may only be changed by submitting a Written Notice to Us which has been signed by You and the irrevocable Beneficiary.

BENEFICIARY DEATH SIMULTANEOUS – Unless You have directed otherwise, if any Beneficiary dies at the same time as the Insured or within ten (10) days after the death of the Insured, benefits will be paid as if the Beneficiary predeceased the Insured unless it is proved otherwise to Our satisfaction.

SECTION 6 – POLICY PROCEEDS

PROCEEDS – If the Insured dies while this policy is in force, We will pay the Policy Proceeds to the Beneficiary when We receive due proof of the Insured's death satisfactory to Us. We may require return of this policy.

The Policy Proceeds will consist of:

- The Benefit Amount as shown on the Policy Schedule; plus
- Benefits provided by Endorsement or Rider, if any, which are payable on the Insured's death; plus
- An amount equal to the premium already paid to Us for each Policy Month following the Policy Month of the Insured's death. We will not pay this amount if We are waiving premiums for this policy under a Rider or Endorsement.

If the Insured dies during the Grace Period, We will deduct the unpaid premium from the Policy Proceeds for the Policy Month in which the Insured dies.

The Policy Proceeds will be paid in monthly installments unless the Beneficiary elects to receive a lump sum or there is no Beneficiary designation in effect. If the Beneficiary elects a lump sum, we must receive a Written Notice of such election before any monthly installments have been paid. If there is no Beneficiary designation in effect, We will pay a lump-sum benefit amount to You, if living, otherwise to Your estate.

The lump-sum benefit amount is a one-time payment of the present value of the remaining monthly installments of Policy Proceeds.

If the Beneficiary survives the Insured but dies prior to all monthly installments of Policy Proceeds having been paid to such Beneficiary, the present value of the remaining unpaid monthly installments of the Policy Proceeds will be paid to the Beneficiary's estate in a lump-sum amount in lieu of future monthly installments of the Policy Proceeds.

The present value is determined by discounting each monthly installment of Policy Proceeds from the date it would have been paid to the date of the Insured's death. The Discount Rate is determined by Us, but not to exceed the 30-year Treasury rate (CMT), plus 6%.

If the Policy Proceeds are not paid within 30 days of Our receipt of due proof of death, We will pay interest at the rate required by law in the state in which this policy is delivered from the date of death until the date of the first payment.

Any payment is subject to the terms of this policy.

PROTECTION AGAINST CREDITORS - Policy Proceeds are exempt from the claims of creditors and from legal process to the extent permitted by law.

**LEVEL PREMIUM
TERM LIFE INSURANCE TO AGE 65
PREMIUMS PAYABLE TO EXPIRATION DATE
POLICY PROCEEDS PAYABLE FOR SPECIFIED PERIOD UPON DEATH
BEFORE EXPIRATION DATE
NON-PARTICIPATING NON-CONVERTIBLE**

Policy Schedule

Owner: [Jane Doe]

Policy Date: [April 23, 2007]

Insured: [John Doe]

Insured's Policy Issue Age: [34]

Policy Number: [1234567890]

Specified Period: [3 Years]

Sex: [M]

Expiration Date: [April 23, 2038]

Premium Class: [Standard, Non-Smoker]

Mode of Premium Payment: [Monthly]

Premium[*]: [\$5.88]

*[*Includes \$75.00 Annual Policy Fee]*

Benefit Amount

[\$500.00] Per Month until the end of the Specified Period as shown above.

Base Policy Modal Premium

Modes of Premium Payment Are Shown Below:

	<u>Per Mode Premium</u>	<u>Total Yearly Premium</u>
Annual	[\$70.56]	[70.56]
Semi-Annual	[\$35.28]	[70.56]
Quarterly	[\$17.64]	[70.56]
Monthly	[\$5.88]	[70.56]

Please contact our Administrative Office for questions or information regarding your policy.

Annuity & Life Reassurance America, Inc. Service Center
[P.O. Box 1439
Deerfield, IL 60015-1439]
[TOLL FREE – 866-893-6771]

If We fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
400 University Tower Building
Little Rock, AR 72204
(501) 371-1811

Please direct your inquiries as to this bulletin to the Legal Division of this Department at (501) 371-2820

TABLE OF GUARANTEED SURRENDER VALUES

<u>END OF POLICY YEAR</u>	<u>CASH VALUE</u>	<u>EXTENDED TERM INSURANCE</u>	
		<u>MONTHS</u>	<u>DAYS</u>
1	\$[0.00]	[0]	[0]
2	\$[0.00]	[0]	[0]
3	\$[0.00]	[0]	[0]
4	\$[0.00]	[0]	[0]
5	\$[2.98]	[1]	[18]
6	\$[50.20]	[24]	[12]
7	\$[97.83]	[42]	[1]
8	\$[146.24]	[55]	[13]
9	\$[195.15]	[66]	[21]
10	\$[243.93]	[76]	[16]
11	\$[291.76]	[84]	[12]
12	\$[337.79]	[89]	[25]
13	\$[381.46]	[92]	[28]
14	\$[422.67]	[94]	[1]
15	\$[461.80]	[93]	[15]
16	\$[499.08]	[91]	[24]
17	\$[533.96]	[89]	[7]
18	\$[565.82]	[86]	[4]
19	\$[593.56]	[82]	[10]
20	\$[615.98]	[77]	[29]
AGE 60	\$[560.25]	[41]	[21]
AGE 65	\$[0.00]	[0]	[0]

The above values are greater than or equal to the minimum values calculated according to the Standard Nonforfeiture Law. We calculate all cash values and premiums by using:

1. 2001 CSO age last birthday, select and ultimate, gender-distinct, smoker-distinct mortality table;
2. age last birthday;
3. guaranteed interest rate of 5%

SalaryShield®

Life Insurance Application

ANNUITY & LIFE REASSURANCE AMERICA, INC.
A Connecticut domestic company

Limit of one SalaryShield Enhanced Policy per individual.

You must complete all sections below

Amount of Monthly Coverage (check one)
 \$X,XXX < \$X,XXX < \$X,XXX >
Desired Payout Period (check one)
 3 Years 5 Years
Monthly Benefit Amount <\$X,XXX>

First Name MI

Last Name

SS# - -

Date of Birth / /
MM / DD / YYYY

Street

Male Female ft. in. lbs.
Height Weight

City State ZIP

Driver's License# State of Issue

Primary Phone ()

Birthplace
state or country

Email Address

Name of Beneficiary

Current Occupation

Relationship of Your Beneficiary to You

Annual Salary \$

Are you a citizen of the United States? Yes No
If no, do you have a permanent Visa/green card? Yes No

All questions must be completed

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. In the past ten years have you had or been treated for: | | |
| (a) Heart or circulatory disorder, stroke, heart attack, diabetes, cancer, tumor or melanoma? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) High blood pressure AND elevated cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Emphysema, sleep apnea or other respiratory or lung disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Hepatitis or other liver disorder, any kidney disorder, ulcerative colitis, Crohn's or other digestive disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Major depression, Alzheimer's, dementia, other nervous or mental disease or disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Anemia, leukemia, lymphoma, or other blood disorder, systemic lupus, other connective tissue disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Any neurological or muscular disease or disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Within the last 12 months have you been advised to have diagnostic testing or are you contemplating hospitalization or surgery for any condition mentioned above in 1(a)-1(g)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 7 years have you been treated for or advised to have treatment for drug or alcohol abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been treated for or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection or have you had test results indicating exposure to the AIDS virus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you used tobacco or any nicotine products within the last 36 months, including cigars? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past 3 years, have you been convicted of DUI/DWI, reckless driving, had your license revoked or had 2 or more moving violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you involved in the operation of an aircraft as a private pilot or involved in any hazardous sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you currently disabled or have you ever been disabled or ever made a claim or received benefits for disability as a result of sickness or injury for reasons other than maternity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the past 3 years, have you been refused life insurance or been offered or issued a modified or rated policy? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will the coverage applied for replace or change any existing or applied for life insurance or annuity? | <input type="checkbox"/> | <input type="checkbox"/> |

Agreement/Authorization to Obtain and Disclose Information

I have read all of the questions and answers on this application. All responses are true and complete to the best of my knowledge and belief. A copy of this application will be attached to and made a part of the insurance contract. Any insurance issued as a result of this application will not take effect until the full first premium is paid and a policy is delivered to and accepted by the Proposed Insured during his/her lifetime and while such person is in the state of health described in all parts of this application. I acknowledge receiving the "NOTIFICATION" regarding the MIB, Inc. and Fair Credit Reporting Act in the enclosed materials. For use in determining insurability, I authorize [any licensed physician, medical practitioner,] MIB, Inc., Pharmacy Benefit Manager, or consumer reporting agency [or other institution] that has any records or knowledge of the Proposed Insured's medical history to give any such information to Annuity & Life Reassurance America, its representatives, or reinsurers. This authorization is valid for 24 months from the date signed. A photocopy or facsimile of this authorization will be as valid as the original. I may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by the Company. I understand that I or any authorized representative will receive a copy of this authorization upon request. [I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association.] All applications are subject to underwriting approval. I authorize Annuity & Life Reassurance America to deduct from my bank account or charge my credit card for all premiums due.

Fraud Warning: 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. **CO Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **DC Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include, imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. **KY Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud. **PA Residents:** 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

_____ Signed at City	_____ State
X _____ Signature of Proposed Insured (required—do not print)	/ / _____ Today's Date (required)

SERFF Tracking Number: HULI-125673885 *State:* Arkansas
Filing Company: Annuity & Life Reassurance America, Inc. *State Tracking Number:* 39161
Company Tracking Number: AL-TL-POL101
TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Term Life to Age 65 with Specified Period
Project Name/Number: LS 3/5/AL-TL-POL101

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HULI-125673885 State: Arkansas
Filing Company: Annuity & Life Reassurance America, Inc. State Tracking Number: 39161
Company Tracking Number: AL-TL-POL101
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life to Age 65 with Specified Period
Project Name/Number: LS 3/5/AL-TL-POL101

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 05/31/2008
Comments:
Attachment:
Certification of Compliance.doc

Review Status:
Satisfied -Name: Application 05/31/2008
Comments:
The application to be used for this product is attached to the Form Schedule tab.

Review Status:
Satisfied -Name: Life & Annuity - Actuarial Memo 05/31/2008
Comments:
Attachment:
AL-TL-POL101B-AR Actuarial Memorandum.pdf

Review Status:
Satisfied -Name: Statement of Variables 05/31/2008
Comments:
Attachment:
STATEMENT OF VARIABLES for AL-TL-POL101A.pdf

SERFF Tracking Number: HULI-125673885 *State:* Arkansas
Filing Company: Annuity & Life Reassurance America, Inc. *State Tracking Number:* 39161
Company Tracking Number: AL-TL-POL101
TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life to Age 65 with Specified Period
Project Name/Number: LS 3/5/AL-TL-POL101

Attachment "Certification of Compliance.doc" is not a PDF document and cannot be reproduced here.

Annuity & Life Reassurance America, Inc.

Actuarial Memorandum

Term Life Insurance to Age 65

Policy Form AL-TL-POL101B-AR

This memorandum was prepared exclusively for company management and the state insurance department(s) to which the policy form is applicable. It is not intended to benefit any third party. We request confidentiality to the extent permissible by law.

Purpose

The purpose of this memorandum is to identify the basis used for reserves and to demonstrate that the policy form meets state minimum nonforfeiture requirements. It is not intended for other purposes.

General Description

This is a nonparticipating term life insurance policy that expires at age 65. The death benefit is level over the life of the policy and is payable monthly for a specified benefit payout period.

In lieu of monthly benefit payments, the beneficiary may elect to receive a lump sum benefit payment equal to the present value of the stream of monthly benefit payments using a discount rate determined by Annuity & Life Reassurance America, Inc. The discount rate is guaranteed not to exceed the 30-year U.S. Treasury Rate (Constant Maturity Treasury) by more than 6%.

Policies are issued from age 18 through 55. There are two risk classes: non-tobacco-user and tobacco-user. Premiums remain level over the entire term period and vary by issue age, gender, risk class and specified benefit payout period. Table ratings may also be applied.

Statutory Reserves

Statutory mean reserves are held as the greatest of:

- A. Statutory mean reserves calculated according to Sections 6(A) and 6(B) of the Valuation of Life Insurance Policies Model Regulation;
- B. One-half the tabular cost of insurance.

After death has occurred, a claim reserve will be held equal to the present value of future monthly death benefits yet to be paid.

Basic Reserves (Section 6(A))

Basic reserves are calculated using the Commissioners Reserve Valuation Method (CRVM) as described in the Standard Valuation Law and the 2001 CSO ALB, select and ultimate, gender-distinct, smoker-distinct, mortality table on a discounted continuous basis. Since the guaranteed gross premiums per thousand of face amount are level over the lifetime of the policy, unitary reserves equal segmented reserves.

The maximum valuation interest rate used for statutory reserves will be as prescribed by the Standard Valuation Law. The maximum valuation interest rate for life insurance with guarantee periods of more than 20 years, for 2008 issues, is 4.00%.

Mean reserves are calculated assuming an annual net premium equal to the continuous net premium discounted with interest only.

Statutory Reserve and Net Premium – Definitions

1. x = issue age
2. t = the number of completed policy years
3. b = monthly death benefit (1 unit = \$1,000 per month)
4. ${}_t p_x$ = probability of survival from age x to age $x+t$
5. q_{x+t} = probability of death at age $x+t$
6. z = the number of months in the benefit payout period
7. i = statutory valuation interest rate for life insurance with guarantee period of more than 20 years
8. v = interest discount factor
$$= 1 / (1 + i)$$
9. δ = force of interest
$$= \ln(1 + i)$$
10. $i_{(12)}$ = monthly statutory valuation interest rate for life insurance
$$= (1 + i)^{(1/12)} - 1$$
11. DB = interest only present value of monthly death benefits for benefit payout period of z months
$$= b * \ddot{a}_{z|i(12)}$$
12. $ELRA_x$ = equivalent level renewal amount for issue age x
$$= (DB_2 + DB_3 + \dots + DB_{10}) / 9$$

$$= DB \text{ (since death benefit is level)}$$
13. $\overline{PVFB}_{x+t:65-x-t}^1$ = present value at age $x+t$ of future term benefits paid continuously to age 65
$$= (i / \delta) \times \sum_{j=0}^{z/12 - 1} (DB \times v^{j+1} \times {}_j p_{x+t} \times q_{x+t+j})$$

Statutory Reserve and Net Premium – Definitions (continued)

14. $\bar{a}_{x+t:65-x-t|}$ = present value at age $x+t$ of a continuous annuity of \$1 per year to age 65

$$= (\bar{N}_{x+t} - \bar{N}_{65}) / D_{x+t} \quad (N_x \text{ and } D_x \text{ are standard actuarial notation})$$

15. α_x = CRVM continuous first year net premium for issue age x

$$= DB \times \bar{C}_x / \bar{D}_x \quad (C_x \text{ and } D_x \text{ are standard actuarial notation})$$

16. β_x = CRVM continuous renewal year net premium for issue age x

$$= PVFB_{x+1} / \bar{a}_{x+1:65-x-1|}$$

17. ${}_{19}P_{x+1}$ = the full preliminary term renewal net premium for 20-payment whole life policy of \$1

Terminal Reserves per \$1,000 of Monthly Death Benefit

Reserves will be calculated using CRVM over the period from the issue age to attained age 65. Under this method, the first year continuous terminal reserve is zero and subsequent continuous terminal reserves are calculated as:

$${}_t\bar{V}_x = PVFB_{x+t:65-x-t|} - {}_t\bar{NP}_x \times \bar{a}_{x+t:65-x-t|}$$

where,

$$\begin{aligned} {}_t\bar{NP}_x &= \alpha_x = K \times {}_tGP_x - EA \text{ for } t=1, \\ &= K \times {}_tGP_x \text{ for } t>1 \end{aligned}$$

K is the constant multiplier of the gross premium such that:

$$K \times PVFGP_{x:65-x|} = PVFB_{x:65-x|} + \max[0, EA]$$

EA is the CRVM first year expense allowance:

$$EA = (\text{Min}[\beta_x, ELRA_x \times {}_{19}P_{x+1}] - \alpha_x) \times \bar{a}_{x:1|}$$

The discounted continuous mean unitary reserve is defined as:

$${}_t\bar{MV}_x = \frac{1}{2} \times [{}_{t-1}\bar{V}_x + {}_t\bar{V}_x + {}_t\bar{NP}_x \times (1 - v) / \delta]$$

Deficiency Reserves (Section 6(B))

Deficiency reserves are calculated for each policy as the excess of the “quantity A” over the basic reserve. The quantity A is obtained by recalculating the basic reserve with the following modifications:

- 1) Minimum valuation mortality is based on 2001 CSO ALB, select and ultimate, gender-distinct, smoker-distinct mortality table. No “X factors” are applied (i.e. mortality is unchanged from the basic reserve calculation).
- 2) The maximum valuation interest rate as prescribed by the Standard Valuation Law will be used . The maximum valuation interest rate for life insurance with guarantee periods of more than 20 years, for 2008 issues, is 4.00%.
- 3) The gross premium replaces the valuation net premium in the reserve calculation whenever the gross premium is less than the valuation net premium. If the gross premium exceeds the valuation net premium, the excess of the minimum reserve over the basic reserve is defined to be zero.

Numerical Example – Terminal Reserves per \$1,000 of Monthly Death Benefit
Male, non-tobacco-user, issue age 40, 3year benefit payout period – policy year 5

$$b = 1000.00; \quad i = .04; \quad v = .96154; \quad \delta = .03922; \quad i_{(12)} = .00327$$

$$\bar{C}_{40} = .00073548; \quad \bar{D}_{40} = .9802782$$

$$DB = 1000 \times \bar{a}_{36|0.327\%} = 1000 \times 34.01829 = 34,018.29$$

$$ELRA = 34,018.29$$

$${}^1P_{40:25|} = 2,079.69$$

$${}^1P_{40+1:24|} = 2,138.46$$

$${}^1P_{40+4:21|} = 2,294.84$$

$${}^1P_{40+5:20|} = 2,339.39$$

$$\bar{a}_{40+1:19|} = 15.11037$$

$${}^1\bar{a}_{40:24|} = 14.51830$$

$$\bar{a}_{40+4:21|} = 13.86383$$

$$\bar{a}_{40+5:20|} = 13.4188$$

$$\alpha_{40} = 34,018.29 \times .00073548 / .9802782 = 25.523;$$

$$\beta_{40} \text{ (FPT)} = 2,138.45749 / 15.11037 = 141.523$$

$${}_{19}P_{41} = .0191$$

141.52 < (34,018.29 x .0191), so FPT is allowed

$${}^0\bar{V}_{45} = 2,079.69 - 25.523 \times .980278 - 141.523 \times 14.5183 = 0.00$$

$${}^4\bar{V}_{45} = 2,294.84 - 141.523 \times 13.86383 = 332.79$$

$${}^5\bar{V}_{45} = 2,339.39 - 141.523 \times 13.4188 = 440.32$$

$${}^5\overline{MV}_{45} = (332.79 + 440.32 + 141.52 \times .98064) / 2 = 455.95$$

Nonforfeiture Values

Cash surrender value calculations are based on the 2001 CSO ALB, select and ultimate, gender-distinct, smoker-distinct, mortality table, and 5.00% interest. Calculations are on a curtate basis.

The nonforfeiture interest rate is 125% of the calendar year statutory valuation interest rate as prescribed by the Standard Valuation Law rounded to the nearer one-quarter of one percent. The nonforfeiture interest rate for 2008 issues is 5.00%.

Consistent with Section 9 of the NAIC Standard Nonforeiture Law for Life Insurance, no nonforfeiture benefits are provided to a policy for which a) the calculated cash surrender values are less than or equal to 2.5% of the amount of insurance at the beginning of each policy year, or b) the term is 20 years or less and expiring before age seventy-one.

Extended term insurance (ETI) is available as a paid-up nonforfeiture benefit. ETI period calculations are based on the 2001 CSO ALB, ultimate, gender-distinct, smoker-distinct, mortality table, and 5.00% interest.

Nonforfeiture Definitions and Formulae

1. Definitions

- a. x = the issue age of the insured
- b. t = the policy year
- c. b = monthly death benefit (1 unit = \$1,000 per month)
- d. n = years to maturity from issue
- e. ${}_t p_x$ = probability of survival from age x to age $x+t$
- f. q_{x+t} = probability of death at age $x+t$
- g. z = the number of months in the benefit payout period
- h. i_{NF} = nonforfeiture interest rate for life insurance with guarantee period of more than 20 years
- i. v = interest discount factor = $1 / (1 + i_{NF})$
- j. $i_{NF(12)}$ = monthly nonforfeiture interest rate for life insurance = $(1 + i_{NF})^{(1/12)} - 1$
- k. DB = interest only present value of monthly death benefits for benefit payout period of z months

$$= b * \ddot{a}_{z | i_{NF(12)}}$$

l. $PVFB_{x+t:65-x+t}^1$ = present value of future death benefits at age $x+t$

$$= \sum_{j=0}^{65-(x+t+1)} (DB \times v^{j+1} \times {}_j p_{x+t} \times q_{x+t+j})$$

m. $\ddot{a}_{x:m}$ = present value of an annuity due of \$1 per year for m years at age x

n. P_x^{NL} = net level premium for issue age = $PVFB_x / \ddot{a}_{x:m}$

2. Cash Value Formulae

a. AAI = the average amount of insurance
 $= 1/10 \times (DB_1 + DB_2 + \dots + DB_{10})$
 $= DB$ (since death benefit is level)

b. EA_x = the nonforfeiture expense allowance for issue age x
 $= (1.25 \times \text{Minimum}[P_x^{NL}, .04 \times AAI]) + (.01 \times AAI)$

c. P_x^a = the adjusted net premium for issue age x
 $= [PVFB_x + EA_x] / \ddot{a}_{x:m}$

d. CV_{x+t} = cash value at age $x+t$
 $= \text{Maximum} [(PVFB_{x+t} - P_x^a \times a_{x+t:m}), 0]$

3. Extended Term Insurance Formulae

a. $PVFB_{x+t:p}^1$ = present value of future death benefits for p -year term insurance of amount DB at age $x+t$

$$= \sum_{j=0}^{p-1} (DB \times v^{j+1} \times {}_j p_{x+t} \times q_{x+t+j})$$

b. p = the minimum number of complete years for which $CV_{x+t} \geq PVFB_{x+t:p}^1$

c. d = the number of days, beyond p years, that extended term insurance will remain in force at age $x+t$

$$= 365 \times [CV_{x+t} - PVFB_{x+t:p}^1] / [PVFB_{x+t:p+1}^1 - PVFB_{x+t:p}^1]$$

(The result is rounded up to the next higher day.)

Numerical Example of Cash Value Calculation

Terminal Cash Values per \$1,000 of Monthly Death Benefit

Male, non-tobacco-user, issue age 40, 3 year benefit payout period - Policy Year 15

$$b = 1000.00; \quad i_{NF} = .05; \quad v = .95238; \quad i_{NF(12)} = .00407$$

$$DB = 1000 \times \bar{a}_{36|0.407\%} = 1000 \times 33.55743 = 33,557.43$$

$$AAI = 33,557.43$$

$$PVFB_{40:25|}^1 = 1,723.2422$$

$$PVFB_{40+15:10|}^1 = 2,122.5713$$

$$\ddot{a}_{40:25|} = 14.4496$$

$$\ddot{a}_{40+15:10|} = 7.8787$$

$$P_{40}^{NL} = 1,723.2422 / 14.4496 = 119.259$$

$$EA_{40} = (1.25 \times \text{minimum}[119.259, .04 \times 33,557.43]) + .01 \times 33,557.43 = 484.648$$

$$P_{40}^a = (1,723.2422 + 484.648) / 14.44958 = 152.800$$

$$CV_{40+15} = \text{Maximum}[2122.5713 - 152.800 \times 7.8787, 0] = 918.71$$

Numerical Example of ETI Period Calculation

Male, non-tobacco-user, issue age 40, 3 year benefit payout period - Policy Year 15

$$CV_{40+15} = 918.71$$

$$PVFB_{40+15:4|}^1 = 796.059$$

$$PVFB_{40+15:5|}^1 = 1,013.794$$

$$p = 4 \text{ years}$$

$$d = 365 \times (918.71 - 796.059) / (1,013.794 - 796.059) = 206$$

Therefore, the period of extended term insurance is 4 years, 206 days.

Qualification

I, Donald E. Michalko, am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this memorandum.

Actuarial Certification

I have read the forms submitted in this filing and hereby certify that the reserves and nonforfeiture benefits are not less than the minimum requirements of the state in which these policies are filed.

Donald E. Michalko
Donald E. Michalko, FSA, MAAA

April 7, 2008
Date

STATEMENT OF VARIABLES
FORM: AL-TL-SCH101A and AL-TL-APP101A

VARIABLE	VALUE
The following variables are additional variables used in the Policy Schedule, AL-TL-SCH101A	
Owner	Policy owner's name
Policy Date	Calendar date showing policy effective date
Insured	Insured's name
Insured's Policy Issue Age	Insured's age at the time the policy is issued.
Policy Number	System generated number for each policy issued
Specified Period	3 Years to 10 Years, elected by owner
Sex	Insured's sex; male or female
Mode of Payment	Monthly, quarterly, semi-annually, or annually
Premium Class	Preferred or Standard, non-tobacco user; tobacco user
Premium	Premium amount based on the Mode of Payment. (default value is Monthly).
*Includes Annual Policy Fee	Currently there is not an annual policy fee applied. The default will be that this will not be included.
Benefit Amount	\$500 to \$15,000
Base Modal Premiums	Amount of each modal premium
Cash Value	Indicates the amount of cash value that is available
Extended Term Insurance	Indicates the period of time that Extended Term Insurance would continue under the Non-forfeiture options.
The following variables are additional variables used in the Application, AL-TL-APP101A	
Amount of Monthly Coverage	Specific benefit amounts may be offered during a particular mail campaign. This field will only be included if the Monthly Benefit Amount field does not appear.
Desired Payout Period	3 years to 10 years. Different options may be available during particular mail campaigns.
Monthly Benefit Amount	The owner is given a blank field in order to elect the desired monthly benefit amount. \$500 to \$15,000 per month. This field will only be included if the Amount of Monthly Coverage field does not appear.
Financial Disclosure	When application is used for marketing in partnership with a bank or credit union, this disclosure will be included. It will not be included in any other applications.