

SERFF Tracking Number: SEFL-125973788 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
Company Tracking Number: AFOCMDIADI
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: AFOCMDIADI
Project Name/Number: AFOCMDIADI/AFOCMDIADI

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: AFOCMDIADI

TOI: H02I Individual Health - Accident Only

Sub-TOI: H02I.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: SEFL-125973788

SERFF Status: Closed

Co Tr Num: AFOCMDIADI

Co Status: Sent to State

Author: Andrea Boring

Date Submitted: 01/13/2009

State: ArkansasLH

State Tr Num: 41334

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 01/14/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AFOCMDIADI

Project Number: AFOCMDIADI

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/14/2009

State Status Changed: 01/14/2009

Corresponding Filing Tracking Number:

Filing Description:

See the filing description under Cover Letter on Supporting Documentation tab.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/31/2008

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

Andrea Boring, Policy Filing Specialist

1526 K St.

policyfiling@assurity.com

(800) 276-7619 [Phone]

SERFF Tracking Number: SEFL-125973788 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
Company Tracking Number: AFOCMDIADI
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: AFOCMDIADI
Project Name/Number: AFOCMDIADI/AFOCMDIADI

Lincoln, NE 68501-2533 (402) 437-3802[FAX]

Filing Company Information

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska
1526 K Street Group Code: -99 Company Type: Life/Health
P.O. Box 82533
Lincoln, NE 68501-2533 Group Name: State ID Number:
(800) 276-7619 ext. [Phone] FEIN Number: 38-1843471

SERFF Tracking Number: SEFL-125973788 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
Company Tracking Number: AFOCMDIADI
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: AFOCMDIADI
Project Name/Number: AFOCMDIADI/AFOCMDIADI

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$200.00	01/13/2009	25000341

SERFF Tracking Number: SEFL-125973788 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
Company Tracking Number: AFOCMDIADI
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: AFOCMDIADI
Project Name/Number: AFOCMDIADI/AFOCMDIADI

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/14/2009	01/14/2009

SERFF Tracking Number: SEFL-125973788 *State:* Arkansas
Filing Company: Assurity Life Insurance Company *State Tracking Number:* 41334
Company Tracking Number: AFOCMDIADI
TOI: H02I Individual Health - Accident Only *Sub-TOI:* H02I.000 Health - Accident Only
Product Name: AFOCMDIADI
Project Name/Number: AFOCMDIADI/AFOCMDIADI

Disposition

Disposition Date: 01/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-125973788 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
 Company Tracking Number: AFOCMDIADI
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: AFOCMDIADI
 Project Name/Number: AFOCMDIADI/AFOCMDIADI

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	Cover Letter	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Application for Insurance	Approved-Closed	Yes
Form	Monthly Disability Income Rider	Approved-Closed	Yes
Form	Monthly Disability Income Rider	Approved-Closed	Yes
Form	Rider Benefit Amendment	Approved-Closed	Yes
Form	Rider Benefit Amendment	Approved-Closed	Yes
Form	Accident Only Disability Income Rider	Approved-Closed	Yes
Form	Accident Only Disability Income Rider	Approved-Closed	Yes
Form	Rider Benefit Amendment	Approved-Closed	Yes
Form	Rider Benefit Amendment	Approved-Closed	Yes

SERFF Tracking Number: SEFL-125973788 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
 Company Tracking Number: AFOCMDIADI
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: AFOCMDIADI
 Project Name/Number: AFOCMDIADI/AFOCMDIADI

Form Schedule

Lead Form Number: OC-L T02-E

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	OC-L T02-E	Outline of Coverage	Outline of Coverage	Initial		50	Outline of Coverage.pdf
Approved-Closed	47-330-02171	Application/Enrollment Form	Application for Insurance	Initial		51	47-330-02171.pdf
Approved-Closed	R I0825-T	Policy/Contract	Monthly Disability Income Rider	Initial		50	R I0825-T.pdf
Approved-Closed	R I0825-W	Policy/Contract	Monthly Disability Income Rider	Initial		50	R I0825-W.pdf
Approved-Closed	R T25-T Amend	Policy/Contract	Rider Benefit Amendment	Initial		55	R T25-T Amend.pdf

SERFF Tracking Number: SEFL-125973788 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
 Company Tracking Number: AFOCMDIADI
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: AFOCMDIADI
 Project Name/Number: AFOCMDIADI/AFOCMDIADI

Approved- Closed	R T25-W Amend	Policy/Cont Rider Benefit ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	55	R T25-W Amend.pdf
Approved- Closed	R I0827-T	Policy/Cont Accident Only ract/Fratern Disability Income al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	R I0827-T.pdf
Approved- Closed	R I0827-W	Policy/Cont Accident Only ract/Fratern Disability Income al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	R I0827- W.pdf
Approved- Closed	R T27-T Amend	Policy/Cont Rider Benefit ract/Fratern Amendment al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	53	R T27-T Amend.pdf
Approved- Closed	R T27-W Amend	Policy/Cont Rider Benefit ract/Fratern Amendment	Initial	53	R T27-W Amend.pdf

SERFF Tracking Number: SEFL-125973788 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
Company Tracking Number: AFOCMDIADI
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: AFOCMDIADI
Project Name/Number: AFOCMDIADI/AFOCMDIADI
al
Certificate:
Amendmen
t, Insert
Page,
Endorseme
nt or Rider

ASSURITY LIFE INSURANCE COMPANY
P.O. Box 82533 – Lincoln, Nebraska 68501-2533
Toll free (800) 869-0355

ACCIDENTAL DEATH BENEFIT INSURANCE
OUTLINE OF COVERAGE

A. READ YOUR POLICY CAREFULLY! This Outline of Coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY**.

B. Accident only coverage is designed to provide coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Policy. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

C. BENEFITS. We will pay the Proceeds of Your Policy to Your Beneficiary(s) if the Insured dies as a result of an accidental bodily injury that happens while this Policy is in force. We will ask for satisfactory proof of the Insured's death and the return of the Policy before the Proceeds are paid. We will pay Proceeds in one lump sum or under a Payment Option.

Accidental death is death that results directly from an accidental bodily injury, independent of all other causes. Accidental Death must occur within 90 days of the date of the Insured's accidental bodily injury, and prior to the Policy Anniversary nearest the Insured's 75th birthday.

D. EXCLUSIONS. We will not pay the face amount if death results from the Insured:

- engaging in or attempting to commit a felony;
- engaging in an illegal occupation;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide; whether sane or insane;
- involved in any period of armed conflict, whether declared or not;
- using drugs or alcohol, except for prescribed drugs taken as prescribed;
- piloting a non-commercial aircraft more than 150 hours annually;
- "flying for pay" an aircraft outside of established air routes in the United States and Canada;
- involved in motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, underwater diving and pro sports;
- traveling outside of the United States or Canada for more than 14 days; or
- operating a motor vehicle while under the influence of alcohol or drugs.

E. RENEWABILITY. Your Policy must be Renewed to keep its coverage in force without submitting further Evidence of Insurability. You Renew Your Policy by paying all Premiums when due. Renewal may continue until the earlier of the date of the Insured's death or the Policy Anniversary nearest the date the Insured attains age 75. The Policy Schedule, page 3 of the Policy, shows the amount of each Premium payable for Renewal.

F. OPTIONAL BENEFIT RIDERS

Accident Only Disability Income Benefit Rider – We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first, if:

- the Insured is Totally Disabled due to an Accidental Injury;
- the Insured's Total Disability begins while this Rider is in force;
- the Insured's Total Disability begins within 180 days of the Accidental Injury causing the Total Disability;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

Return of Premium Rider – This rider provides a return of premium benefit that equals a portion of or all of the premiums paid for the policy and riders (if applicable).

Disability Waiver of Premium – We will waive the premiums for this policy and any attached riders if the Insured becomes Totally Disabled.

7. AGREEMENT

I (We) agree that:

1. All answers in this application are complete and true to the best of my (our) knowledge and belief and will be relied upon to determine insurability.
2. The first premium is equal to the full premium for the premium payment mode selected. If the first premium is paid on the date this application is signed, the insurance applied for becomes effective on that date subject to: **a.** the Company's underwriting requirements, **b.** the terms of the attached conditional receipt, and **c.** the terms of the policy applied for.
3. If the first premium is not paid on the date of this application, no insurance will be in effect unless: **a.** such policy is issued, delivered to and accepted by me (us), and the entire first premium is paid during the Proposed Insured's lifetime, and **b.** at the time of such delivery, acceptance or payment, whichever is later, all information furnished in this application remains true and complete to the best of my (our) knowledge.

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 subject to a substantial civil penalty where and to the extent allowed by state law.

Signed at _____ on _____
City State Date (MM/DD/YYYY)

Signature of Proposed Insured Signature of Policyowner (if other than Proposed Insured)

8. AGENT'S STATEMENT AND AGREEMENT

1. What amount was collected with this application? \$ _____
2. Has a Conditional Receipt been given to the Policyowner? Yes No
3. Has the Proposed Insured signed a Confidential Information Authorization and been given a Fair Credit and MIB Notification? Yes No

I hereby certify that I have accurately recorded in this application all information supplied by the Proposed Insured/Policyowner. The Proposed Insured/Policyowner has read the completed application, or has had the completed application read to them. I also certify that this insurance does does not replace or change any existing life, health or annuity coverage.

Signature of Soliciting Agent Date (MM/DD/YYYY) () / () Business Phone No. and Fax No.

Soliciting Agent's Printed Name Agent No. Agent's E-mail





MONTHLY DISABILITY INCOME RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the Premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any Premium change.

SCHEDULE

Issue Date:	[]
Insured:	[]
Monthly Benefit Amount:	[\$]
Elimination Period:	90 Consecutive Days	
Maximum Benefit Period:	24 Months	

DEFINITIONS

Complications of Pregnancy means a condition (when the pregnancy is not terminated), the diagnosis of which is distinct from pregnancy but which is adversely affected by pregnancy or caused by pregnancy, and include, but is not limited to: acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, an ectopic pregnancy which is surgically terminated or spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible; and pernicious vomiting (hyperemesis gravidarum), pre-eclampsia and toxemia with convulsions (eclampsia of pregnancy). Complications of Pregnancy cease upon termination of the pregnancy.

Complications of Pregnancy do not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as distinct Complications of Pregnancy.

Concurrent Total Disability means a Total Disability resulting from more than one cause at the same time (concurrent) and will be considered the same Total Disability.

Elimination Period means the number of days the Insured must be Totally Disabled before We pay the Monthly Benefit Amount. See the rider Schedule.

Injury means an accidental bodily injury that happens while this rider is in force.

Maximum Benefit Period means the number of months the Monthly Benefit Amount is payable. See the rider schedule.

Physician means a licensed medical provider acting within the scope of his or her license and providing care required by the condition causing the Insured's Total Disability. A Physician must be someone other than the Insured, Owner, or a member of the Insured or Owner's family.

Preexisting Condition means a Sickness or physical condition for which, in the past 24 months preceding the Issue Date of this rider, symptoms existed which would cause an ordinary prudent person to seek diagnosis, care or treatment, or for which medical advice was recommended by or received from a Physician.

Sickness means an illness, disease or condition that begins after the Issue Date of this rider.

Total Disability, Totally Disabled means a condition due to Injury or Sickness which:

- starts while this rider is in force;
- requires a Physician's care unless the Insured has reached the maximum point of recovery; and
- keeps the Insured from doing the important, substantial and material duties of the Insured's own occupation.

RIDER BENEFIT

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Injury or Sickness causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. The Insured will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

CLAIM PROCEDURES

You should give Us notice of a claim in writing. Unless it is not possible, notice should be given within 20 days after the Insured is first Totally Disabled. Notice should include the Insured's name and number of the Policy to which this rider is attached. Notice can be given to the Administrative Office or one of Our sales agents. Notice can be given on behalf of the Insured if it provides sufficient information to identify the Insured.

Once We have received notice of a claim, We will send claim forms. Claim forms are called Proof of Loss. If We do not send claim forms within 15 days of Notice of claim, a written statement will be accepted. The written statement must state the cause and nature of the loss, the extent of the loss, and be given in the Proof of Loss time limit.

Proof of Loss is due within 120 days after the Elimination Period. If this deadline cannot be met, Proof of Loss should be submitted as soon as possible. We will not reduce or deny Benefits because Proof of Loss is late. However, Proof of Loss must be provided within 16 months after the Elimination Period unless the Insured lacks legal capacity.

We will pay the Monthly Benefit Amount under this rider as soon as they are due after We receive Proof of Loss and verify the Total Disability. We will pay the Monthly Benefit Amount at the end of the month for which it is due.

EXCLUSIONS

We will not pay benefits under this rider for Total Disabilities that result from:

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- self-inflicting an injury intentionally;
- participating in or attempting to commit a felony;
- engaging in an illegal occupation;
- normal pregnancy (except for Complications of Pregnancy), childbirth or elective abortion; or
- a Preexisting Condition during the first 24 months following the Issue Date of this rider.

GENERAL PROVISIONS

Contestability. This rider is subject to the Contestability provision of the Policy.

Entire Contract. In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- the end of the Policy's term period;
- the Policy anniversary following the Insured's 65th birthday; or
- upon the Insured's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



MONTHLY DISABILITY INCOME RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the Premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any Premium change.

SCHEDULE

Issue Date:	[]
Insured:	[]
Monthly Benefit Amount:	[\$]
Elimination Period:	90 Consecutive Days	
Maximum Benefit Period:	24 Months	

DEFINITIONS

Complications of Pregnancy means a condition (when the pregnancy is not terminated), the diagnosis of which is distinct from pregnancy but which is adversely affected by pregnancy or caused by pregnancy, and include, but is not limited to: acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, an ectopic pregnancy which is surgically terminated or spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible; and pernicious vomiting (hyperemesis gravidarum), pre-eclampsia and toxemia with convulsions (eclampsia of pregnancy). Complications of Pregnancy cease upon termination of the pregnancy.

Complications of Pregnancy do not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as distinct Complications of Pregnancy.

Concurrent Total Disability means a Total Disability resulting from more than one cause at the same time (concurrent) and will be considered the same Total Disability.

Elimination Period means the number of days the Insured must be Totally Disabled before We pay the Monthly Benefit Amount. See the rider Schedule.

Injury means an accidental bodily injury that happens while this rider is in force.

Maximum Benefit Period means the number of months the Monthly Benefit Amount is payable. See the rider schedule.

Physician means a licensed medical provider acting within the scope of his or her license and providing care required by the condition causing the Insured's Total Disability. A Physician must be someone other than the Insured, Owner, or a member of the Insured or Owner's family.

Preexisting Condition means a Sickness or physical condition for which, in the past 24 months preceding the Issue Date of this rider, symptoms existed which would cause an ordinary prudent person to seek diagnosis, care or treatment, or for which medical advice was recommended by or received from a Physician.

Sickness means an illness, disease or condition that begins after the Issue Date of this rider.

Total Disability, Totally Disabled means a condition due to Injury or Sickness which:

- starts while this rider is in force;
- requires a Physician's care unless the Insured has reached the maximum point of recovery; and
- keeps the Insured from doing the important, substantial and material duties of the Insured's own occupation.

RIDER BENEFIT

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Injury or Sickness causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. The Insured will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

CLAIM PROCEDURES

You should give Us notice of a claim in writing. Unless it is not possible, notice should be given within 20 days after the Insured is first Totally Disabled. Notice should include the Insured's name and number of the Policy to which this rider is attached. Notice can be given to the Administrative Office or one of Our sales agents. Notice can be given on behalf of the Insured if it provides sufficient information to identify the Insured.

Once We have received notice of a claim, We will send claim forms. Claim forms are called Proof of Loss. If We do not send claim forms within 15 days of Notice of claim, a written statement will be accepted. The written statement must state the cause and nature of the loss, the extent of the loss, and be given in the Proof of Loss time limit.

Proof of Loss is due within 120 days after the Elimination Period. If this deadline cannot be met, Proof of Loss should be submitted as soon as possible. We will not reduce or deny Benefits because Proof of Loss is late. However, Proof of Loss must be provided within 16 months after the Elimination Period unless the Insured lacks legal capacity.

We will pay the Monthly Benefit Amount under this rider as soon as they are due after We receive Proof of Loss and verify the Total Disability. We will pay the Monthly Benefit Amount at the end of the month for which it is due.

EXCLUSIONS

We will not pay benefits under this rider for Total Disabilities that result from:

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- self-inflicting an injury intentionally;
- participating in or attempting to commit a felony;
- engaging in an illegal occupation;
- normal pregnancy (except for Complications of Pregnancy), childbirth or elective abortion; or
- a Preexisting Condition during the first 24 months following the Issue Date of this rider.

GENERAL PROVISIONS

Contestability. This rider is subject to the Contestability provision of the Policy.

Entire Contract. In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- the Policy anniversary following the Insured's 65th birthday; or
- upon the Insured's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



RIDER BENEFIT AMENDMENT

The section entitled "RIDER BENEFIT" is hereby deleted in its entirety and the following language substituted in its place:

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Injury or Sickness causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. You will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

The section entitled "TERMINATION" is hereby deleted in its entirety and the following language substituted in its place:

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- the end of the Policy's term period;
- the Policy anniversary following the Insured's 65th birthday; or
- upon the Insured's death.

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

[President's Signature]
President

[Secretary's Signature]
Secretary



RIDER BENEFIT AMENDMENT

The section entitled "RIDER BENEFIT" is hereby deleted in its entirety and the following language substituted in its place:

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Injury or Sickness causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. You will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

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

[President's Signature]
President

[Secretary's Signature]
Secretary



ACCIDENT ONLY DISABILITY INCOME RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the Premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any Premium change.

SCHEDULE

Issue Date:	[]
Insured:	[]
Monthly Benefit Amount:	[\$]
Elimination Period:	90 Consecutive Days	
Maximum Benefit Period:	24 Months	

DEFINITIONS

Accidental Injury means an accidental bodily injury that happens while this rider is in force.

Concurrent Total Disability means a Total Disability resulting from more than one cause at the same time (concurrent) and will be considered the same Total Disability.

Elimination Period means the number of days the Insured must be Totally Disabled before We pay the Monthly Benefit Amount. See the rider Schedule.

Maximum Benefit Period means the number of months the Monthly Benefit Amount is payable. See the rider schedule.

Physician means a licensed medical provider acting within the scope of his or her license and providing care required by the condition causing the Insured's Total Disability. A Physician must be someone other than the Insured, Owner, or a member of the Insured or Owner's family.

Preexisting Condition means a Sickness or physical condition for which, in the past 24 months preceding the Issue Date of this rider, symptoms existed which would cause an ordinary prudent person to seek diagnosis, care or treatment, or for which medical advice was recommended by or received from a Physician.

Total Disability, Totally Disabled means a resulting from an Accidental Injury and independent of all other causes which:

- occurs while this rider is in force;
- requires a Physician's care unless the Insured has reached the maximum point of recovery; and
- keeps the Insured from doing the important, substantial and material duties of the Insured's own occupation.

RIDER BENEFIT

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured's Total Disability begins within 180 days of the Accidental Injury causing the Total Disability;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Accidental Injury causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. The Insured will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

CLAIM PROCEDURES

You should give Us notice of a claim in writing. Unless it is not possible, notice should be given within 20 days after the Insured is first Totally Disabled. Notice should include the Insured's name and number of the Policy to which this rider is attached. Notice can be given to the Administrative Office or one of Our sales agents. Notice can be given on behalf of the Insured if it provides sufficient information to identify the Insured.

Once We have received notice of a claim, We will send claim forms. Claim forms are called Proof of Loss. If We do not send claim forms within 15 days of Notice of claim, a written statement will be accepted. The written statement must state the cause and nature of the loss, the extent of the loss, and be given in the Proof of Loss time limit.

Proof of Loss is due within 120 days after the Elimination Period. If this deadline cannot be met, Proof of Loss should be submitted as soon as possible. We will not reduce or deny Benefits because Proof of Loss is late. However, Proof of Loss must be provided within 16 months after the Elimination Period unless the Insured lacks legal capacity.

We will pay the Monthly Benefit Amount under this rider as soon as they are due after We receive Proof of Loss and verify the Total Disability. We will pay the Monthly Benefit Amount at the end of the month for which it is due.

EXCLUSIONS

We will not pay benefits under this rider for Total Disabilities that result from:

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- self-inflicting an injury intentionally;
- participating in or attempting to commit a felony;
- engaging in an illegal occupation;
- committing or attempting to commit suicide, whether sane or insane;
- using drugs or alcohol except for prescribed drugs taken as prescribed;
- piloting a non-commercial aircraft more than 150 hours annually;
- "flying for pay" an aircraft outside of established air routes in the United States or Canada;

- involved in motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, underwater diving and professional sports;
- traveling outside of the United States or Canada for more than 14 days;
- operating a motor vehicle while under the influence of alcohol or drugs; or
- a Preexisting Condition during the first 24 months following the Issue Date of this rider.

GENERAL PROVISIONS

Contestability. This rider is subject to the Contestability provision of the Policy.

Entire Contract. In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- the end of the Policy's term period;
- the Policy anniversary following the Insured's 65th birthday; or
- upon the Insured's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



ACCIDENT ONLY DISABILITY INCOME RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the Premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any Premium change.

SCHEDULE

Issue Date:	[]
Insured:	[]
Monthly Benefit Amount:	[\$]
Elimination Period:	90 Consecutive Days	
Maximum Benefit Period:	24 Months	

DEFINITIONS

Accidental Injury means an accidental bodily injury that happens while this rider is in force.

Concurrent Total Disability means a Total Disability resulting from more than one cause at the same time (concurrent) and will be considered the same Total Disability.

Elimination Period means the number of days the Insured must be Totally Disabled before We pay the Monthly Benefit Amount. See the rider Schedule.

Maximum Benefit Period means the number of months the Monthly Benefit Amount is payable. See the rider schedule.

Physician means a licensed medical provider acting within the scope of his or her license and providing care required by the condition causing the Insured's Total Disability. A Physician must be someone other than the Insured, Owner, or a member of the Insured or Owner's family.

Preexisting Condition means a Sickness or physical condition for which, in the past 24 months preceding the Issue Date of this rider, symptoms existed which would cause an ordinary prudent person to seek diagnosis, care or treatment, or for which medical advice was recommended by or received from a Physician.

Total Disability, Totally Disabled means a resulting from an Accidental Injury and independent of all other causes which:

- occurs while this rider is in force;
- requires a Physician's care unless the Insured has reached the maximum point of recovery; and
- keeps the Insured from doing the important, substantial and material duties of the Insured's own occupation.

RIDER BENEFIT

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured's Total Disability begins within 180 days of the Accidental Injury causing the Total Disability;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Accidental Injury causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. The Insured will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

CLAIM PROCEDURES

You should give Us notice of a claim in writing. Unless it is not possible, notice should be given within 20 days after the Insured is first Totally Disabled. Notice should include the Insured's name and number of the Policy to which this rider is attached. Notice can be given to the Administrative Office or one of Our sales agents. Notice can be given on behalf of the Insured if it provides sufficient information to identify the Insured.

Once We have received notice of a claim, We will send claim forms. Claim forms are called Proof of Loss. If We do not send claim forms within 15 days of Notice of claim, a written statement will be accepted. The written statement must state the cause and nature of the loss, the extent of the loss, and be given in the Proof of Loss time limit.

Proof of Loss is due within 120 days after the Elimination Period. If this deadline cannot be met, Proof of Loss should be submitted as soon as possible. We will not reduce or deny Benefits because Proof of Loss is late. However, Proof of Loss must be provided within 16 months after the Elimination Period unless the Insured lacks legal capacity.

We will pay the Monthly Benefit Amount under this rider as soon as they are due after We receive Proof of Loss and verify the Total Disability. We will pay the Monthly Benefit Amount at the end of the month for which it is due.

EXCLUSIONS

We will not pay benefits under this rider for Total Disabilities that result from:

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- self-inflicting an injury intentionally;
- participating in or attempting to commit a felony;
- engaging in an illegal occupation;
- committing or attempting to commit suicide, whether sane or insane;
- using drugs or alcohol except for prescribed drugs taken as prescribed;
- piloting a non-commercial aircraft more than 150 hours annually;
- "flying for pay" an aircraft outside of established air routes in the United States or Canada;

- involved in motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, underwater diving and professional sports;
- traveling outside of the United States or Canada for more than 14 days;
- operating a motor vehicle while under the influence of alcohol or drugs; or
- a Preexisting Condition during the first 24 months following the Issue Date of this rider.

GENERAL PROVISIONS

Contestability. This rider is subject to the Contestability provision of the Policy.

Entire Contract. In this rider, "Policy" means the Policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- the Policy anniversary following the Insured's 65th birthday; or
- upon the Insured's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
 Administrative Office
 P.O. Box 82533, Lincoln, Nebraska 68501-2533
 Toll-free (800) 869-0355**



RIDER BENEFIT AMENDMENT

The section entitled "RIDER BENEFIT" is hereby deleted in its entirety and the following language substituted in its place:

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured's Total Disability begins within 180 days of the Accidental Injury causing the Total Disability;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Accidental Injury causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. The Insured will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

The section entitled "TERMINATION" is hereby deleted in its entirety and the following language substituted in its place:

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date the Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- the end of the Policy's term period;
- the Policy anniversary following the Insured's 65th birthday; or
- upon the Insured's death.

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

[President's Signature]
President

[Secretary's Signature]
Secretary



RIDER BENEFIT AMENDMENT

The section entitled "RIDER BENEFIT" is hereby deleted in its entirety and the following language substituted in its place:

We will pay the Monthly Benefit Amount to the Insured if:

- the Insured is Totally Disabled;
- the Insured's Total Disability begins while this rider is in force;
- the Insured's Total Disability begins within 180 days of the Accidental Injury causing the Total Disability;
- the Insured has satisfied the Elimination Period; and
- the Insured's Total Disability began prior to the Policy anniversary following the Insured's 65th birthday.

We will pay the Monthly Benefit for the duration of the Total Disability or until the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of any Concurrent Disabilities.

A reoccurrence of a Total Disability will be considered a continuation of a prior Total Disability (recurrent) if it is due to the same cause and separated by six months or less during which the Insured returned to work on a continuous basis. A Total Disability is due to the same cause if the Accidental Injury causing the current Total Disability is the same as, or directly related to, the cause of the last Total Disability. A recurrent Total Disability will have only one Elimination Period and one Maximum Benefit Period. If a period of more than six months, during which the Insured returned to work, separates a recurrent Total Disability, We will consider each period of Total Disability as separate. The Insured will be required to wait through a new Elimination Period before the Monthly Benefit Amount will be paid. A new maximum Benefit Period will apply to each period of Total Disability.

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

[President's Signature]
President

[Secretary's Signature]
Secretary

SERFF Tracking Number: SEFL-125973788 *State:* Arkansas
Filing Company: Assurity Life Insurance Company *State Tracking Number:* 41334
Company Tracking Number: AFOCMDIADI
TOI: H02I Individual Health - Accident Only *Sub-TOI:* H02I.000 Health - Accident Only
Product Name: AFOCMDIADI
Project Name/Number: AFOCMDIADI/AFOCMDIADI

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-125973788 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 41334
 Company Tracking Number: AFOCMDIADI
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: AFOCMDIADI
 Project Name/Number: AFOCMDIADI/AFOCMDIADI

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	01/14/2009
Comments:				
Attachment:				
	AR NEW Certification.pdf			
Bypassed -Name:	Application	Review Status:	Approved-Closed	01/14/2009
Bypass Reason:	The application is attached to the Form Schedule tab.			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	01/14/2009
Bypass Reason:	The rates were previously filed and approved.			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	01/14/2009
Bypass Reason:	The Outline of Coverage is attached to the Form Schedule tab.			
Comments:				
Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	01/14/2009
Comments:				
Attachment:				
	Cover Letter_AR.pdf			



Company Name: Assurity Life Insurance Company

Form Title(s) and Numbers:

OC-L T02-E	Outline of Coverage
47-330-02171	Application for Insurance
R I0825-T	Monthly Disability Income Rider
R I0825-W	Monthly Disability Income Rider
R T25-T Amend	Rider Benefit Amendment
R T25-W Amend	Rider Benefit Amendment
R I0827-T	Accident Only Disability Income Rider
R I0827-W	Accident Only Disability Income Rider
R T27-T Amend	Rider Benefit Amendment
R T27-W Amend	Rider 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

January 13, 2009

January 13, 2009

ARKANSAS INSURANCE DEPARTMENT
1200 W THIRD ST
LITTLE ROCK AR 72201-1904

Filing Company:	Assurity Life Insurance Company
NAIC No:	71439-000
Company Filing No:	AFOCMDIADI et al.
Kind of Insurance:	Life

Form Numbers	Form Title
OC-L T02-E	Outline of Coverage
47-330-02171	Application for Insurance
R I0825-T	Monthly Disability Income Rider
R I0825-W	Monthly Disability Income Rider
R T25-T Amend	Rider Benefit Amendment
R T25-W Amend	Rider Benefit Amendment
R I0827-T	Accident Only Disability Income Rider
R I0827-W	Accident Only Disability Income Rider
R T27-T Amend	Rider Benefit Amendment
R T27-W Amend	Rider Benefit Amendment

Dear Sir or Madam:

Assurity Life Insurance Company submits the above captioned forms for review and approval.

The Outline of Coverage (OC-L T02-E) is new, has not been submitted previously and does not replace any form previously approved. This form is being submitted for your approval due to an internal company audit, which brought to our attention that this form had not been previously filed.

The Outline of Coverage will be utilized with policy form L T02-E. This policy form was approved by your department on July 29, 2005.

Application 47-330-02171 will be used when applying for coverage under policy form L T02-E. Once approved, this form will replace APP-05-LT02, which was also approved by your department on July 29, 2005.

When approved, forms R I0825-T and R I0825-W will replace form R T25, which was approved by your department on April 15, 2004. Forms R I0827-T and R I0827-W will replace form R T27-E when approved. R T27-E was approved by your department on 07/29/2005. Forms R T25-T Amend, R T25-W Amend, R T27-T Amend and R T27-W Amend will not replace any previously approved forms.

Upon review of previously approved form R T25 and R T27-E, it has been discovered that the Rider Benefit section states that the disability must begin prior to the anniversary following the insured's 60th birthday. However, the rider does not terminate until the anniversary following the insured's 65th birthday. To correct this, we have changed the Rider Benefit section of forms R I0825-T, R I0825-W, R I0827-T and R I0827-W to say that the disability must begin prior to the insured's 65th birthday. Forms R I0825-T and R I0827-T also include in the Termination section that the coverage terminates at the end of the policy's term period which is how it is stated in the Actuarial Memorandums for R T25 and R T27-E. All other provisions of the forms are substantially similar to those approved under forms R T25 and R T27-E.

Because we anticipate no change in the resulting insured population, we anticipate no resulting change in mortality or morbidity. Therefore, we do not expect a change in premiums or expected loss ratio. Forms R I0825-T and R I0825-W will use the same actuarial memorandum and rates as those contained in the filing for R T25. Forms R I0827-T and R I0827-W will use the same actuarial memorandum as approved in the filing for R T27-E and rates as those approved in the filing for R T27-E.

Forms R I0825-T and R I0827-T will be available with policy form no. I L0760, which was approved by your department on April 10, 2008. Forms R I0825-W and R I0827-W will be available with policy form no. I L0880, which your department approved on 10/20/2008. Form R I0827-W will also be available with policy form no. L T02-E, which was approved by your department on July 29, 2005.

Form R T25-T Amend will be sent to current term life policyholders of form R T25. This is to amend their Rider Benefit and Termination sections.

Form R T25-W Amend will be sent to current whole life policyholders of form R T25. This is to amend their Rider Benefit section.

Form R T27-T Amend will be sent to current term life policyholders of form R T27-E. This is to amend their Rider Benefit and Termination sections.

Form R T25-W Amend will be sent to current whole life policyholders of form R T25. This is to amend their Rider Benefit section.

Should you have any questions or concerns regarding this submission, please contact me at 1-800-276-7619 ext. 3453. I may also be reached via email at policyfiling@assurity.com.

Best regards,

A handwritten signature in black ink that reads "Andrea Boring". The signature is written in a cursive, flowing style.

Andrea Boring
Policy Filing Specialist
New Business Services