

SERFF Tracking Number: AFDL-125991376 State: Arkansas  
Filing Company: American Public Life Insurance Company State Tracking Number: 41897  
Company Tracking Number: APLHR26  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: APLHR26  
Project Name/Number: APLHR26/APLHR26

## Filing at a Glance

Company: American Public Life Insurance Company

Product Name: APLHR26 SERFF Tr Num: AFDL-125991376 State: ArkansasLH  
TOI: H21 Health - Other SERFF Status: Closed State Tr Num: 41897  
Sub-TOI: H21.000 Health - Other Co Tr Num: APLHR26 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Authors: Janice Farmer, Shari Vick, Disposition Date: 01/28/2009  
Ashlie Snyder  
Date Submitted: 01/23/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: APLHR26 Status of Filing in Domicile: Authorized  
Project Number: APLHR26 Date Approved in Domicile: 01/21/2009  
Requested Filing Mode: Review & Approval Domicile Status Comments: approved  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 01/28/2009 Deemer Date:  
State Status Changed: 01/28/2009  
Corresponding Filing Tracking Number:  
Filing Description:

American Fidelity Assurance Company is filing the above listed form for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

Enclosed for your approval is the above captioned form. This is a new form and does not replace any other form.

This rider will be used with all previously approved Individual accident and health policies. The Flesch score of

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APLHR26 is 50.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your State and such forms contain no provisions previously disapproved by the Department.

Thank you for your assistance with this matter. If you have any questions, please feel free to call me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com.

## Company and Contact

### Filing Contact Information

Ashlie Snyder, Compliance Analyst I ashlie.snyder@af-group.com  
 2000 Classen (800) 654-8489 [Phone]  
 Oklahoma City, OK 73160 (405) 523-5793[FAX]

### Filing Company Information

American Public Life Insurance Company CoCode: 60801 State of Domicile: Oklahoma  
 2305 Lakeland Drive Group Code: 330 Company Type: LAH  
 Flowood, MS 39232 Group Name: State ID Number:  
 (601) 936-2157 ext. [Phone] FEIN Number: 64-0349942  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? Yes  
 Fee Explanation: \$25.00 per rider  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$25.00	01/23/2009	25230204

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2009	01/28/2009

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## Disposition

Disposition Date: 01/28/2009

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>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Authorization	Approved-Closed	Yes
<b>Form</b>	Amendment Rider	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** APLHR26

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	APLHR26	Policy/Cont Amendment Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	APLHR26 Add Covered Person.pdf



# American Public Life Insurance Company

**A member of the American Fidelity Group**

2305 Lakeland Drive, Flowood, Mississippi 39232  
(601) 936-6600 • (800) 256-8606

## Amendment Rider

This rider is a part of the policy/certificate to which it is attached. It is subject to all the provisions of the policy/certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the policy/certificate to which it is attached.

In accordance with Your written request for policy/certificate change, it is understood and agreed that [INSERT NAME], [spouse/dependent child] of the insured, is hereby added to the coverage of said policy/certificate.

With said change in policy/certificate, it is understood and agreed that the [weekly/bi-weekly/semi-monthly/monthly/monthly bank draft/semi-annual/annual/other] premium will [remain at/now be] \$[XX.xx].

Said changes in policy to be effective [INSERT EFFECTIVE DATE].

Handwritten signature of Sharon D. Starnes in black ink.

Assistant Secretary

Handwritten signature of William F. Weems in black ink.

Vice President

<i>SERFF Tracking Number:</i>	<i>AFDL-125991376</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	01/28/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	AR FLESCH HEALTH.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	01/28/2009
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	01/28/2009
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Authorization	<b>Review Status:</b>	Approved-Closed	01/28/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Authorization08.pdf			



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## ARKANSAS FLESCH CERTIFICATION

This is to certify that the Flesch scores for the enclosed forms are as follows:

Form Number	Flesch Score	Words Contained in Text
APLHR26	50	120

The forms are printed in not less than 10 point type, one point leaded.

The application has been scored by the Flesch method.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', written over a horizontal line.

Alex M Bagby, A.S.A., M.A.A.A.  
Vice President and Chief Risk Officer

January 23, 2009

Date



# American Public Life Insurance Company

**A member of the American Fidelity Group.**

January 2, 2008

NAIC Number: 60801  
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA  
Vice President & Chief Risk Officer