

SERFF Tracking Number: ACTR-125727145 State: Arkansas  
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39913  
Company Tracking Number: FLA F1060E APPLICATION  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: Fidelity Application for Accidental Death Insurance  
Project Name/Number: Fidelity Application for Accidental Death Insurance/FLAF1060EAPP

## Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: Fidelity Application for Accidental Death Insurance SERFF Tr Num: ACTR-125727145 State: ArkansasLH

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed

State Tr Num: 39913

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: FLA F1060E APPLICATION

State Status: Approved-Closed

Filing Type: Form

Co Status: Closed - Ready for use  
Authors: Sherry Wommack, Mindy Dodd

Reviewer(s): Rosalind Minor  
Disposition Date: 08/16/2008

Date Submitted: 08/12/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Fidelity Application for Accidental Death Insurance

Status of Filing in Domicile: Authorized

Project Number: FLAF1060EAPP

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/16/2008

Deemer Date:

State Status Changed: 08/16/2008

Corresponding Filing Tracking Number:

Filing Description:

F1060E Application for Accidental Death Insurance (Electronic)

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - ActRisk01)

Sherry Wommack, Compliance Analyst swommack@actrisk.com  
 6500 River Place Blvd. (512) 345-5200 [Phone]  
 Austin, TX 78730 (512) 346-1249[FAX]

### Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois  
 1211 West 22nd Street Suite 209 Group Code: 3413 Company Type: Life  
 Oak Brook, IL 60523 Group Name: State ID Number:  
 (512) 345-5200 ext. [Phone] FEIN Number: 36-1068685  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$50.00	08/12/2008	21903850

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2008	08/16/2008

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## Disposition

Disposition Date: 08/16/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Cover letter	Approved-Closed	Yes
<b>Supporting Document</b>	Third Party Authorization	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Form</b>	Application for Accidental Death Insurance	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: F1060E AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	F1060E AR	Application/Enrollment Form	Application for Accidental Death Insurance	Initial		54	AR F1060E ADB Electronic Application_R ep.pdf

<b>PROPOSED INSURED</b>	Full Legal Name of the Proposed Insured: _____ Gender: _____
	Legal Residence Address: _____
	Preferred Telephone #: (____) ____-____ Alternate #: (____) ____-____ Best Time to Call: _____
	Email Address: _____
	Date of Birth: __/__/____ Place of Birth (Country): _____ Social Security Number: ____-__-____
	Drivers License Number: _____ State of Issue: _____
Are you a United States citizen or do you have Permanent Resident (Green Card) Status? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>COVERAGE</b>	Product: Accidental Death Benefit      Accidental Death Benefit Amount: \$ _____
	{ <input type="checkbox"/> Family Accidental Death Benefit Rider }
	{ <input type="checkbox"/> Inflation Benefit Rider }
	{ <input type="checkbox"/> Other Rider or Option }

<b>OTHER COVERAGE</b>	Do you have any existing life or health coverage in force or is any application for life or health coverage, or reinstatement, now pending?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	[If this policy is issued, will any other existing life or health coverage be cancelled, terminated, lapsed or not renewed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: __/____ To Be Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: __/____ To Be Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Company: _____ Face Amount: \$ _____ Year Issued: __/____ To Be Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>[POLICY OWNER]</b>	Policyowner ( <i>Different than the Proposed Insured</i> )
	Name of Policyowner: _____ Relationship to Insured: _____ SSN: ____-__-____
	Policyowner Address: _____
	Trust Name: _____ Authorized Signature Name: _____
	Tax ID: ____-__-____ Policyowner Address: _____

<b>[SECONDARY ADDRESSEE]</b>	Secondary Addressee ( <i>This person will receive copies of your overdue premium and lapse notices</i> )
	Secondary Addressee Name: _____
	Secondary Mailing Address: _____

**NAME OF PROPOSED INSURED:**

<b>[BENEFICIARY]</b>	Beneficiary <i>(Complex beneficiary designations should be dealt with within the context of a Will)</i>			
	Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	_____	_____	_____	____-____-____
	Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	_____	_____	_____	____-____-____
	Contingent:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
_____	_____	_____	____-____-____	

<b>PREAUTHORIZED PAYMENT AUTHORIZATION</b>	As a convenience to me, I authorize Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated below. I understand that if a debit or withdrawal is not honored by the financial institution, Fidelity Life will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be re-deposited by Fidelity Life. This authorization will remain in effect until written notice by the depositor/card holder is received by Fidelity Life. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, Fidelity Life shall be under no liability whatsoever even though such dishonor results in the lapse of insurance, in accordance with the grace period.		
	Payor is _____		
	Name of Payor: _____		Payor Address: _____
	Mode of Payment: {Annual / Semi-annual / Quarterly / Monthly}		Draw Date (Day of the Month): _____
	Payment Method: {DIRECT BILL / LIST BILL}		
	<b>PRE-AUTHORIZED CHECK</b> <i>(This selection will apply to all payments)</i>		
	I request that my premium payments be debited from my bank account as shown.		
	Name of Bank: _____		Transit Number: _____ Account Number: _____
	<b>PRE-AUTHORIZED {CREDIT / DEBIT} CARD</b> <i>(This selection will apply to all payments)</i>		
	I request that my premium payments be debited from the {Credit Card / Debit Card} shown below.		
Card Type: {Visa / Amex / MasterCard / Discover}		Card Number: _____ Expiration Date: __/__/____	
_____ Printed Name <i>(As it appears on file with the financial institution)</i>			
{Electronically Signed By: First Name {Middle Name} Last Name AUTHORIZED SIGNATURE}			
Voice Signature on File: First Name {Middle Name} Last Name AUTHORIZED SIGNATURE}		Reference #: _____}	

**NAME OF PROPOSED INSURED:**

<b>DECLARATION AND AGREEMENT</b>	<p>Each answer and statements given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that the Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) will rely on these answers, and the answers and statements I may give in any other form, taken as a part of this application, as representations and not warranties and that no such statement shall void the policy unless it is contained in a written application and a copy of such application shall be endorsed upon or attached to the policy when issued. I also understand that the Fidelity Life reserves the right to accept or deny this application after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers.</p> <p>The coverage will be effective on its date of issue if the information given in the application is true on that date. The effective date will be shown on page 3 of the Policy, provided one is issued.</p> <p><b>Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of criminal offense under state law.</b></p> <p>Signed at: _____ Date: _____</p> <p><u>Electronically Signed By: First Name {Middle Name} Last Name</u>                  Signature of <b>Proposed Insured</b></p> <p><u>Voice Signature on File: First Name {Middle Name} Last Name</u>      Reference #: _____ }                  Signature of <b>Proposed Insured</b></p>
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<b>AGENT</b>	<p>To the best of your knowledge, will the coverage applied for replace any existing life or health coverage now in force on the proposed insured? (If yes, complete appropriate state replacement forms)..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the Proposed Insured have existing life or health contracts in force?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Printed Name of Agent: _____</p> <p>Agent ID: _____      General Agent ID: _____      State License Number: _____</p> <p>Email Address of Agent: _____      Telephone Number of Agent: (____) ____ - ____</p> <p><u>Electronically Signed By: First Name {Middle Name} Last Name</u>                  Signature of Licensed Agent</p>
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Comments:</b>				
<b>Attachments:</b>				
	AR Complaint Notice.pdf			
	AR F2010_Guarantee_Association_Fidelity.pdf			
	AR Certificate of Compliance.pdf			
	AR F1060E Readability Certification_rep.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Bypass Reason:</b>	This is an Application filing. The application is on the form schedule.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Bypass Reason:</b>	N/A Application only filing.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Bypass Reason:</b>	N/A, Application only filing.			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Cover letter	<b>Review Status:</b>	Approved-Closed	08/16/2008
<b>Comments:</b>	Cover letter			
<b>Attachment:</b>				
	AR F1060E Cover Letter_w rep.pdf			

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**Satisfied -Name:** Third Party Authorization **Review Status:** Approved-Closed 08/16/2008  
**Comments:**  
**Attachment:**  
FLA Letter of Authorization.pdf

**Satisfied -Name:** Statement of Variability **Review Status:** Approved-Closed 08/16/2008  
**Comments:**  
**Attachment:**  
Statement of Variability F1060E\_rep.pdf

## Important Notice

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To obtain information or make a complaint:

You may call Fidelity Life Association's toll-free telephone number for information or to make a complaint at:

800- 369-3990

You may also write to Fidelity at:

1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523

You may write the Arkansas Department of Insurance at:

1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201

You may contact the Arkansas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

800-852-5494

### **Premium or Claim Disputes**

Should you have a dispute concerning your premium or about a claim, you should contact the agent or the company first. If the dispute is not resolved, you may contact the Arkansas Department of Insurance.

### **Attach This Notice to Your Policy/Certificate**

This notice is for information only and does not become a part or condition of the attached document.

## Aviso Importante

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Para obtener information o para someter una queja:

Usted puede llamar al numero de telefono gratis de LSW's para informacion o para someter una queja al

800- 369-3990

Usted tambien puede escribir a IAP:

1211 West 22<sup>nd</sup> Street, Suite 209  
Oak Brook, IL 60523

Puede escribir a! Departamento de Seguros de Arkansas

1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201

Puede comunicarse con el Departamento de Seguros de para obtener informacion acerca de companies, coberturas, derechos o quejas al

800-852-5494

### **Disputas Satire Primas o Reclamos**

Si llene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (ADI).

### **Una Este Avlso a Su POlim/Certificado**

Este aviso es solo para proposito de informacion y no se convierte en parte o condici6n del documento adjunto.

## **APPENDIX A**

### **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association. The purpose of this Association is to assure that policy-holders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

### **DISCLAIMER**

**The Arkansas Life and Disability Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Arkansas Life and Disability Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.**

**Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.**

**The Arkansas Life and Disability Insurance Guaranty Association  
1123 S. University Avenue  
Suite 300 University  
Little Rock, Arkansas 72204**

**Arkansas Insurance Department  
400 University Tower Building  
12 & University  
Little Rock, Arkansas 72204**

The state law that provides for this safety-net is called the Arkansas Life and Disability Insurance Guaranty Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

## COVERAGE

Generally, individuals will be protected by the Life and Disability Insurance Guaranty Association if they live in this state and hold a life or disability insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **NOT** protected by this Association if:

- \* they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- \* the insurer was not authorized to do business in this state;
- \* their policy was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy-holder is subject to future assessments, or by an insurance exchange.

The Association also does **NOT** provide coverage for:

- \* any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.
- \* any policy of reinsurance (unless an assumption certificate was issued);
- \* interest rate yields that exceed an average rate;
- \* dividends;
- \* credits given in connection with the administration of a policy by a group contract holder;
- \* employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- \* unallocated annuity contracts (which give rights to group contractholders, not individuals).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Association is obligated to pay out: The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder.

# Certificate of Compliance State of Arkansas

Fidelity Life Association

Name of Individual responsible for the preparation of this filing and supporting documentation:

**NAME** Sherry B. Wommack  
**TITLE** Director, Actuarial Risk Management

I hereby certify that to the best of my knowledge and belief as to the accuracy and completeness of this filing; further, I certify that this filing conforms to the Arkansas Insurance Code, the Arkansas Insurance Regulations, and and the Rule and Regulation 19 Unfair Sex Discrimination in the Sale of Insurance.

**CERTIFIED BY** Sherry B. Wommack   
**TITLE** Director, Regulatory Compliance/Actuarial Risk Management  
**DATE** August 12, 2008

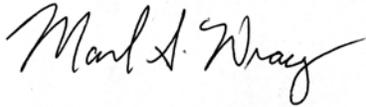
# Arkansas Insurance Department

## Fidelity Life Association Readability Certification

I, Mark Wray, duly authorized to give this certification on its behalf, hereby certify that the form described below complies with all laws, rules, bulletins, and published guidelines applicable to the particular type of form. Furthermore, the Flesch readability score for this form is:

<u>Form</u>	<u>Description</u>	<u>Flesch</u>
F1060E AR	Application for Accidental Death Insurance (Electronic)	54

\*When scored with the base contract.



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Mark Wray,  
Chief Financial Officer and Secretary

8/12/2008  
Date

August 12, 2008

Arkansas Insurance Department

VIA: SERFF

**RE: Fidelity Life Association, A Legal Reserve Life Insurance Company  
NAIC #63290; FEIN: 36-1068685**

**Application submitted for approval:**

F1060E AR Application for Accidental Death Insurance (Electronic)

**The Electronic Application will be used to offer these previously approved forms:**

F3700 (04/06) AR	Accidental Death Insurance Policy	Approved	06/12/2006 SERT-6MFP9L083
F3715 (04/06)	Family Accidental Death Benefit Rider	Approved	06/12/2006 SERT-6MFP9L083
F3720 (04/06)	Inflation Benefit Rider	Approved	06/12/2006 SERT-6MFP9L083
F3710 (04/06)	Limited Term Benefit Rider	Approved	06/12/2006 SERT-6MFP9L083

Dear Analyst:

Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity) will offer the above captioned Accidental Death Policy through electronic means. The application is new and will not replace any applications previously approved in your state. This submission contains no controversial items relative to normal industry standards and does not contain any provisions which have been previously disapproved by the department. The product associated with the application is not illustrated.

Fidelity will be implementing the use of an electronic application over the internet for the policy described above. The new application will be substantially similar to the previously approved application, F1060 (05/06) and the font will never be less than 10 point. However, the format and order of the questions may change and the entries allow for variable length and wrapping. Certain sections that do not apply to an applicant will not be displayed in the final printed application. Hence, the policyowner section, secondary addressee section, and the beneficiary section will be bypassed if there is no data entered. The credit card section will only print if a credit card is being used for payment of premium and only elected riders will print. In addition, the applicant must answer the first question about replacement in the Other Coverage section and if answered affirmatively the applicant will be required to answer the remaining questions.

Fidelity has security procedures in place sufficient to verify that an electronic signature is that of a specific person and to assure that the information has not been altered in its transmission. Fidelity uses Secure Sockets Layer (SSL) for all of its data transfers. Secure Sockets Layer (SSL) is a 128 Bit cryptographic protocol that provides secure communications on the Internet for such things as web browsing, Internet faxing, instant messaging and other data transfers. SSL allows applications to communicate across a network in a way designed to prevent eavesdropping, tampering, and message forgery. SSL provides endpoint authentication and communications privacy with mutual authentication based on a public key infrastructure (PKI) deployment provided by VeriSign.

Please note that previously approved disclosures, HIPAA information practices forms and other documents will be provided to the applicant when the applicant signs or when the policy is approved, as appropriate.

Please find attached a letter from Fidelity Life Association authorizing Actuarial Risk Management to file on its behalf. If you should have any questions or need further information, please contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sherry B. Wommack".

Sherry B. Wommack, FLMI  
Directory, Regulatory Compliance  
Actuarial Risk Management  
swommack@actrisk.com  
(866) 480-7475

**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**  
1211 West 22nd Street, Suite 209, Oak Brook, IL 60623

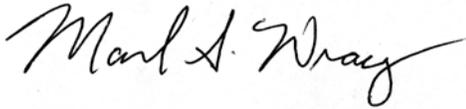
July 1, 2008

To Whom It May Concern:

Re: Authorization to Represent Fidelity Life Association on its Policy Form Filing.

I hereby authorize Actuarial Risk Management and its employees to file policy forms and other associated forms including, but not limited to riders, amendments, and applications and respond to inquiries on our behalf. This authority shall continue until we revoke in writing.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Wray". The signature is written in a cursive, flowing style.

Mark Wray  
Chief Financial Officer, Secretary and Treasurer

**Fidelity Life Association, A Legal Reserve Life Insurance Company**  
**Statement of Variability**  
**F1060E**

The following items are indicated as variable items in the application with brackets.

Page	Variable Items	Justification
1 <b>Coverage Section</b>	<b>Family Accidental Death Benefit Rider; Inflation Benefit Rider; Other Rider or Option</b>	This information is marked variable should the company offer new riders or discontinue riders. The company will not market a new rider until it is filed and accepted for use. The company may discontinue offering certain riders and therefore a rider may be deleted from the application. Only the elected riders will print.
2 <b>Pre-Authorized Payment Authorization</b>	<b>Payment Mode, Payment Method and Credit or Debit options</b>	This information is marked variable due to the electronic format. The consumer has the option to pay Annually, Semi-annually, Quarterly or Monthly. Direct Bill and List Bill are the direct billing options. The consumer has the option of using a Credit Card or Debit Card and the type of card, VISA, Amex, MasterCard or Discover.
1, 2	<b>Sections: Policyowner; Secondary Addressee; Beneficiary; Other Coverage</b>	These sections are marked variable due to the electronic format of the application and will only be printed if completed and data is entered. The Policyowner, Secondary Addressee and Beneficiary sections will be bypassed and will not print on the final application if the applicant does not complete these sections. In addition, if the first question about replacement in the Other Coverage section is answered "No" the remaining questions about replacement will not print on the final application; if answered affirmatively the applicant will be required to answer the remaining questions.
2 and 3 <b>Signatures</b>	<b>Electronic Signature or Voice Signature</b>	This information is marked variable due to the electronic format. The application will either be electronically signed or the voice signature will be entered.

\*These changes will be made in an equitable manner and be applied to all issues of this product on a given day and in a manner that does not discriminate between applicants.