

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>SEFL-125800341</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Assurity Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>40158</i> |
| <i>Company Tracking Number:</i> | <i>A117 AMEND</i> | | |
| <i>TOI:</i> | <i>H03I Individual Health - Accidental Death & Dismemberment</i> | <i>Sub-TOI:</i> | <i>H03I.000 Health - Accidental Death & Dismemberment</i> |
| <i>Product Name:</i> | <i>A117 Amend</i> | | |
| <i>Project Name/Number:</i> | <i>A117 Amend/A117 Amend</i> | | |

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: A117 Amend

SERFF Tr Num: SEFL-125800341 State: ArkansasLH

TOI: H03I Individual Health - Accidental Death & Dismemberment

SERFF Status: Closed

State Tr Num: 40158

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: A117 AMEND
Dismemberment

State Status: Approved-Closed

Filing Type: Form

Co Status: sent to state

Reviewer(s): Rosalind Minor

Authors: Andrea Boring, Kristi Hendrickson, Bridget Menke

Disposition Date: 09/08/2008

Date Submitted: 09/04/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 10/06/2008

Implementation Date:

State Filing Description:

General Information

Project Name: A117 Amend

Status of Filing in Domicile: Pending

Project Number: A117 Amend

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 09/08/2008

Deemer Date:

State Status Changed: 09/08/2008

Corresponding Filing Tracking Number:

Filing Description:

Assurity Life Insurance Company submits AAW-A117 Amend form for review and approval.

Due to sustained favorable overall experience on contract form AAW-A117, Assurity is instituting, at no additional cost to the policyholder, a 230% increase in all future non-disability benefits provided under form AAW-A117 and family rider

SERFF Tracking Number: SEFL-125800341 State: Arkansas
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form AAW-AR 260, if such is included. Please note that the benefit increase does not apply to any disability-related benefits under base form AAW-A117 or rider form AAW-AR 260. Likewise, the benefit increase does not apply to any other riders which may be attached to a AAW-A117 base policy other than AAW-AR 260.

Forms AAW-A117 and AAW-AR 260 were approved on May 25,2001. This is a closed block and there are currently 6 in force policies in your state. Once approved, this form will be mailed to the policyholders with an explanatory letter.

Company and Contact

Filing Contact Information

Andrea Boring, Policy Filing Specialist
 1526 K St.
 Lincoln, NE 68501-2533

policyfiling@assurity.com
 (800) 276-7619 [Phone]
 (402) 437-3802[FAX]

Filing Company Information

Assurity Life Insurance Company
 1526 K Street
 P.O. Box 82533
 Lincoln, NE 68501-2533
 (800) 276-7619 ext. [Phone]

CoCode: 71439
 Group Code: -99

State of Domicile: Nebraska
 Company Type: Life/Health

Group Name:
 FEIN Number: 38-1843471

State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------|---------|----------------|---------------|
| Assurity Life Insurance Company | \$20.00 | 09/04/2008 | 22277504 |

| | | | |
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| <i>Company Tracking Number:</i> | <i>A117 AMEND</i> | | |
| <i>TOI:</i> | <i>H03I Individual Health - Accidental Death & Dismemberment</i> | <i>Sub-TOI:</i> | <i>H03I.000 Health - Accidental Death & Dismemberment</i> |
| <i>Product Name:</i> | <i>A117 Amend</i> | | |
| <i>Project Name/Number:</i> | <i>A117 Amend/A117 Amend</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Rosalind Minor | 09/08/2008 | 09/08/2008 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|-------------------|-----------------|-------------------|-------------------|-----------------------|
| Benefit Amendment | Form | Andrea Boring | 09/04/2008 | 09/04/2008 |

SERFF Tracking Number: SEFL-125800341 *State:* Arkansas
Filing Company: Assurity Life Insurance Company *State Tracking Number:* 40158
Company Tracking Number: A117 AMEND
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Dismemberment Dismemberment
Product Name: A117 Amend
Project Name/Number: A117 Amend/A117 Amend

Disposition

Disposition Date: 09/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-125800341 *State:* Arkansas
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Product Name: A117 Amend
Project Name/Number: A117 Amend/A117 Amend

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|----------------------------------|--------------------|----------------------|
| Supporting Document | Certification/Notice | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | Yes |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | Readability Certification | Approved-Closed | Yes |
| Form (revised) | Benefit Amendment | Approved-Closed | Yes |
| Form | Benefit Amendment | Withdrawn | Yes |

SERFF Tracking Number: SEFL-125800341 State: Arkansas
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 Product Name: A117 Amend
 Project Name/Number: A117 Amend/A117 Amend

Amendment Letter

Amendment Date:
 Submitted Date: 09/04/2008

Comments:

The document types were incorrect under the Forms Schedule tab. These have been revised to be in PDF Format.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|----------------|--|-----------|---------|-------------------|-------------------|-----------------|-------------------|--|
| AAW-A117 Amend | Certificate Amendment, Amendment Insert Page, Endorsement or Rider | Benefit | Initial | | | | 54 | AAW-A117 Amend.pdf Statement_of_Variability.pdf |

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 Company Tracking Number: A117 AMEND
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 Dismemberment Dismemberment
 Product Name: A117 Amend
 Project Name/Number: A117 Amend/A117 Amend

Form Schedule

Lead Form Number: AAW-A117 Amend

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|----------------|----------------------|-------------------|---------|----------------------|-------------|--|
| Approved-Closed | AAW-A117 Amend | Certificate Amendmen | Benefit Amendment | Initial | | 54 | AAW-A117 Amend.pdf Statement_of _Variability.pdf |



BENEFIT AMENDMENT

Amendment Effective Date: [_____¹]

All terms, explanation of terms, conditions and limitations stated in policy form AAW-A117 to which this amendment is attached [and Family Rider AAW-AR 260²] will also apply to this rider unless We state otherwise in this amendment.

Effective on the Amendment Effective Date shown above, the benefit amounts for the following benefits in the policy to which this rider is attached are amended to be the amounts shown below:

| | |
|--|---|
| ACCIDENTAL DEATH, DISMEMBERMENT & LOSS OF USE BENEFIT | |
| Principal Sum - You | \$[33,000.00 ³] |
| [Principal Sum – Spouse | 50% of the Insured’s Principal Sum ⁴] |
| [Principal Sum - Each Child | 20% of the Insured’s Principal Sum ⁵] |
| FRACTURE BENEFIT | |
| Maximum - You | 10% of the Insured’s Principal Sum |
| [Maximum – Spouse | 10% of the Spouse’s Principal Sum ⁴] |
| [Maximum - Each Child | 10% of Each Child’s Principal Sum ⁵] |
| LOSS OF TIME BENEFIT (EMPLOYEE ONLY) | |
| Monthly Benefit | \$[100.00 ⁶] |
| Maximum Benefit Period | 6 months |
| Waiting Period | 7 days |
| HOSPITAL INDEMNITY BENEFIT | |
| Daily Benefit | \$[33.00 ⁷] |
| X-RAY AND EMERGENCY MEDICAL SERVICE BENEFIT | |
| Maximum per Covered Accident | \$[495.00 ⁸] |
| Emergency Room | 1/3 of Maximum per Covered Accident |
| AMBULANCE BENEFIT | |
| Maximum - Ground Ambulance | \$[330.00 ⁹] |
| - Air Ambulance | 2 x Maximum Ground Ambulance |
| ADDITIONAL BENEFITS (EMPLOYEE ONLY) | |
| Tuition Benefit | 5% of Your Principal Sum/Yr./4 Yrs. |
| Day Care Benefit | 5% of Your Principal Sum/Yr./4 Yrs. |
| Rehabilitation Benefit | 5% of Your Principal Sum |
| Coma Benefit | 1% of Your Principal Sum/Month |
| Maximum Benefit Period | 100 months |
| Seat Belt Benefit | 10% of Your Principal Sum |
| Air Bag Benefit | 10% of Your Principal Sum |

Termination. This amendment will terminate on the date the policy to which it is attached terminates.

This amendment is attached to and forming part of Policy No. [_____¹⁰] issued by Assurity Life Insurance Company.

[President’s Signature]
President

[Secretary’s Signature]
Secretary

Statement of Variability

Variable data found in the policy is shown in brackets [xxxx]

1. Will print the effective date of the amendment.
2. Will print only if the policy has the Family Rider (AAW-AR 260) in force on the policy.
3. Will print the new amount payable (original amount multiplied by 3.3) for this benefit. This example assumes the original policy has a benefit amount of \$10,000.
4. Will print only if the spouse is insured under this policy.
5. Will print only if dependent children are insured under this policy
6. Will print the original amount payable for this benefit. This example assumes the original policy has a benefit amount of \$100.
7. Will print the new amount payable (original amount multiplied by 3.3) for this benefit. This example assumes the original policy has a benefit amount of \$10.
8. Will print the new amount payable (original amount multiplied by 3.3) for this benefit. This example assumes the original policy has a benefit amount of \$150.
9. Will print the new amount payable (original amount multiplied by 3.3) for this benefit. This example assumes the original policy has a benefit amount of \$100.
10. Will print the policy number this amendment corresponds with.

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Rate Information

Rate data does NOT apply to filing.

| | | | |
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| <i>SERFF Tracking Number:</i> | <i>SEFL-125800341</i> | <i>State:</i> | <i>Arkansas</i> |
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| <i>Product Name:</i> | <i>A117 Amend</i> | | |
| <i>Project Name/Number:</i> | <i>A117 Amend/A117 Amend</i> | | |

Supporting Document Schedules

| | | | | |
|-------------------------|----------------------------------|-----------------------|-----------------|------------|
| Satisfied -Name: | Certification/Notice | Review Status: | Approved-Closed | 09/08/2008 |
| Comments: | | | | |
| Attachment: | AR Cert of Compliance.pdf | | | |
| Bypassed -Name: | Application | Review Status: | Approved-Closed | 09/08/2008 |
| Bypass Reason: | N/A-Amendment Filing Only | | | |
| Comments: | | | | |
| Bypassed -Name: | Health - Actuarial Justification | Review Status: | Approved-Closed | 09/08/2008 |
| Bypass Reason: | N/A-Amendment Filing Only | | | |
| Comments: | | | | |
| Bypassed -Name: | Outline of Coverage | Review Status: | Approved-Closed | 09/08/2008 |
| Bypass Reason: | N/A-Amendment Filing Only | | | |
| Comments: | | | | |
| Satisfied -Name: | Readability Certification | Review Status: | Approved-Closed | 09/08/2008 |
| Comments: | | | | |
| Attachment: | READ CERT.pdf | | | |



STATE OF ARKANSAS
CERTIFICATE OF COMPLIANCE

Company Name: Assurity Life Insurance Company.

Form Title(s) and Numbers: AAW-A117 Amendment-Benefit Amendment

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.



Carol S. Watson
Vice President, General Counsel & Secretary

September 4, 2008

READABILITY CERTIFICATION

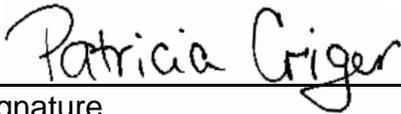
I hereby certify the following forms were tested for readability using Microsoft® Word XP program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): AAW-A117 Amend

Type of Form: Amendment

| Form No. | Description | Flesch Score |
|-----------------|--------------------|---------------------|
| AAW-A117 Amend | Benefit Amendment | 54.1 |



Signature

September 4, 2008
Date

Patricia Criger
Director, New Business Services

SERFF Tracking Number: SEFL-125800341 State: Arkansas
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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|------------------|----------|-------------------|---------------|---|
| No original date | Form | Benefit Amendment | 09/02/2008 | AAW-A117 Amend.doc Statement_of_Va riability.doc |

SERFF Tracking Number: SEFL-125800341 *State:* Arkansas
Filing Company: Assurity Life Insurance Company *State Tracking Number:* 40158
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Attachment "AAW-A117 Amend.doc" is not a PDF document and cannot be reproduced here.

