

SERFF Tracking Number: LBLI-126356292 State: Arkansas
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 43905
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Limited Pay Life
Project Name/Number: /

Filing at a Glance

Company: Liberty Bankers Life Insurance Company

Product Name: Limited Pay Life SERFF Tr Num: LBLI-126356292 State: Arkansas
TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 43905
Closed
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed
Premium - Single Life
Filing Type: Form Reviewer(s): Linda Bird
Author: Chad Leiding Disposition Date: 10/29/2009
Date Submitted: 10/27/2009 Disposition Status: Approved-Closed
Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 10/29/2009 Explanation for Other Group Market Type:
State Status Changed: 10/29/2009
Deemer Date: Created By: Chad Leiding
Submitted By: Chad Leiding Corresponding Filing Tracking Number:
Filing Description:
RE: Liberty Bankers Life Insurance Company
NAIC# 68543
FEIN# 25-1093277

LBL-LPL-1009-AR Limited Pay Whole Life Policy
APPHS0206REIN Reinstatement Application

SERFF Tracking Number: LBLI-126356292 State: Arkansas
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To whom it may concern:

The above listed forms are being submitted for your review and approval. These forms are new and are not replacing any previously approved policy forms.

Form LBL-LPL-1009-AR is a limited pay whole life policy. Currently we plan to market a 20-pay life and a life paid up at age 65. The issue ages for the 20-pay life will be from 0-80 and 0-50 for the life paid up at age 65. The issue amounts will be from \$3,000 up to \$4,000,000.

APPHS0206REIN will be the reinstatement application used by our home service agents.

Application Form LBL-HS-APP-1008 was previously filed with your Department and will be used with this policy form. It was filed/approved with your Department on 3/13/09 (SERFF filing # LBLI-126064323).

Previously approved life riders LBL-WPR-0408, LBL-CHILD-0408, LBL-ADD-0408 will be used with this product. These were filed/approved with your Department on 4/18/08 (SERFF filing # LBLI-125599290).

These products will not be marketed with an illustration since all premiums and benefits are guaranteed. As of this date there is not any advertising that will be used with this product. This product will be marketed through a home service marketing system but may also be sold by our ordinary agents through a general agency marketing system.

To the best of our knowledge, this filing is complete, does not contain any unusual that may differ from industry standards and is intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Chad Leiding, V.P Compliance chad.leiding@libertybankerslife.com
1800 Valley View Lane 469-522-4332 [Phone]
Suite 300 469-522-4380 [FAX]
Dallas, TX 75234

Filing Company Information

Liberty Bankers Life Insurance Company CoCode: 68543 State of Domicile: Oklahoma
1800 Valley View Lane Group Code: 3436 Company Type: LAH
Suite 300 Group Name: State ID Number:
Dallas, TX 75234 FEIN Number: 25-1093227
(469) 522-4332 ext. [Phone]

SERFF Tracking Number: LBLI-126356292 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: Domiciliary Charges \$50/policy form and \$25/application.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Bankers Life Insurance Company	\$75.00	10/27/2009	31578919

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/29/2009	10/29/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/29/2009	10/29/2009	Chad Leiding	10/29/2009	10/29/2009
Pending Industry Response	Linda Bird	10/29/2009	10/29/2009	Chad Leiding	10/29/2009	10/29/2009

SERFF Tracking Number: LBLI-126356292 State: Arkansas
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Disposition

Disposition Date: 10/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LBLI-126356292 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	LP Policy Form		Yes
Form (revised)	Reinstatement Application		Yes
Form	Reinstatement Application	Replaced	Yes
Form	Reinstatement Application	Replaced	Yes

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/29/2009
Submitted Date 10/29/2009
Respond By Date 11/30/2009

Dear Chad Leiding,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: LBLI-126356292 State: Arkansas
 Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 43905
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Limited Pay Life
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/29/2009
 Submitted Date 10/29/2009

Dear Linda Bird,

Comments:

Hello

Response 1

Comments: Attached is the revised reinstatement application. it is now AR-specific.

Related Objection 1

Comment:

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Reinstatement Application	APPHS02 06REIN- AR		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		49.600	APPHS02 06REIN- AR.pdf
<i>Reinstatement Application</i>	<i>APPHS02 06REIN</i>		<i>Certificate Amendment, Insert Page, Endorsement or Rider</i>	<i>Initial</i>		<i>49.600</i>	<i>APPHS02 06REIN.p df</i>
Reinstatement Application	APPHS02 06REIN		Certificate Amendment, Insert Page, Endorsement	Initial		49.600	

SERFF Tracking Number: LBLI-126356292 State: Arkansas
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Project Name/Number: /

or Rider

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Chad Leiding

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Company Tracking Number:
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Product Name: Limited Pay Life
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/29/2009
Submitted Date 10/29/2009
Respond By Date 11/30/2009

Dear Chad Leiding,

This will acknowledge receipt of the captioned filing.

Objection 1

- Reinstatement Application, APPHS0206REIN (Form)

Comment: The Reinstatement Application form #APPHS0206REIN was not included as an attachment on this submission.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/29/2009
 Submitted Date 10/29/2009

Dear Linda Bird,

Comments:

Hello,

Response 1

Comments: Attached is the reinstatement application. Sorry about that.

Related Objection 1

Applies To:

- Reinstatement Application, APPHS0206REIN (Form)

Comment:

The Reinstatement Application form #APPHS0206REIN was not included as an attachment on this submission.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Reinstatement Application</i>	<i>APPHS0206REIN</i>		<i>Certificate Amendment, Insert Page, Endorsement or Rider</i>	<i>Initial</i>		<i>49.600</i>	<i>APPHS0206REIN.pdf</i>
Previous Version							
<i>Reinstatement Application</i>	<i>APPHS0206REIN</i>		<i>Certificate Amendment, Insert Page, Endorsement or Rider</i>	<i>Initial</i>		<i>49.600</i>	

SERFF Tracking Number: *LBLI-126356292* *State:* *Arkansas*
Filing Company: *Liberty Bankers Life Insurance Company* *State Tracking Number:* *43905*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Limited Pay Life*
Project Name/Number: */*

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Chad Leiding

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 Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 43905
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Form Schedule

Lead Form Number: LBL-LPL-1009-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LBL-LPL-1009-AR	Policy/Cont LP Policy Form ract/Fraternal Certificate	Initial		54.500	LBL-LPL-1009-AR.pdf
	APPHS0206REIN-AR	Certificate Reinstatement Amendmen Application t, Insert Page, Endorseme nt or Rider	Initial		49.600	APPHS0206REIN-AR.pdf



Liberty Bankers Life

Insurance Company

Administrative Office: P O Box 5147, Springfield, Illinois 627055147
Toll-Free 800-972-6615 Toll-Free Fax 866-505-9377

Home Office: 1605 LBJ Freeway, Suite 710
Dallas, Texas 75234
(469) 522-4400 FAX (469) 522-4380

Limited Pay Whole Life

Premiums are payable for a limited period as stated in schedule page

Sum insured payable at death of the insured

Non-participating

Agreement

The Company agrees to pay the death benefit to the respective beneficiary, upon receipt of due proof of the insured's death, if the insured dies while this Policy is in force. This agreement is subject to the terms of this Policy.

Consideration for Issuing

This Policy is issued in consideration of:

1. the application; and
2. the payment of premiums as provided.

Thirty-Day Right to Examine Policy

If, for some reason, you are not satisfied with this policy, you may return it within 30 days after you receive it. You may return the policy to the Company or to the agent who sold it to you, either by delivery or by mailing. Upon return of the policy, it will be cancelled from the start and any premium paid will be refunded.

PLEASE EXAMINE THIS POLICY CAREFULLY.

This Policy is signed for **LIBERTY BANKERS LIFE
INSURANCE COMPANY.**

President

Secretary

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SCHEDULE PAGE

Policy Number	[10000W]	ADDITIONAL BENEFITS PROVIDED BY RIDER	
Policy Date	[11/01/09]	Rider:	Annual Premium
Type of Policy	Limited Pay	Child Rider [2 Units]	[\$78.00]
Classification	[Standard]	AD&D w CC Rider \$12,000	[\$12.00]
Insured's Name	[John Doe]	Waiver of Premium Rider	[\$49.33]
Age at Issue	[45]		
Insured's Sex	[Male]	TOTAL ANNUAL PREMIUM	[\$665.93]
Sum Insured	[\$10,000]		
(Annual) Premium	[\$526.60]	MODAL PREMIUM	[\$59.60]
Beneficiary's Name	[Jane Doe]		
Owner	[John Doe]	[PREMIUMS ARE PAYABLE FOR [20] YEARS]	

**Table of Nonforfeiture Values
For Entire Sum Insured**

End Policy Year	Cash or Loan Value	Paid-up Life Insurance	Extended Term Insurance	
			Years	Days
1	0	0	0	0
2	4	13	0	236
3	28	83	4	73
4	52	149	6	292
5	78	215	8	316
6	104	277	10	174
7	132	339	11	298
8	160	397	12	305
9	189	453	13	266
10	219	507	14	201
15	384	759	17	286
20	583	1,000		
25	658	1,000		
30	732	1,000		
35	800	1,000		
40	855	1,000		
45	895	1,000		
50	921	1,000		
55	1,000	1,000		

Mortality Table: 2001 CSO ALB Ultimate (200%)
Reserve Method: Commissioners Reserve
Valuation Method

Interest rate for reserves: 4.0% all years
Interest rate for cash values: 5.0% all years
Loan interest rate: 7.4% per annum payable in advance

POLICY PREMIUM MODES

ANNUAL [\$665.93]	SEMI-ANNUAL [\$339.62]	QUARTERLY [\$176.47]	MONTHLY BANK DRAFT [\$59.60]
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DEFINITIONS

In this Policy:

The Company, We, Our, or Us
refers to **LIBERTY BANKERS LIFE
INSURANCE COMPANY.**

You or Your
refers to the owner of this Policy, as shown in the application unless subsequently changed. The owner may be someone other than the insured.

Insured
is the person whose life is insured under this Policy. The insured is named in the Schedule.

Beneficiary
means the person to receive the benefits payable at the insured's death.

Owner
refers to the owner of this Policy; the owner is the person who may exercise all Policy privileges and rights while the insured is living. The owner is named in the Schedule.

Policy Date
means the date this Policy begins. This is the date from which Policy anniversaries, Policy years, Policy months, and premium due dates are determined. The Policy date is shown in the Schedule.

Policy Anniversary
means the same date and month as the Policy dated for each succeeding year this Policy remains in force.

Policy Year
means the period from the Policy date to the first Policy anniversary, or from one Policy anniversary to the next. A Policy year does not include the Policy anniversary at the end of the Policy year.

Written Request
means a request in writing signed by you and acceptable to us. We may require that your Policy be sent in with your written request.

Terminate
means the insured's life is no longer insured under this Policy.

Age
means the insured's age at the insured's last birthday. The insured's age at any Policy anniversary is the insured's age at the insured's last birthday.

Lapse
means termination of this Policy due to nonpayment of premium.

Reinstatement
means the Policy is put back in force after it has lapsed.

Rider
means an additional agreement attached to this Policy.

POLICY GUIDE

Signature Page	1	Change of Plan	6
Policy Schedule	2	Premium & Reinstatement Provisions	6
Definitions	3	Loan Provisions	7
General Provisions	4	Nonforfeiture Provisions	7
Ownership, Beneficiary & Assignment Rights	5	Other Information	8
Death Benefit Provision	5	<i>A copy of the Application and any Endorsements or Riders follow page 9.</i>	

GENERAL PROVISIONS

Contract

This Policy is issued in consideration of the application for this Policy and the payment of the premiums.

The contract is:

1. this Policy;
2. applications, riders and amendments attached at the time of issue; and
3. all later applications, riders and amendments we may attach or send you to attach.

Any statements made in the application(s) either by you or by the insured will, in the absence of fraud, be considered representations and not warranties. Only statements made in the attached application(s) may be used to deny a claim or void this Policy.

No change or waiver of any Policy provisions will be valid unless they are made in writing by us and signed by two of our Officers. No agent or other person has the authority to change or waive any provision of this Policy.

Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy unless we state otherwise.

Incontestability

After this Policy has been in force during the insured's lifetime for two (2) years from the Policy date shown on page 2, we cannot contest this Policy, except for the nonpayment of premiums. This provision does not apply to any rider providing benefits for disability or death by accident.

Any reinstatement for which we require an application showing insurability will be incontestable after this Policy has been in force during the insured's lifetime for two (2) years from the effective date of reinstatement. Any contest of a reinstatement will be based on the reinstatement application.

Suicide

If the insured, whether sane or insane, dies by suicide within two years from the Policy date, our liability will be limited to a refund of the amount equal to the premiums paid for this Policy.

Misstatement of Age or Sex

We issued this Policy on the basis of the insured's age and sex shown in the application for this Policy. If the insured's age or sex has been misstated, we will adjust the death benefit. The death benefit payable will be that amount which the premiums would have purchased based upon the insured's correct age and sex.

OWNERSHIP, BENEFICIARY & ASSIGNMENT RIGHTS

Owner

The owner for this policy is the applicant unless otherwise stated in the application or later changed. The owner may exercise all the rights under this policy during the insured's lifetime by making written request to us. All the rights of the owner are subject to the rights of any assignee and of any irrevocable beneficiary we have on record.

If the owner dies before the insured, the rights of the owner may be exercised by the owner's estate unless this policy says otherwise.

If the insured is a minor on the policy date, ownership will automatically pass to the insured on the insured's 21st birthday, unless this policy says otherwise.

Beneficiary

The beneficiary is as named in the application unless changed as provided for in this Policy. If a beneficiary dies before the insured, the interest of that beneficiary will pass to you, unless this Policy says otherwise. We may rely on affidavits or other evidence in identifying the persons in any class named as beneficiary. Any payment we make in good faith based on this shall satisfy to that extent what we owe on this Policy.

Changes in Owner and Beneficiary

Unless this Policy provides otherwise, while you are living, the owner or beneficiary, or both, may be changed by filing a signed written request. If an irrevocable beneficiary has been named in the Policy and is still living, that person's written consent will be needed for any beneficiary change. This change will not take effect until recorded by us at our home office. Once recorded, the change will be effective as of the date the request was signed, but this change will be subject to any payment or action we took before recording it.

Assignment

You may assign this Policy. The assignment must be in writing and filed at our home office. We are not responsible for the validity or effect of any assignment. The assignment is subject to all Policy debt and any right of the Company to make automatic premium loans. Any benefits which become payable to an assignee will be payable in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. The rights of the owner and of any irrevocable beneficiary are subject to any assignment.

DEATH BENEFIT PROVISION

Death Benefit

Any death benefit payable at the death of the insured will be the sum of:

1. the sum insured shown on page 2; and
2. the portion of any premium paid beyond the Policy month that death occurs;

less:

1. any Policy debt; and
2. any premium due and unpaid as of the date of death.

Proof of Death

Any death benefit payable will be paid when we receive due proof of the insured's death. Such proof must be sent to our home office. Claim forms will be made available to the beneficiary upon request.

Surrender Benefits

Any time during the life of the insured, the owner may surrender this Policy and withdraw its net cash value. The net cash value is the cash value less any Policy debt. The Company may defer payment for up to six months after such request. If the Company postpones payments for more than 31 days, the Company will pay the person entitled, interest at a rate of not less than 3% per year on the amount of the cash surrender value for the period postponed.

PAYMENT OF BENEFIT

Lump Sum

We will pay the death benefit in a lump sum (cash) unless otherwise agreed. We will pay the benefit at our home office. This Policy must be turned in to us when we pay the benefit. If no benefit survives, this Policy will terminate and will no longer be in effect upon such surrender.

Interest on Payment

We will add interest to our one sum payment. We will figure the interest from the date of the insured's death until the date of our payment. The interest rate will be 3% per year, or if greater, the interest rate, if any, required by law in the state where this Policy was issued.

CHANGE OF PLAN

Change of Plan

The owner may exchange this Policy for a Policy on another plan subject to the Company's approval and the requirements and payments as determined by the Company.

PREMIUM AND REINSTATEMENT PROVISIONS

Paying Premiums

The Schedule shows the amount and frequency of premium payments for this Policy and any benefit riders attached on the Policy date. You may pay this premium at our home office or to one of our authorized agents. If asked, we will send you a receipt for your payment.

Frequency May Be Changed

Premiums may be paid annually, semiannually, quarterly, or monthly. The owner may change the frequency of premium payments, shown on page 2, subject to the Company's approval.

First Premium

The first premium is due on or before the Policy date. The Policy will not take effect until it has been delivered and the first premium paid while the insured is alive and prior to any change in health as shown in the application. Each later premium is due on or before the end of the period covered by the preceding premium. The

premiums are payable until the end of the premium paying period shown on the Schedule Page or until the insured's death

Other Methods of Paying Premiums

It may be possible for you to make arrangements with your employer to pay your premiums by payroll deduction. Also, if your bank agrees, you may request that your premiums be automatically withdrawn from your checking account and paid directly to us by your bank. We will accept monthly premiums paid by either of these methods. If for any reason your employer or bank fails to pay a premium when it is due or during the grace period, this Policy will lapse, subject to the Reinstatement Provision.

Grace Period

If you do not pay a premium on a premium due date, we will keep this Policy and any riders in force for a grace period of 31 days. We will mail the owner and any assignee shown on our records a notice of the amount of premium that must be paid to keep this Policy in force beyond the end of the grace period. If this premium is not paid, this Policy will lapse without value. If the insured dies during the grace period, we will deduct any past due premium from any death benefit payable. This 31 day grace period does not apply to the first premium payment. The first premium must be paid when this Policy is delivered.

Reinstatement

This Policy may be reinstated at any time within three years after it has been terminated, provided:

1. it has not been surrendered for cash;
2. a written application for reinstatement is submitted to the Company;
3. evidence of insurability satisfactory to the Company is furnished;
4. all overdue premiums with interest at the Policy loan interest rate, shown on page 2, are paid; and
5. any Policy debt with interest is reinstated or paid.

Coverage under any reinstated Policy will not begin until the date we approve the application for reinstatement.

LOAN PROVISIONS

Loan Agreement

The Company will loan to the owner all or part of the loan value at the loan interest rate shown on page 2. The following rules apply:

1. this Policy must be in force other than as extended insurance.
2. a proper loan agreement is executed and received by the Company.
3. a satisfactory assignment of the Policy to the Company is made.

The Company reserves the right to require this Policy for endorsement of a loan. This Policy will be the sole security for the loan. The Company may defer a loan for six months from the date of request. The Company will not defer a loan to be used to pay premiums on this Policy.

Loan Value

The loan value is the cash value as of the next Policy anniversary, or the next premium due date if earlier, less:

1. any due and unpaid premiums;
2. any existing Policy debt; and
3. interest in advance to the end of the next Policy anniversary on the entire Policy debt.

The Policy debt is the total outstanding loan with interest.

Loan Interest

Interest is computed annually in advance at the rate shown on page 2. Interest on the Policy debt is due on each Policy anniversary. If interest is not paid when due, it will be added to the Policy debt and will bear interest at the same rate.

Policy Debt Limit

Any part of the Policy debt may be repaid at any time. If the Policy debt equals or exceeds the cash value, this Policy will terminate. The termination date will be 31 days after notice is mailed to the owner, and to any assignee of record at the home office of the Company.

Notice will be sent to the last known address in the Company's files.

Automatic Premium Loan

The automatic premium loan option may be selected in the application or later by written request.

This option may be revoked by written request from the owner to the Company at the home office. Any premium not paid by the end of the grace period will be paid by charging the premium as a loan if:

1. the automatic premium loan option is then in effect;
2. the amount of premium paid together with interest in advance to the end of the next Policy anniversary does not exceed the net cash value; and
3. the loan value is sufficient to pay a quarterly premium (or a monthly premium if the mode of premium payment is monthly), otherwise, the automatic premium loan provision is not in effect and the Policy will either terminate if there is no net cash value, or, if a cash value is available, the nonforfeiture option will apply.

NONFORFEITURE PROVISIONS

Nonforfeiture Values

The values for the nonforfeiture options are shown on page 2. The values shown at the end of a Policy year assume that all premiums have been paid to the end of the Policy year and there is no Policy debt.

The values available during a Policy year will be calculated on a basis consistent with that used to calculate values at the end of a Policy year. Allowance will be made for the months completed and the portion of premium paid within such Policy year.

Upon request, the Company will furnish values for periods not shown.

Nonforfeiture Options

If:

1. any premium remains unpaid at the end of the grace period;
2. there is cash value available as of the due date of the premium in default; and
3. the automatic premium loan option is not in effect, then; during the 60 days after the due date of such premium in default, the following options will be available:

A. **NET CASH VALUE.** The Policy may be surrendered for its net cash value. The net cash value is the cash value less any Policy debt. The Company may defer payment for up to six months from date surrender requested.

B. **PAID-UP INSURANCE.** The paid-up insurance will be payable at a like time and in a like manner as the original Policy. The net cash value is used as a single premium to purchase the paid-up insurance. The single premium is based on the respective insured's attained age on the due date of the premium in default.

C. **EXTENDED INSURANCE.** The sum insured less any Policy debt may be extended for a period of time. The net cash value is used as a single premium to determine the period for which the extended insurance remains in effect. The single premium is based on the respective insured's attained age on the due date of the premium in default. If no option has been elected within 60 days of the due date of any premium in default, the extended insurance option will automatically apply. If Values for extended Insurance are not shown on page 2, the automatic option will be paid-up insurance. An insured's attained age, as used in this Policy, is the age on the Policy date, plus the number of years and months to such due date.

Surrender of Paid-Up Insurance or Extended Insurance

Paid-up or extended insurance may be surrendered at any time for its then current net cash value. The net cash value is equal to the cash value less any Policy debt. Cash values of paid-up or extended insurance are equal to the

full reserves for the benefit provided. The reserve as of any date will be based on the respective Insured's attained age on that date. Cash values for paid-up or extended insurance which are available within 30 days after a Policy anniversary date shall be no less than the value as of such anniversary.

OTHER INFORMATION

Basis of Reserves and Values

All values, single premiums, and reserves are calculated:

1. on the basis of the mortality table and interest rate (or rates) shown on Page 2; and
2. on the assumption that applicable premiums are paid annually.

Cash values are calculated by the standard nonforfeiture method. The nonforfeiture factors are shown on page 2. A detailed statement of the method of computing values has been filed with the insurance department of the state where this Policy is delivered. All values and reserves are at least equal to those required by the laws of such state.

Effective Dates of Coverage

Coverage begins at 12:01 A.M. Standard Time at your residence on the applicable effective date. The effective dates of coverage under this Policy will be:

1. the Policy date shown on page 2 for the death benefit and any riders issued on the initial application, and
2. the Policy anniversary date on or after the date we approve the application for any additional benefits applied for in a later application.

Termination

This Policy will terminate on the earliest of:

1. the premium paid to date following our receipt of your written request to surrender; or
2. the date of the insured's death; or
3. the date of lapse; or
4. the date Policy ends, as shown in the Schedule.

Actuarial Reserves

The actuarial reserve calculations are based on 200% of the Commissioner's 2001 Standard Ordinary Ultimate Mortality Table age at last birthday, with interest as shown in the Schedule. The actuarial reserves are equal to or greater than those required by the law of the state in which this Policy is delivered.

Conformity with State Statutes

Any provision of this contract, which on the Policy date is in conflict with the law of the state in which this contract is delivered, will be changed to conform to such state law.

Limited Pay Whole Life

Premiums are payable for a limited period as stated in the schedule

page

Sum insured payable at death of the insured

Non-participating

HEALTH QUESTIONS (apply to Proposed Insured) **IMPORTANT --- MISREPRESENTATION can VOID COVERAGE.**

The information provided below is for the following proposed insured: _____

Policy Number _____

1. **At any time** in the **past 7 years** has the Proposed Insured been treated for, or diagnosed as having, by a medical professional any of the following conditions?

	Yes	No		Yes	No		Yes	No
a. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)	<input type="checkbox"/>	<input type="checkbox"/>	d. Internal or Spreading Cancer	<input type="checkbox"/>	<input type="checkbox"/>	g. Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>
b. Stroke with Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	e. Heart, Liver or Kidney Failure	<input type="checkbox"/>	<input type="checkbox"/>	h. Cirrhosis of Liver	<input type="checkbox"/>	<input type="checkbox"/>
c. Lung Disorder requiring Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	f. any TERMINAL CONDITION	<input type="checkbox"/>	<input type="checkbox"/>			

i. Is Any Proposed Insured receiving **Hospice Care** or **Bedridden**, residing in a **Penal Institution, Hospital, Nursing Facility, or any other facility providing custodial or medical care?**

2. **At any time** in the **past 5 YEARS** has Any Proposed Insured been diagnosed for, received advice, care or treatment for, or experienced any of the following **Health Conditions** ?

	Yes	No		Yes	No
a. High Blood Pressure or Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	f. Behavior or Mental Disorders, Drug or Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>
b. Disorder of heart	<input type="checkbox"/>	<input type="checkbox"/>	g. External or Non-spreading Cancer of any type	<input type="checkbox"/>	<input type="checkbox"/>
c. Diseases of circulatory system, stroke	<input type="checkbox"/>	<input type="checkbox"/>	h. Chronic Obstructive Pulmonary Disorder or Lung Disorder	<input type="checkbox"/>	<input type="checkbox"/>
d. Degenerative Disease, Lupus, or Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	i. Dementia, Convulsions or other Brain Disorder	<input type="checkbox"/>	<input type="checkbox"/>
e. Diseases of digestive system, stomach, kidney or liver.	<input type="checkbox"/>	<input type="checkbox"/>	j. Smoke MORE THAN 20 Cigarettes per Day	<input type="checkbox"/>	<input type="checkbox"/>

k. Has any Proposed Insured been hospitalized (in or out patient) or had a surgical operation in the last five years?

Fully Describe each "YES" Condition in question 1 or 2 on the application supplement.

3. Does any Proposed Insured have any existing life insurance or annuity contracts in force? No ___ Yes ___ If yes, please list Company, type of insurance and amount of coverage on a separate sheet of paper and attach.

4. Will reinstated coverage replace any existing life insurance or annuity contract? No ___ Yes ___

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

BY SIGNATURE BELOW, the Proposed Insured and/or Proposed Owner hereby authorize the use and disclosure of protected health information about the Proposed Insured as described below by Liberty Bankers Life Insurance Company, medical providers, care providers, care facilities or physicians.

- The following Company *may receive disclosure* of protected health information about me: **LIBERTY BANKERS LIFE INSURANCE COMPANY**
- The specific information that should be disclosed is: **ALL MEDICAL RECORDS FOR THE PAST FIVE (5) YEARS**
- I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.
- I may revoke this authorization by notifying LIBERTY BANKERS LIFE INSURANCE COMPANY in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.
- My purpose for/intended use of the information is APPLICATION FOR LIFE INSURANCE

This authorization expires **24 months** from the date of this Application for Life Insurance. Upon request, my representative or I may request to receive a copy of this authorization.

Proposed Insured's Initials (_____) indicating complete agreement with answers to Health Questions 1 and 2, above

Family Physician			Medical Facility		
Name			Name		
Address		Phone	Address		Phone
City	State	Zip	City	State	Zip

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison..

Signed at: _____, _____ State Date: ____/____/____
 City MM DD YY

Signature of Proposed Insured (Parent if Proposed Insured is a Minor) Signature of Applicant if Other than Proposed Insured

Agent Question: Is there existing life insurance and/or annuity contracts on the life of the insured? No ___ Yes ___ If yes, I presented and read the applicant a notice regarding replacement.

Witness (Soliciting Agent) Witness (Soliciting Agent)

SERFF Tracking Number: LBLI-126356292 State: Arkansas
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 43905
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Limited Pay Life
Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR CERTIFICIATION.pdf
Readability Certification-AR.pdf
READABILITY CERTIFICATION-Reinstatement application.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Application Form LBL-HS-APP-1008 was previously filed with your Department and will be used with this policy form. It was filed/approved with your Department on 3/13/09 (SERFF filing # LBLI-126064323).

CERTIFICATION

Company Name: Liberty Bankers Life Insurance Company

I hereby certify that the forms included in this submission and company procedures meet the requirements of Regulation 19, 49, and AR 23-79-138 as well as all applicable requirements of the Arkansas Insurance Department.



Chad Leiding
Vice President Compliance

10/27/09
Date

READABILITY CERTIFICATION

COMPANY NAME Liberty Bankers Life Insurance Company NAIC# 68543

FORM NUMBER

FLESCH SCORE

LBL-LPL-1009-AR

54.5



Signature of Insurance Company Officer

Vice President Compliance
Typed Name and Title

May 15, 2007
Date

READABILITY CERTIFICATION

Company Name: Liberty Bankers Life Insurance Company

I hereby certify, that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Score</u>
APPHS0206REIN	49.6

* When scored with base policy



Chad Leiding
Vice President Compliance

10/27/09
Date

SERFF Tracking Number: *LBLI-126356292* State: *Arkansas*
 Filing Company: *Liberty Bankers Life Insurance Company* State Tracking Number: *43905*
 Company Tracking Number:
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.101 Fixed/Indeterminate Premium - Single Life*
 Product Name: *Limited Pay Life*
 Project Name/Number: */*

Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/27/2009	Form	Reinstatement Application	10/29/2009	
10/29/2009	Form	Reinstatement Application	10/29/2009	APPHS0206REIN.pdf (Superseded)

HEALTH QUESTIONS (apply to Proposed Insured) **IMPORTANT --- MISREPRESENTATION can VOID COVERAGE.**

The information provided below is for the following proposed insured: _____

Policy Number _____

1. **At any time** in the **past 7 years** has the Proposed Insured been treated for, or diagnosed as having, by a medical professional any of the following conditions?

	Yes	No		Yes	No		Yes	No
a. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)	<input type="checkbox"/>	<input type="checkbox"/>	d. Internal or Spreading Cancer	<input type="checkbox"/>	<input type="checkbox"/>	g. Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>
b. Stroke with Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	e. Heart, Liver or Kidney Failure	<input type="checkbox"/>	<input type="checkbox"/>	h. Cirrhosis of Liver	<input type="checkbox"/>	<input type="checkbox"/>
c. Lung Disorder requiring Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	f. any TERMINAL CONDITION	<input type="checkbox"/>	<input type="checkbox"/>			

i. Is Any Proposed Insured receiving **Hospice Care** or **Bedridden**, residing in a **Penal Institution, Hospital, Nursing Facility, or any other facility providing custodial or medical care?**

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	Yes	No		Yes	No
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b. Disorder of heart	<input type="checkbox"/>	<input type="checkbox"/>	g. External or Non-spreading Cancer of any type	<input type="checkbox"/>	<input type="checkbox"/>
c. Diseases of circulatory system, stroke	<input type="checkbox"/>	<input type="checkbox"/>	h. Chronic Obstructive Pulmonary Disorder or Lung Disorder	<input type="checkbox"/>	<input type="checkbox"/>
d. Degenerative Disease, Lupus, or Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	i. Dementia, Convulsions or other Brain Disorder	<input type="checkbox"/>	<input type="checkbox"/>
e. Diseases of digestive system, stomach, kidney or liver.	<input type="checkbox"/>	<input type="checkbox"/>	j. Smoke MORE THAN 20 Cigarettes per Day	<input type="checkbox"/>	<input type="checkbox"/>

k. Has any Proposed Insured been hospitalized (in or out patient) or had a surgical operation in the last five years?

Fully Describe each "YES" Condition in question 1 or 2 on the application supplement.

3. Does any Proposed Insured have any existing life insurance or annuity contracts in force? No ___ Yes ___ If yes, please list Company, type of insurance and amount of coverage on a separate sheet of paper and attach.

4. Will reinstated coverage replace any existing life insurance or annuity contract? No ___ Yes ___

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- The following Company *may receive disclosure* of protected health information about me: **LIBERTY BANKERS LIFE INSURANCE COMPANY**
- The specific information that should be disclosed is: **ALL MEDICAL RECORDS FOR THE PAST FIVE (5) YEARS**
- I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.
- I may revoke this authorization by notifying LIBERTY BANKERS LIFE INSURANCE COMPANY in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.
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This authorization expires **24 months** from the date of this Application for Life Insurance. Upon request, my representative or I may request to receive a copy of this authorization.

Proposed Insured's Initials (_____) indicating complete agreement with answers to Health Questions 1 and 2, above

Family Physician			Medical Facility		
Name			Name		
Address		Phone	Address		Phone
City	State	Zip	City	State	Zip

For Applicants in Ohio: Any person who knowingly and with intent to defraud any insurance company of other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Signed at: _____, _____
City State

Date: ___ / ___ / ___
MM DD YY

Signature of Proposed Insured (Parent if Proposed Insured is a Minor)

Signature of Applicant if Other than Proposed Insured

Agent Question: Is there existing life insurance and/or annuity contracts on the life of the insured? No ___ Yes ___ If yes, I presented and read the applicant a notice regarding replacement.

Witness (Soliciting Agent)

Witness (Soliciting Agent)