

SERFF Tracking Number: AFLC-126287866 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance Company State Tracking Number: 43410
Company Tracking Number: 285: TERM W/ROP
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: 285: Term w/ROP
Project Name/Number: 285: Term w/ROP/1091

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 285: Term w/ROP

SERFF Tr Num: AFLC-126287866 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-Closed State Tr Num: 43410

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: 285: TERM W/ROP State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Ronni Jones

Disposition Date: 11/02/2009

Date Submitted: 09/02/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 285: Term w/ROP

Status of Filing in Domicile: Pending

Project Number: 1091

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Similar versions of this form have been submitted simultaneously to the Interstate Insurance Product Regulation Commission (IIPRC) in which our Domicile State, Texas, participates.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/02/2009

Explanation for Other Group Market Type:

State Status Changed: 09/04/2009

Deemer Date:

Created By: Ronni Jones

Submitted By: Ronni Jones

Corresponding Filing Tracking Number:

Filing Description:

Enclosed, for review and approval, is an individual Term Life Insurance policy with a Return of Premium benefit, policy series 285. This form is new, and does not replace any previously approved form in your jurisdiction. In addition, this

SERFF Tracking Number: AFLC-126287866 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
Company
Company Tracking Number: 285: TERM W/ROP
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: 285: Term w/ROP
Project Name/Number: 285: Term w/ROP/1091

form contains no unusual or controversial elements, and it complies with the insurance laws and regulations of your jurisdiction.

Policy series 285 is an individual level Term Life Insurance policy. There are four different term periods for this product: (30, 25, 20, and 15); The premiums for this product are fully guaranteed level premiums for the entire term period. The term period is elected by the Insured at the time of application. Policy series 285 includes an Intermediate Endowment (Return of Premium) benefit. This Return of Premium benefit provides cash value during the Return of Premium period prior to the policy's Expiry Date if the Insured is alive and the policy is in force. The amount of the cash benefit is based on the premium paid into the policy. This policy demonstrates compliance with Actuarial Guideline XLV as required for all such policies issued on or after January 01, 2010. Additional sample data pages are provided within this filing. This product will not be illustrated; therefore, only guarantees are shown.

Previously approved application, AAA5089 (2008) approved in your jurisdiction on 10/1/2008, will be used to apply for the enclosed policy.

This form will be used in the individual term life insurance market and will be utilized by licensed independent agents doing business with our Company.

Similar versions of this form have been submitted simultaneously to the Interstate Insurance Product Regulation Commission (IIPRC) in which our Domicile State, Texas, participates.

To the best of our knowledge and belief, this filing is complete and intended to comply with the insurance laws and regulations of your jurisdiction. Thank you in advance for your time and consideration.

Company and Contact

Filing Contact Information

Ronni Jones, Associate Compliance Analyst ronni.jones@americo.com
300 W. 11th Street 816-512-2831 [Phone]
Kansas City, MO 64105 816-391-2083 [FAX]

Filing Company Information

Americo Financial Life and Annuity Insurance CoCode: 61999 State of Domicile: Texas
Company
300 West 11th Street Group Code: 449 Company Type:

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091
 Kansas City, MO 64105 Group Name: State ID Number:
 (800) 231-0801 ext. [Phone] FEIN Number: 35-0810610

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Americo Financial Life and Annuity Insurance Company	\$50.00	09/02/2009	30304483

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/02/2009	11/02/2009
Approved-Closed	Linda Bird	09/04/2009	09/04/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Term Life Insurance policy	Ronni Jones	10/30/2009	10/30/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Correct Forms	Note To Filer	Linda Bird	10/26/2009	10/26/2009
Request to Correct Forms	Note To Reviewer	Rebecca Aguirre	10/23/2009	10/23/2009

SERFF Tracking Number: AFLC-126287866 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
Company
Company Tracking Number: 285: TERM W/ROP
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: 285: Term w/ROP
Project Name/Number: 285: Term w/ROP/1091

Disposition

Disposition Date: 11/02/2009

Implementation Date:

Status: Approved-Closed

Comment: Company has corrected the Death Benefit Payable provision in the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Policy Cost and Benefit Information		Yes
Supporting Document	Sample Data Pages		Yes
Supporting Document	Statement of Variability		Yes
Form (revised)	Term Life Insurance policy		Yes
Form	Term Life Insurance policy		Yes

SERFF Tracking Number: AFLC-126287866 *State:* Arkansas
Filing Company: Americo Financial Life and Annuity Insurance *State Tracking Number:* 43410
Company
Company Tracking Number: 285: TERM W/ROP
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: 285: Term w/ROP
Project Name/Number: 285: Term w/ROP/1091

Disposition

Disposition Date: 09/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Policy Cost and Benefit Information		Yes
Supporting Document	Sample Data Pages		Yes
Supporting Document	Statement of Variability		Yes
Form (revised)	Term Life Insurance policy		Yes
Form	Term Life Insurance policy		Yes

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091

Amendment Letter

Submitted Date: 10/30/2009

Comments:

We discovered that the Death Benefit Payable provision incorrectly excludes Indebtedness. The form has been revised.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AAR285	Policy/Contract/Fraternal Certificate	Term Life Insurance policy	Initial				50.100	AAR285 [Correction 10-30-2009].pdf

SERFF Tracking Number: AFLC-126287866 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
Company
Company Tracking Number: 285: TERM W/ROP
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: 285: Term w/ROP
Project Name/Number: 285: Term w/ROP/1091

Note To Filer

Created By:

Linda Bird on 10/26/2009 09:38 AM

Last Edited By:

Linda Bird

Submitted On:

10/26/2009 09:38 AM

Subject:

Request to Correct Forms

Comments:

Filing has been reopened in order for correction to be made.

SERFF Tracking Number: AFLC-126287866 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
Company
Company Tracking Number: 285: TERM W/ROP
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: 285: Term w/ROP
Project Name/Number: 285: Term w/ROP/1091

Note To Reviewer

Created By:

Rebecca Aguirre on 10/23/2009 09:22 AM

Last Edited By:

Rebecca Aguirre

Submitted On:

10/23/2009 09:22 AM

Subject:

Request to Correct Forms

Comments:

We have discovered since the approval of form AAR285, that the Death Benefit Payable provision incorrectly excludes Indebtedness. This form has not been implemented or offered for sale since the approval on 9/04/2009. We would like to request that the filing be reopened so we can correct the error.

Your consideration is appreciated.

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091

Form Schedule

Lead Form Number: AAR285

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AAR285	Policy/Cont	Term Life Insurance ract/Fratern policy al Certificate	Initial		50.100	AAR285 [Correction 10-30- 2009].pdf

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

A STOCK COMPANY

Home Office:

[Dallas, Texas]

Administrative Office:

[300 W. 11th Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called "We", "Us", "Our" or the "Company")

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Company and the Owner. Under its terms, "You" and "Your" refer to the Owner of the Policy.

We agree to pay the Death Benefit provided by this Policy subject to its terms and conditions.

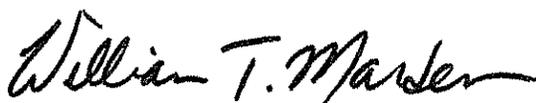
NOTICE OF [30] DAY RIGHT TO EXAMINE THE POLICY

This Policy may be cancelled by delivering or mailing the Policy to Americo Financial Life and Annuity Insurance Company or to the insurance agent through whom it was effected before midnight of the [thirtieth (30th)] day after receipt of such Policy by the applicant. Upon such delivery or mailing, the Policy shall be void from the beginning. Notice given by mail and return of the Policy by mail is effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this Policy within ten (10) days after it receives notice of cancellation and the returned Policy.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Administrative Office address: Americo Financial Life and Annuity Insurance Company, Attention: Policyowner Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288]. You may also e-mail Us at [customer.service@americo.com.]

Signed for the Company at its Administrative Office:



President



Secretary

TERM LIFE INSURANCE

ANNUALLY RENEWABLE TO EXPIRY DATE

INSURANCE PAYABLE AT DEATH OF INSURED PRIOR TO EXPIRY DATE

INTERMEDIATE ENDOWMENT AT THE END OF THE ENDOWMENT PERIOD

AS SHOWN ON A POLICY DATA PAGE

PREMIUMS PAYABLE AS SHOWN ON A POLICY DATA PAGE

NONPARTICIPATING -- NO DIVIDENDS

PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL EXPIRY DATE

INDEX

POLICY SPECIFICATIONS.....	3	PREMIUM PAYMENTS	9
SCHEDULE OF MODAL FACTORS	4	General.....	9
TABLE OF RETURN OF PREMIUM	4	Grace Period	9
SCHEDULE OF PREMIUMS FOR THE BASE		Reinstatement	9
POLICY.....	5	RETURN OF PREMIUM	9
DEFINITIONS	6	Return of Premium Benefit.....	9
THE CONTRACT.....	6	Nonforfeiture Values.....	10
General.....	6	Cash Value and Cash Surrender Value	10
Entire Contract	6	Reduced Paid-up Insurance.....	10
Change of Contract Terms.....	7	Acceleration of Benefits.....	10
GENERAL PROVISIONS	7	Policy Loan	10
Nonparticipating	7	PAYMENT OF DEATH BENEFIT	11
Misstatement of Age or Sex	7	Death Benefit Payable	11
Termination	7	Interest on Death Benefit.....	11
Incontestability.....	7	Settlement	11
Suicide Exclusion	7	CLAIMS OF CREDITORS	12
Tax Status	8		
Conformity with State Law.....	8		
CONTROL OF THE POLICY.....	8		
Owner.....	8		
Rights of Ownership	8		
Change of Ownership.....	8		
Assignment.....	8		
BENEFICIARY	8		
General.....	8		
Change of Beneficiary	9		

Riders and endorsements, if any, follow.

POLICY DATA PAGE

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE, 35]
FACE AMOUNT: [\$100,000] PREMIUM CLASS: [STANDARD NON-NICOTINE]
POLICY DATE: [FEBRUARY 24, 2010] EXPIRY DATE: [FEBRUARY 24, 2070]
ISSUE DATE: [FEBRUARY 24, 2010] MODE PREMIUM: [\$1,042.00]
POLICY NUMBER: [01111115] MODE: [ANNUAL]
RETURN OF PREMIUM DATE: [FEBRUARY 24, 2025]
RETURN OF PREMIUM PERIOD: From the Policy Date to the last day of the [fifteenth (15th)] Policy Year.
RETURN OF PREMIUM AMOUNT*: [\$15,630.00]

*Return of Premium Amount is subject to change if the premium Mode is changed.

COST OF INSURANCE SCHEDULE

TYPE OF COVERAGE	FACE AMOUNT	TERM	TOTAL ANNUAL PREMIUM	LEVEL FOR:
Term Life Insurance Base Policy	[\$100,000]	[60 Years]	[\$1,042.00**]	[15] years

**During the first [fifteen (15)] Policy Years, the premiums will be guaranteed as shown on a Policy Data Page. After the [fifteenth (15th)] Policy Year, the premium may increase each year for this Policy, but will never be more than the Guaranteed Annual Premium.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111115] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF MODAL FACTORS

The annual premium amounts set forth in this Policy and riders, if any, are based on the annual premium payment Mode. If premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual premium for the base Policy and any riders multiplied by the applicable Modal Factor below:

<u>Mode</u>	<u>Modal Factor</u>
[Monthly Direct Bill	[0.10]
[Quarterly Direct Bill	[0.30]
[Semi-annually	[0.52]
[Monthly (automatic bank draft)	[0.095]

IMPORTANT NOTE: The total amount of premium paid each year will be higher if the premiums are paid by any Mode other than annual Mode.

TABLE OF RETURN OF PREMIUM

<u>Policy Year</u>	<u>Percentage</u>	<u>End of Policy Year Cash Value</u>
1	0.0%	0.00
2	0.0%	0.00
3	21.4%	668.96
4	38.2%	1,592.18
5	49.2%	2,563.32
6	57.4%	3,588.65
7	64.0%	4,668.16
8	69.6%	5,801.86
9	74.6%	6,995.99
10	79.2%	8,252.64
11	83.5%	9,570.77
12	87.7%	10,966.01
13	91.9%	12,448.77
14	96.0%	14,004.48
15	100.0%	15,630.00
16+	0%	0.00

On dates other than the end of the Policy Year, the Cash Value will be equal to a percentage of the sum of all premiums paid, less rider premiums, and less substandard extra premiums, if any.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288, KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE]

ISSUE AGE & SEX: [MALE, 35]

POLICY NUMBER: [1111115]

PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF PREMIUMS FOR THE BASE POLICY

Age	Guaranteed Annual Premium	Age	Guaranteed Annual Premium
35	1,042.00	65	4,869.00
36	1,042.00	66	5,334.00
37	1,042.00	67	5,820.00
38	1,042.00	68	6,333.00
39	1,042.00	69	6,909.00
40	1,042.00	70	7,581.00
41	1,042.00	71	8,397.00
42	1,042.00	72	9,351.00
43	1,042.00	73	10,356.00
44	1,042.00	74	11,436.00
45	1,042.00	75	12,612.00
46	1,042.00	76	13,938.00
47	1,042.00	77	15,480.00
48	1,042.00	78	17,271.00
49	1,042.00	79	19,278.00
50	1,035.00	80	21,516.00
51	1,131.00	81	23,949.00
52	1,248.00	82	26,526.00
53	1,383.00	83	29,340.00
54	1,554.00	84	32,469.00
55	1,746.00	85	35,949.00
56	1,944.00	86	39,777.00
57	2,136.00	87	43,914.00
58	2,328.00	88	48,312.00
59	2,553.00	89	52,926.00
60	2,826.00	90	57,522.00
61	3,159.00	91	62,046.00
62	3,546.00	92	66,786.00
63	3,969.00	93	71,784.00
64	4,410.00	94	77,049.00

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

DEFINITIONS

In this Policy:

Age means the Insured's age on the most recent Policy Anniversary.

Death Benefit is the amount We are required to pay under the terms of this Policy if the Insured dies while it is in force.

Due Proof of Death means a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Death Benefit.

Evidence of Insurability is information about a person which We may require to approve, change, or reinstate a Policy or Rider.

Expiry Date means the date all rights and options provided by this Policy end, except those granted under the terms of the Grace Period. The Expiry Date is shown on a Policy Data Page.

In force means "in effect" or "not terminated."

In writing means in a written form satisfactory to Us and filed at Our Administrative Office in [Kansas City, Missouri].

Insured refers to the person, named on a Policy Data Page, whose life is insured under this Policy.

Issue Date means the date We issued this Policy. The Issue Date is shown on a Policy Data Page.

Policy Date refers to the date this Policy was first put in force. The Policy Date is shown on a Policy Data Page.

Policy Anniversary occurs once each year on the same month and day as the Policy Date.

Policy Year is a one year period beginning on the Policy Date or a Policy Anniversary, and ending on the day before the next Policy Anniversary.

Policy Month is a one month period beginning on the same day of the month as the Policy Date.

THE CONTRACT

GENERAL

We have issued this Policy in consideration of Your application and the payment of premiums.

ENTIRE CONTRACT

The Entire Contract consists of:

- 1) This Policy;
- 2) The original application attached;
- 3) Any attached amendments and supplements to the application;
- 4) Any attached riders and endorsements; and
- 5) Any attached application for reinstatement.

In the absence of fraud, We will consider all statements made by or for the Insured, to be representations and not warranties. We can use no such statement to void this Policy, or to defend against a claim under it, unless that statement is in the attached application or in an amendment or supplement to the application when issued or delivered.

CHANGE OF CONTRACT TERMS

Only Our President or one of Our Vice Presidents can agree to change the terms of this contract or to waive Our rights under it. Such agreements must be in writing and signed by that Officer. No agent, nor any other person, can change the terms of or waive Our rights under this contract in any way.

GENERAL PROVISIONS

NONPARTICIPATING

This Policy is nonparticipating. It does not share in Our surplus earnings. You will not receive any dividends under the terms of this Policy.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured is shown incorrectly on a Policy Data Page, We will adjust the face amount of the Death Benefit Payable, subject to required underwriting, if any. The adjusted Death Benefit will be that which the most recent premium paid would have purchased, based on the Insured's correct age and sex. If the correct age is outside the issue age range for this Policy, the premium and benefit will be extrapolated.

TERMINATION

This Policy will terminate on the earliest of:

- 1) The date We receive Your request in writing to surrender the Policy;
- 2) The date the Insured dies;
- 3) The Expiry Date;
- 4) The end of the Grace Period, if a past due premium remains unpaid; or
- 5) The date the total indebtedness equals or exceeds the Cash Value.

INCONTESTABILITY

We cannot contest this Policy after it has been in force for two (2) years from the Issue Date and during the Insured's lifetime except for nonpayment of premium or in the case of fraud.

If there is a change in coverage which requires underwriting, this Policy will become incontestable after it has been reinstated for two (2) years from the date of the change and during the Insured's lifetime.

Reinstated coverage will become incontestable after it has been reinstated for two (2) years from the date of reinstatement and during the Insured's lifetime, except for fraud in the procurement of the reinstated Policy.

Policy contests will be limited to material misstatements in the application. Contests of reinstated coverage will be limited to material misstatements in the application for such reinstatement.

This provision does not apply to any rider providing disability or accidental death benefits.

SUICIDE EXCLUSION

If the insured, sane or insane, dies by suicide while this policy is in force and within two (2) years after the issue date, the proceeds payable will be limited to the sum of premiums paid, less any indebtedness.

TAX STATUS

This Policy is intended to meet the requirements imposed by federal and state law on life insurance as of the Policy Date. We cannot accept responsibility for the tax treatment of this or any insurance Policy. Please consult Your tax advisor for individual assistance.

CONFORMITY TO STATE LAWS

Any terms of this policy which, on the policy date, conflict with the laws of the jurisdiction in which it is issued for delivery, are hereby amended to conform to the minimum requirements of such laws.

CONTROL OF THE POLICY

OWNER

The Insured is the Owner of this Policy unless:

- 1) A different Owner is named in the application; or
- 2) A new Owner is later named, subject to the terms of the Change of Ownership provision.

RIGHTS OF OWNERSHIP

While the Insured is living, You, as Owner, may exercise any right provided to You by this Policy. If this Policy is assigned, Your rights are subject to the rights of any assignee.

If You die before the Insured, Ownership passes to Your estate.

CHANGE OF OWNERSHIP

While the Insured is living and this Policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Administrative Office.

ASSIGNMENT

This Policy may be assigned. No assignment will be recognized by Us unless a copy is filed with us. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to Ours, including any indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. The rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

GENERAL

The Beneficiary receives the Death Benefit of this Policy upon the death of the Insured. The Beneficiary of this Policy is as named in the application unless a new Beneficiary is later named, subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You, or in the event of Your death, Your estate will be named as the Beneficiary.

BENEFICIARY

(continued)

CHANGE OF BENEFICIARY

While the Insured is living and this Policy is in force, You may name a new Beneficiary by submitting to Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Home Office.

An irrevocable Beneficiary must consent in writing to any request to change the named Beneficiary. If the irrevocable Beneficiary dies before the Insured, You may name a new Beneficiary as explained above.

PREMIUM PAYMENTS

GENERAL

All premiums are payable in advance in U.S. funds:

- 1) At Our Administrative Office in [Kansas City, Missouri]; or
- 2) To Our authorized agent in exchange for a receipt signed by one of Our Officers and countersigned by the agent.

The Schedule of Premiums for this Term Life Insurance Policy, and any attached riders, are shown on a Policy Data Page.

After the first premium is paid, We will allow a Grace Period of thirty-one (31) days after the due date for payment of each subsequent premium.

GRACE PERIOD

We will allow a Grace Period of thirty-one (31) days after the due date for payment of each premium after the first. This Policy will continue in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct from the Death Benefit the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy month. If a premium is not paid by the end of the Grace Period, this Policy will terminate.

REINSTATEMENT

If this Policy terminates under the terms of the Grace Period provision, We will reinstate the Policy if:

- 1) You request reinstatement in writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory evidence of insurability; and
- 3) You pay all past due premiums and any Cash Surrender Value returned to you under the Return of Premium Benefit, plus 6% interest per year, compounded annually, from the premium due date(s) to the date of reinstatement.

RETURN OF PREMIUM

RETURN OF PREMIUM BENEFIT

The Return of Premium Benefit provides for a Return of Premium Amount to be paid as a lump sum cash benefit at the end of the Return of Premium Period, if the Policy is in force and all premiums have been paid.

The Return of Premium Amount is equal to the sum of all premiums paid, less rider premium, and less substandard extra premiums, if any, and reduced by the amount of any indebtedness.

RETURN OF PREMIUM

(continued)

The Return of Premium Benefit will not be paid if the Death Benefit has been paid during the Return of Premium Period. The payment of a Death Benefit on any Insured covered under an attached rider, other than the Insured covered under this Policy, will not terminate the Return of Premium Benefit or this Policy.

If this Policy stays in force until the end of the Return of Premium Period, when the Return of Premium Benefit is paid, this Policy will continue in force until the Expiry Date or death of the Insured as long as the required premiums are paid.

The Return of Premium Benefit is a part of this Policy and may not be terminated unless this Policy is terminated.

The Return of Premium Amount will not be reduced by any benefit payment, claim payment, or any premiums waived under the Policy, or any rider, except as provided under the Acceleration of Benefits provision.

NONFORFEITURE VALUES

Cash Value and Cash Surrender Value

Prior to the end of the Return of Premium Period, this Policy may have Cash Value and Cash Surrender Value.

The Cash Value is equal to a percentage of the sum of all premiums paid, less rider premiums and less substandard premiums, if any. Cash Values are shown in the Table of Return of Premium on a Policy Data Page.

The Cash Surrender Value is equal to the Cash Value, less any indebtedness.

The Cash Value available under this Policy is not less than the minimum values required by, or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, Model #808 and Actuarial Guideline XLV.

If the Owner requests surrender during the Return of Premium Period, then We will pay the Cash Surrender Value to the Owner; the Policy will terminate and cannot be reinstated.

Reduced Paid-up Insurance

In lieu of the Cash Surrender Value, upon request, the Owner may elect the option of Reduced Paid-up Insurance. The paid-up nonforfeiture benefit will be such that its present value will be at least equal to the Cash Surrender Value. The amount of the Reduced Paid-up Insurance must be at least one thousand dollars (\$1,000); if not, the Cash Surrender Value will be paid in one lump sum.

The Return of Premium Benefit will terminate if Reduced Paid-up Insurance is elected.

Acceleration of Benefits

If an accelerated Death Benefit is attached to this Policy, the Return of Premium Amount, Cash Value, and premiums will be reduced if an accelerated Death Benefit is paid. The reduction will be consistent with the terms of the accelerated Death Benefit form. The Return of Premium Amount definition will not change in the event of an Acceleration of Benefit. The Return of Premium Amount is defined as the sum of all premiums paid, less rider premiums, less substandard premiums, and reduced by the amount of any indebtedness.

Policy Loan

The Owner may obtain a loan while this Policy is in force during the Return of Premium Period on the sole security of the Policy's Cash Value. The available loan value is the Cash Surrender Value as of the date of the loan. The Company may defer making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay premiums on policies with the Company.

RETURN OF PREMIUM

(continued)

Indebtedness means all existing loans on this Policy **plus** earned interest, which is either accrued or assessed.

If, at any time, the total indebtedness equals or exceeds the Cash Value, the Policy will terminate without value. At least thirty (30) days before the date the Policy terminates without value, the Company will send a notice of its intention to void the Policy benefit to the last known address of the Owner and any assignee of record.

Loan interest will accrue from the date each loan is made. Loan interest is payable in advance at the beginning of each Policy Year or when a loan is made or increased. If interest is not paid when due, it will be added to the loan and bear interest on the same terms as the loan. A loan secured by this Policy will bear interest at the rate of 7.4% per year in advance (8.0% annual effective rate).

A loan may be repaid at any time during the Return of Premium Period.

PAYMENT OF DEATH BENEFIT

DEATH BENEFIT PAYABLE

If the Insured dies while this Policy is in force or during the Grace Period, We will pay the Death Benefit when We receive the Insured's Due Proof of Death. The Death Benefit Payable upon death of the Insured will be:

- 1) The face amount shown on a Policy Data Page; plus
- 2) The death benefit of any riders on the life of the Insured; plus
- 3) Any part of the premium paid which applies to the unexpired term of this Policy beyond the Policy Month of the Insured's death; minus
- 4) Any Indebtedness; minus
- 5) Any past due premiums; plus
- 6) Interest as provided in the Interest on Death Benefit provision below.

The Death Benefit Payable will be subject to the terms of the Suicide Exclusion, the Misstatement of Age or Sex and the Incontestability provisions.

INTEREST ON DEATH BENEFIT

We will pay interest on the Death Benefit paid as follows:

- (a) interest shall accrue and be payable from the date of death;
- (b) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- (c) interest shall accrue at the effective annual rate determined in item (b) above, plus additional interest at a rate of 8% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (i), (ii), and (iii) to the date the claim is paid, where it is:
 - (i) the date that Due Proof of Death is received by Us;
 - (ii) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit; and
 - (iii) the date that legal impediments to Payment of Death Benefit that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit include, but are not limited to: (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors, and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

SETTLEMENT

Settlement will be made in one lump sum.

CLAIMS OF CREDITORS

All payments under this Policy are exempt from the claims of creditors to the extent permitted by law. Payments may not be assigned or withdrawn without Our consent before becoming payable.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

TERM LIFE INSURANCE

ANNUALLY RENEWABLE TO EXPIRY DATE
INSURANCE PAYABLE AT DEATH OF INSURED PRIOR TO EXPIRY DATE
INTERMEDIATE ENDOWMENT AT THE END OF THE ENDOWMENT PERIOD
AS SHOWN ON A POLICY DATA PAGE
PREMIUMS PAYABLE AS SHOWN ON A POLICY DATA PAGE
NONPARTICIPATING -- NO DIVIDENDS
PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL EXPIRY DATE

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification - 285.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application used with this filing is AAA5089 (2008), approved in your jurisdiction on 10/1/2008.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Policy Cost and Benefit Information		
Comments:		
Attachment: SPCB 285.pdf		

	Item Status:	Status Date:
Satisfied - Item: Sample Data Pages		
Comments:		
Attachments: AAR285 [20].pdf AAR285 [25].pdf AAR285 [30].pdf		

SERFF Tracking Number: AFLC-126287866 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
Company
Company Tracking Number: 285: TERM W/ROP
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: 285: Term w/ROP
Project Name/Number: 285: Term w/ROP/1091

Item Status:

**Status
Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability 285.pdf

READABILITY CERTIFICATION

Company Name: Americo Financial Life and Annuity Insurance Company

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

Form Number	Score
AAR285	50.1

Eric H. Petersen – FSA, MAAA
AVP – Product Development

September 2, 2009

Date

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 P.O. BOX 410288
 KANSAS CITY, MO 64141-0288

Presented By: ABC AGENCY
AUTHORIZED PERSON
 PO BOX 219040
 DALLAS, TX 75201

Policy Number: ABCDE12345 Age: 35, Male Class: Standard Non-nicotine
 Prepared For: John Doe
 Date Prepared: 01/01/2010

Description of Coverage: **Amount:**
 Level Term with Indeterminate Endowment \$100,000.00

Year	Age	Guaranteed Annual Premiums			Death Benefit	End of Year
		Policy	Rider	Rider		Cash Surrender Value
1	36	\$1,042.00	\$0	\$0	\$100,000.00	\$0.00
2	37	\$1,042.00	\$0	\$0	\$100,000.00	\$0.00
3	38	\$1,042.00	\$0	\$0	\$100,000.00	\$666.41
4	39	\$1,042.00	\$0	\$0	\$100,000.00	\$1,590.91
5	40	\$1,042.00	\$0	\$0	\$100,000.00	\$2,563.14
6	41	\$1,042.00	\$0	\$0	\$100,000.00	\$3,585.82
7	42	\$1,042.00	\$0	\$0	\$100,000.00	\$4,661.87
8	43	\$1,042.00	\$0	\$0	\$100,000.00	\$5,794.53
9	44	\$1,042.00	\$0	\$0	\$100,000.00	\$6,987.30
10	45	\$1,042.00	\$0	\$0	\$100,000.00	\$8,243.95
11	46	\$1,042.00	\$0	\$0	\$100,000.00	\$9,568.56
12	47	\$1,042.00	\$0	\$0	\$100,000.00	\$10,965.34
13	48	\$1,042.00	\$0	\$0	\$100,000.00	\$12,438.25
14	49	\$1,042.00	\$0	\$0	\$100,000.00	\$13,991.35
15	50	\$1,042.00	\$0	\$0	\$100,000.00	\$15,630.00
16	51	\$1,035.00	\$0	\$0	\$100,000.00	\$0.00
17	52	\$1,131.00	\$0	\$0	\$100,000.00	\$0.00
18	53	\$1,248.00	\$0	\$0	\$100,000.00	\$0.00
19	54	\$1,383.00	\$0	\$0	\$100,000.00	\$0.00
20	55	\$1,554.00	\$0	\$0	\$100,000.00	\$0.00
	60	\$2,826.00	\$0	\$0	\$100,000.00	\$0.00
	65	\$4,869.00	\$0	\$0	\$100,000.00	\$0.00
	90	\$57,522.00	\$0	\$0	\$100,000.00	\$0.00

IMPORTANT NOTE: The guaranteed annual premiums stated above are based on the annual premium payment mode. If a payment mode other than annual is used, the guaranteed premiums under such mode will be equal to the guaranteed annual premiums stated above multiplied by the applicable modal factors shown in the Schedule of Model Factors found in your policy.

The guaranteed cash values for this policy are based upon the Commissioner's 2001 Standard Ordinary Mortality Table, Age Last Birthday, Sex and Smoker distinct, with interest rate at 4.00%.

Policy Loan interest rate is 7.4% per year payable in advance (8.0% annual effective rate).

SPECIMEN

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111120] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF MODAL FACTORS

The annual premium amounts set forth in this Policy and riders, if any, are based on the annual premium payment Mode. If premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual premium for the base Policy and any riders multiplied by the applicable Modal Factor below:

Mode	Modal Factor
Monthly Direct Bill	0.10
Quarterly Direct Bill	0.30
Semi-annually	0.52
Monthly (automatic bank draft)	0.095

IMPORTANT NOTE: The total amount of premium paid each year will be higher if the premiums are paid by any Mode other than annual Mode.

TABLE OF RETURN OF PREMIUM BENEFIT

<u>Policy Year</u>	<u>Percentage</u>	<u>End of Policy Year Cash Value</u>
1	0.0%	0.00
2	0.0%	0.00
3	0.8%	18.17
4	19.4%	587.08
5	31.2%	1,185.32
6	39.8%	1,814.56
7	46.6%	2,476.59
8	52.2%	3,173.38
9	57.2%	3,907.08
10	61.6%	4,679.99
11	65.8%	5,494.61
12	69.7%	6,353.52
13	73.5%	7,259.17
14	77.2%	8,214.07
15	80.9%	9,221.50
16	84.6%	10,285.28
17	88.4%	11,409.77
18	92.2%	12,599.89
19	96.0%	13,861.00
20	100.0%]	15,200.00
21+	0%	\$0

On dates other than the end of the Policy year, the Cash Value will be equal to a percentage of the sum of all premiums paid, less rider premiums and less substandard extra premiums, if any.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288, KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111120] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF PREMIUMS FOR THE BASE POLICY

Age	Guaranteed Annual Premium	Age	Guaranteed Annual Premium
35	760.00	65	4,869.00
36	760.00	66	5,334.00
37	760.00	67	5,820.00
38	760.00	68	6,333.00
39	760.00	69	6,909.00
40	760.00	70	7,581.00
41	760.00	71	8,397.00
42	760.00	72	9,351.00
43	760.00	73	10,356.00
44	760.00	74	11,436.00
45	760.00	75	12,612.00
46	760.00	76	13,938.00
47	760.00	77	15,480.00
48	760.00	78	17,271.00
49	760.00	79	19,278.00
50	760.00	80	21,516.00
51	760.00	81	23,949.00
52	760.00	82	26,526.00
53	760.00	83	29,340.00
54	760.00	84	32,469.00
55	1,746.00	85	35,949.00
56	1,944.00	86	39,777.00
57	2,136.00	87	43,914.00
58	2,328.00	88	48,312.00
59	2,553.00	89	52,926.00
60	2,826.00	90	57,522.00
61	3,159.00	91	62,046.00
62	3,546.00	92	66,786.00
63	3,969.00	93	71,784.00
64	4,410.00	94	77,049.00

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111125] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF MODAL FACTORS

The annual premium amounts set forth in this Policy and riders, if any, are based on the annual premium payment Mode. If premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual premium for the base Policy and any riders multiplied by the applicable Modal Factor below:

Mode	Modal Factor
Monthly Direct Bill	0.10
Quarterly Direct Bill	0.30
Semi-annually	0.52
Monthly (automatic bank draft)	0.095

IMPORTANT NOTE: The total amount of premium paid each year will be higher if the premiums are paid by any Mode other than annual Mode.

TABLE OF RETURN OF PREMIUM BENEFIT

<u>End of Policy Year</u>	<u>Percentage</u>	<u>Cash Value</u>
1	0.0%	0.00
2	0.0%	0.00
3	0.0%	0.00
4	1.9%	44.04
5	14.7%	438.33
6	23.7%	853.02
7	30.7%	1,289.28
8	36.5%	1,748.38
9	41.4%	2,231.74
10	45.7%	2,740.86
11	49.7%	3,277.38
12	53.4%	3,842.98
13	57.0%	4,439.31
14	60.4%	5,068.00
15	63.7%	5,731.22
16	67.0%	6,431.45
17	70.4%	7,171.53
18	73.7%	7,954.68
19	77.1%	8,784.38
20	80.6%	9,665.14
21	84.2%	10,601.58
22	87.9%	11,598.29
23	91.8%	12,659.82
24	95.8%	13,791.31
25	100.0%	15,000.00
26+	0%	\$0

On dates other than the end of the Policy Year, the Cash Value will be equal to a percentage of the sum of all premiums paid, less rider premiums and less substandard extra premiums, if any.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288, KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111125] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF PREMIUMS FOR THE BASE POLICY

Age	Guaranteed Annual Premium	Age	Guaranteed Annual Premium
35	600.00	65	4,869.00
36	600.00	66	5,334.00
37	600.00	67	5,820.00
38	600.00	68	6,333.00
39	600.00	69	6,909.00
40	600.00	70	7,581.00
41	600.00	71	8,397.00
42	600.00	72	9,351.00
43	600.00	73	10,356.00
44	600.00	74	11,436.00
45	600.00	75	12,612.00
46	600.00	76	13,938.00
47	600.00	77	15,480.00
48	600.00	78	17,271.00
49	600.00	79	19,278.00
50	600.00	80	21,516.00
51	600.00	81	23,949.00
52	600.00	82	26,526.00
53	600.00	83	29,340.00
54	600.00	84	32,469.00
55	600.00	85	35,949.00
56	600.00	86	39,777.00
57	600.00	87	43,914.00
58	600.00	88	48,312.00
59	600.00	89	52,926.00
60	2,826.00	90	57,522.00
61	3,159.00	91	62,046.00
62	3,546.00	92	66,786.00
63	3,969.00	93	71,784.00
64	4,410.00	94	77,049.00

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE, 35]
FACE AMOUNT: [\$100,000] PREMIUM CLASS: [STANDARD NON-NICOTINE]
POLICY DATE: [FEBRUARY 24, 2010] EXPIRY DATE: [FEBRUARY 24, 2070]
ISSUE DATE: [FEBRUARY 24, 2010] MODE PREMIUM: [\$540.00]
POLICY NUMBER: [01111130] MODE: [ANNUAL]
RETURN OF PREMIUM AMOUNT*: [\$15,630.00]
RETURN OF PREMIUM DATE: [FEBRUARY 24, 2040]
RETURN OF PREMIUM PERIOD: From the Policy Date to the last day of the [thirtieth (30th)] Policy Year.

*Return of Premium Amount is subject to change if the premium Mode is changed.

COST OF INSURANCE SCHEDULE

TYPE OF COVERAGE	FACE AMOUNT	TERM	TOTAL ANNUAL PREMIUM	LEVEL FOR:
Term Life Insurance Base Policy	[\$100,000]	[60 Years]	[\$540.00**]	[30] years

**During the first [thirty (30)] Policy Years, the premiums will be guaranteed as shown on a Policy Data Page. After the [thirtieth (30th)] Policy Year, the premium may increase each year for this Policy, but will never be more than the Guaranteed Annual Premium.

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111130] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF MODAL FACTORS

The annual premium amounts set forth in this Policy and riders, if any, are based on the annual premium payment Mode. If premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual premium for the base Policy and any riders multiplied by the applicable Modal Factor below:

Mode	Modal Factor
Monthly Direct Bill	0.10
Quarterly Direct Bill	0.30
Semi-annually	0.52
Monthly (automatic bank draft)	0.095

IMPORTANT NOTE: The total amount of premium paid each year will be higher if the premiums are paid by any Mode other than annual Mode.

TABLE OF RETURN OF PREMIUM BENEFIT

<u>Policy Year</u>	<u>Percentage</u>	<u>End of Policy Year Cash Value</u>
1	0.0%	0.00
2	0.0%	0.00
3	0.0%	0.00
4	0.0%	0.00
5	1.9%	50.42
6	11.0%	353.63
7	17.8%	672.58
8	23.4%	1,008.19
9	28.1%	1,361.48
10	32.2%	1,733.54
11	35.8%	2,125.56
12	39.2%	2,538.77
13	42.4%	2,974.37
14	45.5%	3,433.58
15	48.4%	3,917.95
16	51.3%	4,429.29
17	54.2%	4,969.64
18	57.1%	5,541.33
19	60.0%	6,146.89
20	62.9%	6,789.56
21	65.9%	7,472.69
22	69.1%	8,199.61
23	72.3%	8,973.64
24	75.7%	9,798.52
25	79.2%	10,679.48
26	82.8%	11,623.10
27	86.8%	12,655.44
28	91.1%	13,774.32
29	95.3%	14,915.91
30	100.0%	16,200.00
31+	0%	\$0

On dates other than the end of the Policy Year, the Cash Value will be equal to a percentage of the sum of all premiums paid, less rider premiums and less substandard extra premiums, if any.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288, KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111130] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF PREMIUMS FOR THE BASE POLICY

Age	Guaranteed Annual Premium	Age	Guaranteed Annual Premium
35	540.00	65	4,869.00
36	540.00	66	5,334.00
37	540.00	67	5,820.00
38	540.00	68	6,333.00
39	540.00	69	6,909.00
40	540.00	70	7,581.00
41	540.00	71	8,397.00
42	540.00	72	9,351.00
43	540.00	73	10,356.00
44	540.00	74	11,436.00
45	540.00	75	12,612.00
46	540.00	76	13,938.00
47	540.00	77	15,480.00
48	540.00	78	17,271.00
49	540.00	79	19,278.00
50	540.00	80	21,516.00
51	540.00	81	23,949.00
52	540.00	82	26,526.00
53	540.00	83	29,340.00
54	540.00	84	32,469.00
55	540.00	85	35,949.00
56	540.00	86	39,777.00
57	540.00	87	43,914.00
58	540.00	88	48,312.00
59	540.00	89	52,926.00
60	540.00	90	57,522.00
61	540.00	91	62,046.00
62	540.00	92	66,786.00
63	540.00	93	71,784.00
64	540.00	94	77,049.00

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
STATEMENT OF VARIABILITY
Form Series 285

The following items vary according to specifications set by the Insured at the time of application, and are not typically regulated variables. No explanation is needed for these items:

ON DATA PAGES

INSURED
ISSUE AGE AND SEX
FACE AMOUNT
MODE
TERM

The following items vary according to specifications set by Americo Financial Life and Annuity Insurance Company, and are not typically regulated variables. No explanation (outside of the actuarial memorandum) is needed for these items:

ON DATA PAGES

POLICY DATE
ISSUE DATE
POLICY NUMBER
EXPIRY DATE
MODE PREMIUM
RETURN OF PREMIUM AMOUNT
RETURN OF PREMIUM DATE
RETURN OF PREMIUM PERIOD

IN FORM TEXT

Company's Home Office and Administrative Office contact information (throughout form)
INDEX – page numbers
Officer Signatures

The following items vary according to specifications set by Americo Financial Life and Annuity Insurance Company, and are typically regulated variables. All are fixed at issue, but may vary for new issues only:

DATA PAGES

PREMIUM CLASS

The product is fully underwritten according to company standards using the following classes:

- Standard Non-nicotine
- Standard Nicotine

MODAL FACTORS

These fee factors may change to offset the Company's reasonable administrative costs.

TABLE OF RETURN OF PREMIUM BENEFIT

- Return of Premium Percentages will vary by term period, duration, issue age, class (smoker/nonsmoker), and gender.
- Return of Premium Cash Value will vary by Return of Premium Percentages and the Return of Premium Amount.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
STATEMENT OF VARIABILITY
Form Series 285

SCHEDULE OF PREMIUMS

This item will change according to the level premium period requested by the applicant. Example:

- ➡ 30 years
- ➡ 30 years w/5-year guarantee
- ➡ 25 years
- ➡ 25 years w/5-year guarantee
- ➡ 20 years
- ➡ 20 years w/5-year guarantee
- ➡ 15 years
- ➡ 15 years w/5- year guarantee

SERFF Tracking Number: AFLC-126287866 State: Arkansas
 Filing Company: Americo Financial Life and Annuity Insurance State Tracking Number: 43410
 Company
 Company Tracking Number: 285: TERM W/ROP
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: 285: Term w/ROP
 Project Name/Number: 285: Term w/ROP/1091

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)
09/02/2009	Form	Term Life Insurance policy	10/30/2009	AAR285.pdf (Superceded)

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

A STOCK COMPANY

Home Office:

[Dallas, Texas]

Administrative Office:

[300 W. 11th Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called "We", "Us", "Our" or the "Company")

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Company and the Owner. Under its terms, "You" and "Your" refer to the Owner of the Policy.

We agree to pay the Death Benefit provided by this Policy subject to its terms and conditions.

NOTICE OF [30] DAY RIGHT TO EXAMINE THE POLICY

This Policy may be cancelled by delivering or mailing the Policy to Americo Financial Life and Annuity Insurance Company or to the insurance agent through whom it was effected before midnight of the [thirtieth (30th)] day after receipt of such Policy by the applicant. Upon such delivery or mailing, the Policy shall be void from the beginning. Notice given by mail and return of the Policy by mail is effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this Policy within ten (10) days after it receives notice of cancellation and the returned Policy.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Administrative Office address: Americo Financial Life and Annuity Insurance Company, Attention: Policyowner Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288]. You may also e-mail Us at [customer.service@americo.com.]

Signed for the Company at its Administrative Office:



President



Secretary

TERM LIFE INSURANCE

ANNUALLY RENEWABLE TO EXPIRY DATE

INSURANCE PAYABLE AT DEATH OF INSURED PRIOR TO EXPIRY DATE

INTERMEDIATE ENDOWMENT AT THE END OF THE ENDOWMENT PERIOD

AS SHOWN ON A POLICY DATA PAGE

PREMIUMS PAYABLE AS SHOWN ON A POLICY DATA PAGE

NONPARTICIPATING -- NO DIVIDENDS

PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL EXPIRY DATE

INDEX

POLICY SPECIFICATIONS.....	3	PREMIUM PAYMENTS	9
SCHEDULE OF MODAL FACTORS	4	General.....	9
TABLE OF RETURN OF PREMIUM	4	Grace Period	9
SCHEDULE OF PREMIUMS FOR THE BASE		Reinstatement	9
POLICY.....	5	RETURN OF PREMIUM	9
DEFINITIONS	6	Return of Premium Benefit.....	9
THE CONTRACT.....	6	Nonforfeiture Values.....	10
General.....	6	Cash Value and Cash Surrender Value	10
Entire Contract	6	Reduced Paid-up Insurance.....	10
Change of Contract Terms.....	7	Acceleration of Benefits.....	10
GENERAL PROVISIONS	7	Policy Loan	10
Nonparticipating	7	PAYMENT OF DEATH BENEFIT	11
Misstatement of Age or Sex	7	Death Benefit Payable	11
Termination	7	Interest on Death Benefit.....	11
Incontestability.....	7	Settlement	11
Suicide Exclusion	7	CLAIMS OF CREDITORS	12
Tax Status	8		
Conformity with State Law.....	8		
CONTROL OF THE POLICY.....	8		
Owner.....	8		
Rights of Ownership	8		
Change of Ownership.....	8		
Assignment.....	8		
BENEFICIARY	8		
General.....	8		
Change of Beneficiary	9		

Riders and endorsements, if any, follow.

POLICY DATA PAGE

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE, 35]
FACE AMOUNT: [\$100,000] PREMIUM CLASS: [STANDARD NON-NICOTINE]
POLICY DATE: [FEBRUARY 24, 2010] EXPIRY DATE: [FEBRUARY 24, 2070]
ISSUE DATE: [FEBRUARY 24, 2010] MODE PREMIUM: [\$1,042.00]
POLICY NUMBER: [01111115] MODE: [ANNUAL]
RETURN OF PREMIUM DATE: [FEBRUARY 24, 2025]
RETURN OF PREMIUM PERIOD: From the Policy Date to the last day of the [fifteenth (15th)] Policy Year.
RETURN OF PREMIUM AMOUNT*: [\$15,630.00]

*Return of Premium Amount is subject to change if the premium Mode is changed.

COST OF INSURANCE SCHEDULE

TYPE OF COVERAGE	FACE AMOUNT	TERM	TOTAL ANNUAL PREMIUM	LEVEL FOR:
Term Life Insurance Base Policy	[\$100,000]	[60 Years]	[\$1,042.00**]	[15] years

**During the first [fifteen (15)] Policy Years, the premiums will be guaranteed as shown on a Policy Data Page. After the [fifteenth (15th)] Policy Year, the premium may increase each year for this Policy, but will never be more than the Guaranteed Annual Premium.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE] ISSUE AGE AND SEX: [MALE] [35]
 POLICY NUMBER: [01111115] PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF MODAL FACTORS

The annual premium amounts set forth in this Policy and riders, if any, are based on the annual premium payment Mode. If premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual premium for the base Policy and any riders multiplied by the applicable Modal Factor below:

<u>Mode</u>	<u>Modal Factor</u>
Monthly Direct Bill	0.10
Quarterly Direct Bill	0.30
Semi-annually	0.52
Monthly (automatic bank draft)	0.095

IMPORTANT NOTE: The total amount of premium paid each year will be higher if the premiums are paid by any Mode other than annual Mode.

TABLE OF RETURN OF PREMIUM

<u>Policy Year</u>	<u>Percentage</u>	<u>End of Policy Year Cash Value</u>
1	0.0%	0.00
2	0.0%	0.00
3	21.4%	668.96
4	38.2%	1,592.18
5	49.2%	2,563.32
6	57.4%	3,588.65
7	64.0%	4,668.16
8	69.6%	5,801.86
9	74.6%	6,995.99
10	79.2%	8,252.64
11	83.5%	9,570.77
12	87.7%	10,966.01
13	91.9%	12,448.77
14	96.0%	14,004.48
15	100.0%	15,630.00
16+	0%	0.00

On dates other than the end of the Policy Year, the Cash Value will be equal to a percentage of the sum of all premiums paid, less rider premiums, and less substandard extra premiums, if any.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
 [P.O. BOX 410288, KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE
(continued)

INSURED: [JOHN DOE]

ISSUE AGE & SEX: [MALE, 35]

POLICY NUMBER: [1111115]

PREMIUM CLASS: [STANDARD NON-NICOTINE]

SCHEDULE OF PREMIUMS FOR THE BASE POLICY

Age	Guaranteed Annual Premium	Age	Guaranteed Annual Premium
35	1,042.00	65	4,869.00
36	1,042.00	66	5,334.00
37	1,042.00	67	5,820.00
38	1,042.00	68	6,333.00
39	1,042.00	69	6,909.00
40	1,042.00	70	7,581.00
41	1,042.00	71	8,397.00
42	1,042.00	72	9,351.00
43	1,042.00	73	10,356.00
44	1,042.00	74	11,436.00
45	1,042.00	75	12,612.00
46	1,042.00	76	13,938.00
47	1,042.00	77	15,480.00
48	1,042.00	78	17,271.00
49	1,042.00	79	19,278.00
50	1,035.00	80	21,516.00
51	1,131.00	81	23,949.00
52	1,248.00	82	26,526.00
53	1,383.00	83	29,340.00
54	1,554.00	84	32,469.00
55	1,746.00	85	35,949.00
56	1,944.00	86	39,777.00
57	2,136.00	87	43,914.00
58	2,328.00	88	48,312.00
59	2,553.00	89	52,926.00
60	2,826.00	90	57,522.00
61	3,159.00	91	62,046.00
62	3,546.00	92	66,786.00
63	3,969.00	93	71,784.00
64	4,410.00	94	77,049.00

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

DEFINITIONS

In this Policy:

Age means the Insured's age on the most recent Policy Anniversary.

Death Benefit is the amount We are required to pay under the terms of this Policy if the Insured dies while it is in force.

Due Proof of Death means a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Death Benefit.

Evidence of Insurability is information about a person which We may require to approve, change, or reinstate a Policy or Rider.

Expiry Date means the date all rights and options provided by this Policy end, except those granted under the terms of the Grace Period. The Expiry Date is shown on a Policy Data Page.

In force means "in effect" or "not terminated."

In writing means in a written form satisfactory to Us and filed at Our Administrative Office in [Kansas City, Missouri].

Insured refers to the person, named on a Policy Data Page, whose life is insured under this Policy.

Issue Date means the date We issued this Policy. The Issue Date is shown on a Policy Data Page.

Policy Date refers to the date this Policy was first put in force. The Policy Date is shown on a Policy Data Page.

Policy Anniversary occurs once each year on the same month and day as the Policy Date.

Policy Year is a one year period beginning on the Policy Date or a Policy Anniversary, and ending on the day before the next Policy Anniversary.

Policy Month is a one month period beginning on the same day of the month as the Policy Date.

THE CONTRACT

GENERAL

We have issued this Policy in consideration of Your application and the payment of premiums.

ENTIRE CONTRACT

The Entire Contract consists of:

- 1) This Policy;
- 2) The original application attached;
- 3) Any attached amendments and supplements to the application;
- 4) Any attached riders and endorsements; and
- 5) Any attached application for reinstatement.

In the absence of fraud, We will consider all statements made by or for the Insured, to be representations and not warranties. We can use no such statement to void this Policy, or to defend against a claim under it, unless that statement is in the attached application or in an amendment or supplement to the application when issued or delivered.

CHANGE OF CONTRACT TERMS

Only Our President or one of Our Vice Presidents can agree to change the terms of this contract or to waive Our rights under it. Such agreements must be in writing and signed by that Officer. No agent, nor any other person, can change the terms of or waive Our rights under this contract in any way.

GENERAL PROVISIONS

NONPARTICIPATING

This Policy is nonparticipating. It does not share in Our surplus earnings. You will not receive any dividends under the terms of this Policy.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured is shown incorrectly on a Policy Data Page, We will adjust the face amount of the Death Benefit Payable, subject to required underwriting, if any. The adjusted Death Benefit will be that which the most recent premium paid would have purchased, based on the Insured's correct age and sex. If the correct age is outside the issue age range for this Policy, the premium and benefit will be extrapolated.

TERMINATION

This Policy will terminate on the earliest of:

- 1) The date We receive Your request in writing to surrender the Policy;
- 2) The date the Insured dies;
- 3) The Expiry Date;
- 4) The end of the Grace Period, if a past due premium remains unpaid; or
- 5) The date the total indebtedness equals or exceeds the Cash Value.

INCONTESTABILITY

We cannot contest this Policy after it has been in force for two (2) years from the Issue Date and during the Insured's lifetime except for nonpayment of premium or in the case of fraud.

If there is a change in coverage which requires underwriting, this Policy will become incontestable after it has been reinstated for two (2) years from the date of the change and during the Insured's lifetime.

Reinstated coverage will become incontestable after it has been reinstated for two (2) years from the date of reinstatement and during the Insured's lifetime, except for fraud in the procurement of the reinstated Policy.

Policy contests will be limited to material misstatements in the application. Contests of reinstated coverage will be limited to material misstatements in the application for such reinstatement.

This provision does not apply to any rider providing disability or accidental death benefits.

SUICIDE EXCLUSION

If the insured, sane or insane, dies by suicide while this policy is in force and within two (2) years after the issue date, the proceeds payable will be limited to the sum of premiums paid, less any indebtedness.

TAX STATUS

This Policy is intended to meet the requirements imposed by federal and state law on life insurance as of the Policy Date. We cannot accept responsibility for the tax treatment of this or any insurance Policy. Please consult Your tax advisor for individual assistance.

CONFORMITY TO STATE LAWS

Any terms of this policy which, on the policy date, conflict with the laws of the jurisdiction in which it is issued for delivery, are hereby amended to conform to the minimum requirements of such laws.

CONTROL OF THE POLICY

OWNER

The Insured is the Owner of this Policy unless:

- 1) A different Owner is named in the application; or
- 2) A new Owner is later named, subject to the terms of the Change of Ownership provision.

RIGHTS OF OWNERSHIP

While the Insured is living, You, as Owner, may exercise any right provided to You by this Policy. If this Policy is assigned, Your rights are subject to the rights of any assignee.

If You die before the Insured, Ownership passes to Your estate.

CHANGE OF OWNERSHIP

While the Insured is living and this Policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Administrative Office.

ASSIGNMENT

This Policy may be assigned. No assignment will be recognized by Us unless a copy is filed with us. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to Ours, including any indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. The rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

GENERAL

The Beneficiary receives the Death Benefit of this Policy upon the death of the Insured. The Beneficiary of this Policy is as named in the application unless a new Beneficiary is later named, subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You, or in the event of Your death, Your estate will be named as the Beneficiary.

BENEFICIARY

(continued)

CHANGE OF BENEFICIARY

While the Insured is living and this Policy is in force, You may name a new Beneficiary by submitting to Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Home Office.

An irrevocable Beneficiary must consent in writing to any request to change the named Beneficiary. If the irrevocable Beneficiary dies before the Insured, You may name a new Beneficiary as explained above.

PREMIUM PAYMENTS

GENERAL

All premiums are payable in advance in U.S. funds:

- 1) At Our Administrative Office in [Kansas City, Missouri]; or
- 2) To Our authorized agent in exchange for a receipt signed by one of Our Officers and countersigned by the agent.

The Schedule of Premiums for this Term Life Insurance Policy, and any attached riders, are shown on a Policy Data Page.

After the first premium is paid, We will allow a Grace Period of thirty-one (31) days after the due date for payment of each subsequent premium.

GRACE PERIOD

We will allow a Grace Period of thirty-one (31) days after the due date for payment of each premium after the first. This Policy will continue in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct from the Death Benefit the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy month. If a premium is not paid by the end of the Grace Period, this Policy will terminate.

REINSTATEMENT

If this Policy terminates under the terms of the Grace Period provision, We will reinstate the Policy if:

- 1) You request reinstatement in writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory evidence of insurability; and
- 3) You pay all past due premiums and any Cash Surrender Value returned to you under the Return of Premium Benefit, plus 6% interest per year, compounded annually, from the premium due date(s) to the date of reinstatement.

RETURN OF PREMIUM

RETURN OF PREMIUM BENEFIT

The Return of Premium Benefit provides for a Return of Premium Amount to be paid as a lump sum cash benefit at the end of the Return of Premium Period, if the Policy is in force and all premiums have been paid.

The Return of Premium Amount is equal to the sum of all premiums paid, less rider premium, and less substandard extra premiums, if any, and reduced by the amount of any indebtedness.

RETURN OF PREMIUM

(continued)

The Return of Premium Benefit will not be paid if the Death Benefit has been paid during the Return of Premium Period. The payment of a Death Benefit on any Insured covered under an attached rider, other than the Insured covered under this Policy, will not terminate the Return of Premium Benefit or this Policy.

If this Policy stays in force until the end of the Return of Premium Period, when the Return of Premium Benefit is paid, this Policy will continue in force until the Expiry Date or death of the Insured as long as the required premiums are paid.

The Return of Premium Benefit is a part of this Policy and may not be terminated unless this Policy is terminated.

The Return of Premium Amount will not be reduced by any benefit payment, claim payment, or any premiums waived under the Policy, or any rider, except as provided under the Acceleration of Benefits provision.

NONFORFEITURE VALUES

Cash Value and Cash Surrender Value

Prior to the end of the Return of Premium Period, this Policy may have Cash Value and Cash Surrender Value.

The Cash Value is equal to a percentage of the sum of all premiums paid, less rider premiums and less substandard premiums, if any. Cash Values are shown in the Table of Return of Premium on a Policy Data Page.

The Cash Surrender Value is equal to the Cash Value, less any indebtedness.

The Cash Value available under this Policy is not less than the minimum values required by, or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, Model #808 and Actuarial Guideline XLV.

If the Owner requests surrender during the Return of Premium Period, then We will pay the Cash Surrender Value to the Owner; the Policy will terminate and cannot be reinstated.

Reduced Paid-up Insurance

In lieu of the Cash Surrender Value, upon request, the Owner may elect the option of Reduced Paid-up Insurance. The paid-up nonforfeiture benefit will be such that its present value will be at least equal to the Cash Surrender Value. The amount of the Reduced Paid-up Insurance must be at least one thousand dollars (\$1,000); if not, the Cash Surrender Value will be paid in one lump sum.

The Return of Premium Benefit will terminate if Reduced Paid-up Insurance is elected.

Acceleration of Benefits

If an accelerated Death Benefit is attached to this Policy, the Return of Premium Amount, Cash Value, and premiums will be reduced if an accelerated Death Benefit is paid. The reduction will be consistent with the terms of the accelerated Death Benefit form. The Return of Premium Amount definition will not change in the event of an Acceleration of Benefit. The Return of Premium Amount is defined as the sum of all premiums paid, less rider premiums, less substandard premiums, and reduced by the amount of any indebtedness.

Policy Loan

The Owner may obtain a loan while this Policy is in force during the Return of Premium Period on the sole security of the Policy's Cash Value. The available loan value is the Cash Surrender Value as of the date of the loan. The Company may defer making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay premiums on policies with the Company.

RETURN OF PREMIUM

(continued)

Indebtedness means all existing loans on this Policy **plus** earned interest, which is either accrued or assessed.

If, at any time, the total indebtedness equals or exceeds the Cash Value, the Policy will terminate without value. At least thirty (30) days before the date the Policy terminates without value, the Company will send a notice of its intention to void the Policy benefit to the last known address of the Owner and any assignee of record.

Loan interest will accrue from the date each loan is made. Loan interest is payable in advance at the beginning of each Policy Year or when a loan is made or increased. If interest is not paid when due, it will be added to the loan and bear interest on the same terms as the loan. A loan secured by this Policy will bear interest at the rate of 7.4% per year in advance (8.0% annual effective rate).

A loan may be repaid at any time during the Return of Premium Period.

PAYMENT OF DEATH BENEFIT

DEATH BENEFIT PAYABLE

If the Insured dies while this Policy is in force or during the Grace Period, We will pay the Death Benefit when We receive the Insured's Due Proof of Death. The Death Benefit Payable upon death of the Insured will be:

- 1) The face amount shown on a Policy Data Page; plus
- 2) The death benefit of any riders on the life of the Insured; plus
- 3) Any part of the premium paid which applies to the unexpired term of this Policy beyond the Policy Month of the Insured's death; minus
- 4) Any past due premiums; plus
- 5) Interest as provided in the Interest on Death Benefit provision below.

The Death Benefit Payable will be subject to the terms of the Suicide Exclusion, the Misstatement of Age or Sex and the Incontestability provisions.

INTEREST ON DEATH BENEFIT

We will pay interest on the Death Benefit paid as follows:

- (a) interest shall accrue and be payable from the date of death;
- (b) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- (c) interest shall accrue at the effective annual rate determined in item (b) above, plus additional interest at a rate of 8% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (i), (ii), and (iii) to the date the claim is paid, where it is:
 - (i) the date that Due Proof of Death is received by Us;
 - (ii) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit; and
 - (iii) the date that legal impediments to Payment of Death Benefit that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit include, but are not limited to: (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors, and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

SETTLEMENT

Settlement will be made in one lump sum.

CLAIMS OF CREDITORS

All payments under this Policy are exempt from the claims of creditors to the extent permitted by law. Payments may not be assigned or withdrawn without Our consent before becoming payable.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

TERM LIFE INSURANCE

ANNUALLY RENEWABLE TO EXPIRY DATE
INSURANCE PAYABLE AT DEATH OF INSURED PRIOR TO EXPIRY DATE
INTERMEDIATE ENDOWMENT AT THE END OF THE ENDOWMENT PERIOD
AS SHOWN ON A POLICY DATA PAGE
PREMIUMS PAYABLE AS SHOWN ON A POLICY DATA PAGE
NONPARTICIPATING -- NO DIVIDENDS
PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL EXPIRY DATE