

| | | | |
|---------------------------------|------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>AMLC-125778470</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>American Income Life Ins Co</i> | <i>State Tracking Number:</i> | <i>39953</i> |
| <i>Company Tracking Number:</i> | <i>60000</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>Level Term Life</i> | | |
| <i>Project Name/Number:</i> | <i>60000/60000</i> | | |

Filing at a Glance

Company: American Income Life Ins Co

Product Name: Level Term Life

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Filing Type: Form

SERFF Tr Num: AMLC-125778470

SERFF Status: Closed

Co Tr Num: 60000

Co Status: Pending

Author: Angela Fincher

Date Submitted: 08/15/2008

State: ArkansasLH

State Tr Num: 39953

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/25/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 60000

Project Number: 60000

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size:

Group Market Type:

Deemer Date:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently
in Indiana, our state of domicile.

Market Type: Individual

Previous Filing Number: SERT-6JWV39264

Overall Rate Impact:

Filing Status Changed: 08/25/2008

State Status Changed: 08/25/2008

Corresponding Filing Tracking Number:

The above referenced form was approved by your department on 1/12/2006 under SERFF filing #SERT-6JWV39264. At this time, we would like to adopt the 2001 CSO Mortality Table, Age Last Birthday for use with this form. We certify that we have never issued a policy under this form and therefore, would like to keep the same form number as originally approved. We have enclosed a copy of the new schedule page, which references the mortality table used, and a copy of the new page 6, which has new Table of Values.

| | | | |
|---------------------------------|------------------------------------|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>AMLC-125778470</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>American Income Life Ins Co</i> | <i>State Tracking Number:</i> | <i>39953</i> |
| <i>Company Tracking Number:</i> | <i>60000</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>Level Term Life</i> | | |
| <i>Project Name/Number:</i> | <i>60000/60000</i> | | |

We wish to thank you for your cooperation in this matter, and trust you will find this filing acceptable for approval. Please contact me if you have any questions.

Company and Contact

Filing Contact Information

Angela Fincher, Contract Analyst
PO Box 2608
Waco, TX 76797

afincher@aillife.com
(254) 761-6761 [Phone]
(254) 741-5723[FAX]

Filing Company Information

American Income Life Ins Co
P.O. Box 2608
Waco, TX 76797
(254) 761-6761 ext. [Phone]

CoCode: 60577
Group Code: 290
Group Name: Liberty National
FEIN Number: 74-1365936

State of Domicile: Indiana
Company Type: Life and Health
State ID Number: 498

Filing Fees

| | |
|------------------|---------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50/form * 1 form = \$50 |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------|---------|----------------|---------------|
| American Income Life Ins Co | \$50.00 | 08/15/2008 | 21972701 |

SERFF Tracking Number: AMLC-125778470

State: Arkansas

Filing Company: American Income Life Ins Co

State Tracking Number: 39953

Company Tracking Number: 60000

TOI: L041 Individual Life - Term

Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Level Term Life

Project Name/Number: 60000/60000

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 08/25/2008 | 08/25/2008 |

SERFF Tracking Number: AMLC-125778470

State: Arkansas

Filing Company: American Income Life Ins Co

State Tracking Number: 39953

Company Tracking Number: 60000

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Level Term Life

Project Name/Number: 60000/60000

Disposition

Disposition Date: 08/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125778470 State: Arkansas
 Filing Company: American Income Life Ins Co State Tracking Number: 39953
 Company Tracking Number: 60000
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Level Term Life
 Project Name/Number: 60000/60000

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--------------------------------------|-------------|---------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Actuarial Memo | | No |
| Form | Level Term Life Policy Schedule Page | | Yes |
| Form | Level Term Life Policy Insert | | Yes |

SERFF Tracking Number: AMLC-125778470 State: Arkansas
 Filing Company: American Income Life Ins Co State Tracking Number: 39953
 Company Tracking Number: 60000
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Level Term Life
 Project Name/Number: 60000/60000

Form Schedule

Lead Form Number: 60000

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------|-------------|--|---------|--|-------------|-------------|
| | Page 3 | Policy/Cont | Level Term Life ract/Fratern Policy Schedule al Page Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Revised | Replaced Form #: Page 3 Previous Filing #: 60000 | 55 | 60Page3.pdf |
| | 60600 | Policy/Cont | Level Term Life ract/Fratern Policy Insert al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Revised | Replaced Form #: 60600 Previous Filing #: 60000 | 55 | 60600.pdf |

MORTALITY TABLE - 2001 COMMISSIONER'S STANDARD ORDINARY, AGE LAST
 VALUATION INTEREST RATE - 4.00 PERCENT
 VALUATION METHOD - COMMISSIONERS RESERVE

| BENEFIT DESCRIPTION | ANNUAL PREMIUM |
|------------------------------|-----------------------|
| PLAN 5232 - 20 YR LEVEL TERM | \$ 69.70 FOR 20 YEARS |

TOTAL ANNUAL PREMIUM \$ 69.70

| | | | |
|------------------------------|-------------|----|-------|
| ISSUED METHOD OF PAYMENT--BD | MONTHLY | \$ | 5.81 |
| OTHER METHODS OF PAYMENT | SEMI-ANNUAL | \$ | 34.85 |
| | QUARTERLY | \$ | 17.43 |
| | MONTHLY | \$ | 6.28 |

| | | |
|-----------------------------|-------------------------|-------------|
| NAME AND ADDRESS OF INSURED | MALE ISSUE AGE | 30 |
| JOHN DOE | FACE AMOUNT | \$ 10,000 |
| 1200 WOODED ACRES | POLICY NUMBER | 1234567 |
| WACO TX 76797 | POLICY DATE | JAN 1, 2009 |
| | EFFECTIVE DATE | JAN 1, 2009 |
| | EXPIRY DATE | JAN 1, 2029 |
| | CONVERTIBLE PERIOD ENDS | JAN 1, 2027 |

SETTLEMENT OPTIONS (continued)

We will issue a supplementary contract in exchange for this policy if payment is made under any option. The effective date of the supplementary contract will be the date we receive proof of your death. Option 1 earns interest from the effective date of the supplementary contract. We will pay the first payment under Option 2 and 3 on the effective date of the supplementary contract unless another date is specified in writing.

The guaranteed interest rate for all options is 3% per year.

If the death of all the Beneficiaries is prior to your death, we will pay a lump sum benefit to the executors or administrators of your estate. Under a supplementary contract, if the payee dies we will pay the present value of any unpaid guaranteed amount to the executors or administrators of the payee's estate.

OPTIONS

- OPTION 1: INTEREST** We will hold any amount applied under this option for not more than 30 years. Interest will be paid as agreed upon or added annually to the amount held. At the end of a specified time, or at the death of the payee, we will pay the proceeds as previously agreed upon.
- OPTION 2: PAYMENTS FOR A GUARANTEED PERIOD** Equal annual, semi-annual, quarterly or monthly payments will be made for any period selected, up to 30 years. The amount of each payment for each \$1,000 applied under this option is shown in Option 2 Table.
- OPTION 3: LIFE INCOME WITH A GUARANTEED PERIOD** Equal payments will be made for a guaranteed period of 10 years or until the payee's death, whichever is later. We may require satisfactory evidence of the payee's age before making any payment under this option. The amount of each payment depends on the payee's sex and age on the date of the first payment. The amount of each payment for each \$1,000 applied under this option is shown in Option 3 Table.

OPTION 2 TABLE

| Number of Years Guaranteed | Amount of Installments | | | |
|----------------------------|------------------------|-----------|----------|---------|
| | Annual | Semi-Ann. | Qtly. | Mo. |
| 1 | \$1,000.00 | \$503.69 | \$252.78 | \$84.47 |
| 2 | 507.39 | 255.57 | 128.26 | 42.86 |
| 3 | 343.23 | 172.88 | 86.76 | 28.99 |
| 4 | 261.19 | 131.56 | 66.02 | 22.06 |
| 5 | 211.99 | 106.78 | 53.59 | 17.91 |
| 6 | 179.22 | 90.27 | 45.30 | 15.14 |
| 7 | 155.83 | 78.49 | 39.39 | 13.16 |
| 8 | 138.31 | 69.67 | 34.96 | 11.68 |
| 9 | 124.69 | 62.81 | 31.52 | 10.53 |
| 10 | 113.82 | 57.33 | 28.77 | 9.61 |
| 11 | 104.93 | 52.85 | 26.52 | 8.86 |
| 12 | 97.54 | 49.13 | 24.66 | 8.24 |
| 13 | 91.29 | 45.98 | 23.08 | 7.71 |
| 14 | 85.95 | 43.29 | 21.73 | 7.26 |
| 15 | 81.33 | 40.97 | 20.56 | 6.87 |
| 20 | 65.26 | 32.87 | 16.50 | 5.51 |
| 25 | 55.76 | 28.09 | 14.09 | 4.71 |
| 30 | 49.53 | 24.95 | 12.52 | 4.18 |

OPTION 3 TABLE

| Monthly Life Income Guaranteed Period 10 Years | | | | | |
|--|--------|--------|-----|--------|--------|
| Age | Male | Female | Age | Male | Female |
| 50 | \$4.08 | \$3.84 | 65 | \$5.55 | \$5.14 |
| 51 | 4.15 | 3.90 | 66 | 5.69 | 5.26 |
| 52 | 4.22 | 3.96 | 67 | 5.84 | 5.40 |
| 53 | 4.29 | 4.02 | 68 | 5.99 | 5.55 |
| 54 | 4.37 | 4.09 | 69 | 6.15 | 5.70 |
| 55 | 4.45 | 4.16 | 70 | 6.31 | 5.86 |
| 56 | 4.54 | 4.24 | 71 | 6.47 | 6.02 |
| 57 | 4.63 | 4.32 | 72 | 6.64 | 6.20 |
| 58 | 4.73 | 4.40 | 73 | 6.81 | 6.38 |
| 59 | 4.83 | 4.49 | 74 | 6.99 | 6.57 |
| 60 | 4.93 | 4.58 | 75 | 7.16 | 6.76 |
| 61 | 5.05 | 4.68 | 76 | 7.34 | 6.96 |
| 62 | 5.16 | 4.79 | 77 | 7.52 | 7.16 |
| 63 | 5.29 | 4.90 | 78 | 7.69 | 7.36 |
| 64 | 5.42 | 5.01 | 79 | 7.86 | 7.56 |

Figures for years not shown will be furnished by the Company upon request.

Figures for ages not shown will be furnished by the Company upon request.



SERFF Tracking Number: *AMLC-125778470*

State: *Arkansas*

Filing Company: *American Income Life Ins Co*

State Tracking Number: *39953*

Company Tracking Number: *60000*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*

Product Name: *Level Term Life*

Project Name/Number: *60000/60000*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125778470

State: Arkansas

Filing Company: American Income Life Ins Co

State Tracking Number: 39953

Company Tracking Number: 60000

TOI: L041 Individual Life - Term

Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Level Term Life

Project Name/Number: 60000/60000

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

08/15/2008

Comments:

Attachment:

ARCertofComp.pdf

Review Status:

Satisfied -Name: Application

08/15/2008

Comments:

Application form # AG-1048 (R05) was approved 4/6/2005

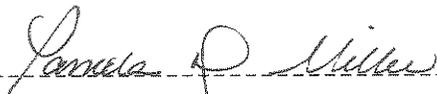
STATE OF ARKANSAS
CERTIFICATE OF COMPLIANCE

I, PAMELA D. MILLER, AN OFFICER OF THE AMERICAN INCOME LIFE INSURANCE COMPANY, HEREBY CERTIFY THAT THE FOLLOWING FORM(S) HAS (HAVE) THE FOLLOWING READABILITY SCORE(S) AS CALCULATED BY THE FLESCH READING EASE TEST AND THAT THE FORM(S) MEET ALL REQUIREMENTS SET FORTH IN ARKANSAS STATUTES 66-3251 THROUGH 66-3258, CITED AS THE LIFE AND DISABILITY INSURANCE POLICY LANGUAGE SIMPLIFICATION ACT.

| FORM(S) | SCORE |
|---------|-------|
| 60000 | 54.7 |

DATED August 15, 2008

AMERICAN INCOME LIFE INSURANCE COMPANY



PAMELA D. MILLER, FLMI/M, AIRC, ACS
VICE PRESIDENT
COMPLIANCE

PFCERTAR