

SERFF Tracking Number:	AMMB-126362498	State:	Arkansas
Filing Company:	Amica Life Insurance Company	State Tracking Number:	44246
Company Tracking Number:	ART01-01 (09/2009)		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Annual Renewable Term Policy		
Project Name/Number:	ART 2009/ICC09 ART01-01		

## Filing at a Glance

Company: Amica Life Insurance Company

Product Name: Annual Renewable Term Policy SERFF Tr Num: AMMB-126362498 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 44246  
Closed

Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: ART01-01 (09/2009) State Status: Approved-Closed  
Fixed/Indeterminate Premium

Filing Type: Form

Author: Laurie Clark

Date Submitted: 12/03/2009

Reviewer(s): Linda Bird

Disposition Date: 12/04/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ART 2009

Project Number: ICC09 ART01-01

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Rhode Island is part of the Interstate Compact. The approval for the compact filing is still pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/04/2009

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/04/2009

Created By: Laurie Clark

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Laurie Clark

Filing Description:

Attached is a copy of our new Annual Renewable Term Policy, Form No. ART01-01 (09/2009), along with the Actuarial Memorandum; Flesch Certificate; Statement of Variability and the filing fee.

This policy will replace Form No. 95ATL01-01 which was approved by your department on November 4, 1996. Form No. 95ATL01-01 used pre-printed policy pages whereas the new policy is completely system generated.

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<i>Company Tracking Number:</i>	<i>ART01-01 (09/2009)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Annual Renewable Term Policy</i>		
<i>Project Name/Number:</i>	<i>ART 2009/ICC09 ART01-01</i>		

The premiums for this policy are fully guaranteed. The minimum issue age for this new product is 18 years old. The maximum issue age for this policy is 70 years old. Once the policy is issued, it may be kept in force until the policy anniversary immediately following the insured's 85th birthday.

The face amount will remain level for the life of the contract. This plan is available with a minimum face amount of \$250,000; there is no established maximum face amount. We will actively solicit sales of this product from our existing insureds and those of our parent, Amica Mutual Insurance Company; although we will also consider applications submitted by persons not currently insured by the Amica Companies.

We will use Life Application, Form No. L2-14 AR, with this policy. The application was approved by your department on November 19, 2002.

Our company's individual life portfolio is sex-distinct. Please be assured that this policy and riders will not be subject to Norris and/or Title VII of the Civil Rights Act of 1964.

Premium rates are based on the sex and age of the insured, and are differentiated by six rate classes. Four of the rate classes are for insureds that do not use nicotine products in any form - Premier Select, Preferred Select, Preferred Choice and Preferred. The remaining two rate classes are for insureds that use nicotine products - Standard Select and Standard.

This policy form contains an elective conversion privilege. The Conversion Expiry Date for an elective conversion – clearly stated in the Schedule of Benefits and Premiums found on Page 1 of the policy – is equal to the policy anniversary immediately following the insured's 65th birthday.

Please note that except for the front and back "jacket" pages, the policy itself will be completely system-generated; the bracketed data found on policy Pages 1 and 2 are "variable" only in the sense that such data will be customized based on the specific policy issue information. The first page of the scanned policy is actually a "cover flap". The size of the "cover flap" measures 8 ½ x 5 ½. This page allows the pertinent information to be viewed by the insured.

Although this product will be marketed by our licensed, full-time employee representatives, all such policies will be issued directly to the policy owners from our Corporate Offices with no agent involvement whatsoever in the issue and delivery process.

Since the premium rates are fully guaranteed, it is our belief that this product is not subject to the requirements and restrictions imposed by the NAIC Life Insurance Illustrations Model Regulation. In lieu of the NAIC illustration format dictated by said regulation, guaranteed premium rates will be displayed via a more simplified quotation sheet. We will

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 Fixed/Indeterminate Premium  
 Product Name: Annual Renewable Term Policy  
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provide a copy of the Statement of Policy Cost and Benefit at policy issue.

We are in the process of implementing additional computer programming to accommodate this new product. Solicitations of this new product will not begin until all necessary programming has been completed.

If you have any questions regarding this submission, please feel free to contact me directly by email at lclark@amica.com; or by calling (800) 234-LIFE, ext. 29729. Thank you for your assistance in this matter.

## Company and Contact

### Filing Contact Information

Laurie A. Clark, Compliance Supervisor lclark@amica.com  
 10 Amica Center Boulevard 800-234-5433 [Phone] 29729 [Ext]  
 Lincoln, RI 02861 401-334-5146 [FAX]

### Filing Company Information

Amica Life Insurance Company CoCode: 72222 State of Domicile: Rhode Island  
 100 Amica Way Group Code: 28 Company Type: Life  
 Lincoln, RI 02865 Group Name: 72222 State ID Number:  
 (800) 234-5433 ext. 29729[Phone] FEIN Number: 05-0340166

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Life Insurance Company	\$50.00	12/03/2009	32453859

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/04/2009	12/04/2009

*SERFF Tracking Number:*      *AMMB-126362498*                      *State:*                      *Arkansas*  
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Fixed/Indeterminate Premium*

*Product Name:*              *Annual Renewable Term Policy*  
*Project Name/Number:*      *ART 2009/ICC09 ART01-01*

## **Disposition**

Disposition Date: 12/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: ART01-01 (09/2009)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ART01-01 (09/2009)	Policy/Contract	Annual Renewable Term Policy Certificate	Initial		69.420	Arkansas - ART 2009.pdf



## Amica Life Insurance Company

Amica Life Insurance Company (a stock company) agrees to pay the Death Benefit to the Beneficiary when We receive due proof that the Insured died while this policy was in force, subject to the terms of this policy.

We have issued this policy in consideration of the attached Application and the payment of premiums as provided in this policy. The provisions on the following pages are an essential part of this contract. PLEASE READ YOUR POLICY CAREFULLY.

Signed for the Company at the Corporate Office, [Lincoln, Rhode Island,] on the Date of Issue.

[*Rares B. St. Jean*]  
Senior Vice President

[*Robert K. MacKenzie*]  
Secretary

[*Robert A. J. Muccio*]  
President

**1. SCHEDULE OF BENEFITS AND PREMIUMS**

THE PREMIUMS FOR THIS POLICY ARE PAYABLE FOR THE YEARS SHOWN (STARTING WITH THE DATE OF ISSUE) OR UNTIL THE DEATH OF THE INSURED, IF EARLIER.

<b>BENEFIT</b>	<b>ANNUAL PREMIUM</b>	<b>POLICY YEAR(S) PAYABLE</b>
ANNUAL RENEWABLE TERM POLICY	[\$252.00]	1*

\* SEE PAGE 2 FOR SUBSEQUENT YEARS

TOTAL INITIAL [ANNUAL] PREMIUM: [\$252.00]

ANNUAL RENEWABLE TERM POLICY. Death Benefit payable in the event of the Insured's death prior to the Coverage Expiry Date. Renewable to the Coverage Expiry Date, provided premiums are paid prior to expiration of the Grace Period. Convertible prior to the Conversion Expiry Date, subject to the terms contained herein. Premiums are payable as stated herein. This policy is Nonparticipating; it will not share in the Company's earnings through the payment of dividends.

You may return this policy at any time within 31 days after receipt by delivering or mailing it to Our Corporate Offices at [100 Amica Way, Lincoln, RI 02865 (P.O. Box 6008, Providence, RI 02940-6008)] or to the agent through whom it was purchased. Immediately upon such delivery or mailing, We will deem this policy void and will refund to You any premiums paid.

<b>INSURED:</b> [JOHN DOE]	<b>POLICY NUMBER:</b> [1-099100219]
<b>DATE OF ISSUE:</b> [NOVEMBER 6, 2009]	<b>FACE AMOUNT:</b> [\$300,000]
<b>OWNER:</b> [JOHN DOE]	<b>SEX AND AGE OF INSURED:</b> [MALE] [35]
<b>COVERAGE EXPIRY DATE:</b> [NOVEMBER 6, 2059]	<b>POLICY CLASS:</b> [PREMIER SELECT]
<b>CONVERSION EXPIRY DATE:</b> [NOVEMBER 6, 2039]	
<b>BENEFICIARY:</b> AS STATED IN APPLICATION UNLESS CHANGED AS PROVIDED HEREIN.	

**1. SCHEDULE OF BENEFITS AND PREMIUMS (CONTD.)**

INSURED: [JOHN DOE]

POLICY NUMBER: [1-099100219]

FACE AMOUNT: [\$300,000]

<b>ATTAINED AGE</b>	<b>POLICY YEAR</b>	<b>ANNUAL PREMIUM</b>
36	2	\$279.00
37	3	\$312.00
38	4	\$354.00
39	5	\$396.00
40	6	\$441.00
41	7	\$483.00
42	8	\$531.00
43	9	\$582.00
44	10	\$627.00
45	11	\$663.00
46	12	\$738.00
47	13	\$816.00
48	14	\$891.00
49	15	\$960.00
50	16	\$1,047.00
51	17	\$1,128.00
52	18	\$1,236.00
53	19	\$1,371.00
54	20	\$1,524.00
55	21	\$1,668.00
56	22	\$1,875.00
57	23	\$2,079.00
58	24	\$2,292.00
59	25	\$2,535.00
60	26	\$2,829.00
61	27	\$3,189.00
62	28	\$3,612.00
63	29	\$4,077.00
64	30	\$4,569.00
65	31	\$5,088.00
66	32	\$5,619.00
67	33	\$6,183.00
68	34	\$6,792.00

**1. SCHEDULE OF BENEFITS AND PREMIUMS (CONTD.)**

INSURED: [JOHN DOE]

POLICY NUMBER: [1-099100219]

FACE AMOUNT: [\$300,000]

<b>ATTAINED AGE</b>	<b>POLICY YEAR</b>	<b>ANNUAL PREMIUM</b>
69	35	\$7,473.00
70	36	\$8,271.00
71	37	\$9,240.00
72	38	\$10,377.00
73	39	\$11,589.00
74	40	\$12,906.00
75	41	\$14,376.00
76	42	\$16,047.00
77	43	\$18,000.00
78	44	\$20,283.00
79	45	\$22,866.00
80	46	\$25,776.00
81	47	\$29,208.00
82	48	\$32,892.00
83	49	\$36,822.00
84	50	\$41,241.00

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## 2. DEFINITIONS

- (a) Amica Life, Company, Our, Us, We - refers to the Amica Life Insurance Company.
- (b) Application - includes the application form itself and any required addendums, copies of which are attached to this policy or otherwise furnished to You.
- (c) Coverage Expiry Date - the latest date on which all coverage under this policy will terminate, as shown on Page 1.
- (d) Death Benefit - the total amount We will pay upon the Insured's death, subject to the terms of this policy; includes the Face Amount and all additional or supplementary payments as provided herein; less any unpaid premiums then due and payable.

Such payment will be made within 30 days of receipt of due proof that the death of the Insured occurred before the Coverage Expiry Date of this policy.

Amica Life shall add to the Death Benefit payment a refund of the pro rata portion of premium paid for any period beyond the end of the policy month in which death occurred if: 1) the death of the Insured occurs during a period in which the premium has been paid; and, 2) such premium has not been waived under any Waiver of Premium Benefit attached to and made a part of this policy.

If the Death Benefit payment (including premium refund, if any) is not tendered within said 30-day period, the final settlement shall include interest from the date of the Insured's death until date of settlement. Interest shall be paid at the rate of 8% per annum.

- (e) Due Proof of Death - a certified copy of the Insured's death certificate, or other lawful evidence providing equivalent information, and proof of the appropriate payee's legal entitlement to such payment.
- (f) Face Amount - the basic amount We will pay upon the Insured's death, as shown on Page 1 of this policy; does not include amounts payable under additional or supplementary benefits as provided herein.
- (g) Insured - the person on whose life this policy is issued; the Insured may or may not be the Owner.
- (h) Interval - the period of time for which the premium required to be paid will provide coverage under this policy.
- (i) Owner, You, Your - refers to this policy's Owner, unless changed in writing and filed with and recorded by the Company.
- (j) Policy Anniversary - the same day and month of each year as of this policy's Date of Issue.
- (k) Written Notice - unless otherwise stated, a Written Notice filed at Our Corporate Office in Lincoln, Rhode Island, or at one of Our authorized offices.

### **3. PAYMENT OF PREMIUMS**

Premiums are payable as shown on Pages 1 and 2. The first premium must be paid before this policy can be issued and made effective. Each premium is due and payable in advance by the first day of the payment Interval You have selected. You may pay premiums at different Intervals as allowed by the Company, with Our prior approval.

Premiums are payable to Us at Our Corporate Office in Lincoln, Rhode Island, or to one of Our agents authorized to receive such payment. We will give You a receipt in exchange for a premium payment, if You request it. Our receipt will be valid only if signed by the President or Secretary, and countersigned by the person receiving the payment.

### **4. GRACE PERIOD**

If You fail to pay a premium (other than the first premium) on or before its due date, You will be granted a Grace Period of thirty-one (31) days for the payment of such premium. This Grace Period will begin on the due date of such unpaid premium. During this period the policy will remain in force. If the Insured dies during the Grace Period, We will deduct any premium due and payable from the Death Benefit. Any premium sent to Us by the U.S. Postal Service and postmarked during the Grace Period will be considered to have been paid within such Grace Period.

If any premium due and payable is not paid during the Grace Period, this policy will terminate immediately without further value. We will notify You, at Your last known address, that this policy has terminated.

### **5. TERMINATION**

This policy will terminate and all insurance under this policy will stop:

- (a) when You request it, by Your sending to Us and Our receiving Written Notice of Your request; or,
- (b) on the Date of Issue of a permanent life insurance policy issued under the Conversion Privilege section of this policy; or,
- (c) when We do not receive by the end of the Grace Period any premium then due and payable; or,
- (d) when the Insured dies; or,
- (e) on the Coverage Expiry Date as shown on Page 1.

### **6. REINSTATEMENT**

If this policy terminates for nonpayment of premium, within five (5) years from the due date of such unpaid premium You may reinstate this policy provided:

- (a) You submit to Us an Application for reinstatement prior to this policy's Coverage Expiry Date; and,
- (b) You furnish to Us satisfactory evidence of the Insured's continued insurability; and,
- (c) You pay to Us an amount equal to the prior month's premium with annualized interest at the rate of 6%.

## **6. REINSTATEMENT (continued)**

The effective date of the reinstated policy will be the date on which all of the above-noted conditions are satisfied.

For statements made in the original Application, the Incontestability provision will apply as of this policy's Date of Issue.

For statements made in the reinstatement Application, We will not contest this policy after it has been in force during the lifetime of the Insured for two (2) years from the date all conditions for reinstatement as stated above have been satisfied.

Upon reinstatement, the Suicide Exclusion provision will apply as of this policy's Date of Issue.

## **7. OWNER AND BENEFICIARY PROVISIONS**

### **General**

The Owner and Beneficiary named in the original Application will remain in effect unless You change them in writing.

You have the sole power to exercise all rights and privileges without the consent of any other person; unless, however, You have provided otherwise by Written Notice filed with and recorded by Amica Life; or, unless You have named an irrevocable Beneficiary and filed such designation with Us.

If You are not the Insured, at Your death the Insured will become the Owner of this policy. All of Your rights and privileges will transfer to the Insured; unless, however, You have provided otherwise in writing to Us.

The Beneficiary at the Insured's death will be as provided in the Beneficiary designation then in effect. If no Beneficiary designation is then in effect, or if no designated Beneficiary is alive, You will be the Beneficiary. If You are also the Insured, Your estate will be the Beneficiary.

### **Change of Owner or Beneficiary**

You may change the named Owner or Beneficiary during the lifetime of the Insured by Written Notice to Us; however, an irrevocable Beneficiary must consent in writing to any such change. Any such change is effective on the date the notice is signed, whether or not You or the Insured is alive at the time of such acknowledgment. Any such change is subject to the rights of any current assignee. Such change will not affect any payment We make or action We take before We know of such change. We are not responsible for the validity or sufficiency of any change of Beneficiary or Owner You may make.

## **8. ASSIGNMENT**

You must file all assignments of this policy in writing at Our Corporate Office. Any assignment will take effect on the date You sign the notice of assignment, unless You specify another date in such notice; however, an assignment will not affect any payment We make or action We take before We know of such assignment. We are not responsible for the validity or sufficiency of any assignment. Your interest, or the interest of any Beneficiary, and the election of a settlement option will be subordinate to the interest of any assignee. Other than an absolute assignee, an assignee cannot change the Owner or Beneficiary designations. A settlement option may not be elected by an assignee, other than by an absolute assignee.

**8. ASSIGNMENT (continued)**

An assignment, other than an absolute assignment, is not a change of Owner; and an assignee, other than an absolute assignee, is not a new Owner.

**9. GENERAL PROVISIONS****Entire Contract**

This policy and the Application constitute the entire contract between You and Amica Life. Statements made in the Application shall be considered representations and not warranties. We will not use any such statement in defense of a claim under this policy unless that statement is contained in the Application and We attach to this policy or furnish You with a copy of that Application when We issue, reinstate or amend this policy.

No condition or provision of this policy may be waived or modified in any way except by an endorsement signed by Our President, Vice President or Secretary.

**Incontestability**

We will not contest the validity of this policy after it has been in force during the lifetime of the Insured for two (2) years from the Date of Issue. Only statements made in an Application which are material to the risk accepted may be used to contest such validity. This provision will not apply to any provisions for waiver of premium or accidental death benefits.

**Suicide Exclusion**

Suicide of the Insured, while sane or insane, within two (2) years from the Date of Issue is not covered under this policy. In such event, We will pay to the Beneficiary an amount equal to the premiums paid on this policy.

**Misstatement of Age or Sex**

If the age or sex of the Insured is misstated, We will change the Face Amount of insurance to that which the premiums paid would have purchased for the correct age and sex. If the corrected age is outside the allowable issue age limits for this policy, We will extrapolate a premium and benefit based on the nearest age allowed under such limits.

**Conformity to State Laws**

This policy is subject to the laws of the state where the original Application was signed as of the date the original Application was signed. If part of this policy as written does not conform to the laws of such state, We will automatically treat that part of the policy as if it does conform.

## **9. GENERAL PROVISIONS (continued)**

### **Nonparticipating**

This policy is Nonparticipating. It will not share in the Company's earnings through the payment of dividends.

## **10. CONVERSION PRIVILEGE**

### **Elective Conversion**

You may convert this policy to a new policy on any permanent life plan that We are then offering, subject to Our normal issue limits and rules. You do not have to furnish evidence of the Insured's insurability for any such conversion, provided:

- (a) the Face Amount of the new policy is not larger than the Face Amount of this policy in force on the date the conversion takes place; and,
- (b) this policy is in force with no premium being waived under a waiver of premium benefit; and,
- (c) Your request for conversion is made in writing and accompanied by this policy no later than the Conversion Expiry Date stated on Page 1; and,
- (d) You pay to Us the premium then due and payable for the new policy.

As part of the new policy, You may continue any supplementary benefits in force under this policy on the date the conversion takes place. Such benefits are subject to Our normal issue limits and rules.

We will issue the new policy at the Insured's then current age, and in the same (or most comparable) Policy Class as this policy. We will use the premium rates and policy forms in effect on the date We approve the conversion. The Date of Issue of the new policy, including any supplementary benefits, will be the date We approve the conversion.

The Incontestability provision for the new policy and any supplementary benefits will apply:

- (a) as of this policy's Date of Issue for statements made in the original Application; and,
- (b) as of the effective date of reinstatement for statements made in the reinstatement Application, if applicable.

If a supplementary benefit has a signing or effective date which is later than this policy's Date of Issue, the Incontestability provisions for that benefit will apply as of its signing or effective date.

The Suicide Exclusion provision for the new policy and any supplementary benefits will apply as of this policy's Date of Issue. If a supplementary benefit has a signing or effective date which is later than this policy's Date of Issue, the Suicide Exclusion provision for that benefit will apply as of its signing or effective date.

### **Automatic Conversion During Disability**

If this policy's premiums are being waived under a disability waiver of premium benefit on the Conversion Expiry Date stated on Page 1, We will then automatically terminate this policy and convert it to a new permanent policy. The Face Amount of the new policy will be the same as the Face Amount of this policy on the date the conversion takes place. The new policy will be in the same (or most comparable) Policy Class as this policy. We will continue to waive the premiums on the new policy as long as the Insured remains disabled.

## 11. SETTLEMENT PROVISIONS

We will pay the benefits under this policy either in one sum or under any optional method of settlement You elect by prior written request, or by written request of the Beneficiary, and agreed to by Us.

If an amount of \$5,000 or more becomes payable, it may be left with the Company by electing one of the following options:

### Option A - Interest Income

Interest will be paid on proceeds held on deposit with the Company.

### Option B - Income of a Specified Amount

Payments will be made each year totaling at least 12% of the proceeds until the proceeds, with interest, are fully paid.

### Option C - Income for a Fixed Period

Payments shown in the Table for Option C will be made for the period selected.

### Option D - Life Income with Payments for a Guaranteed Period

Payments will be made for the life of the Payee for an amount determined from the Table for Option D. If the payee dies within the guaranteed period, the income payments for the remainder of this period will be discounted using 3% interest, compounded annually, and paid as a final payment.

The guaranteed interest rate for all options is based on the Annuity 2000 ALB Table at 3% per year, compounded annually. Payments made under Options C or D, at the time of their commencement, will not be less than those that would be provided if the proceeds were applied to purchase a single-consideration immediate annuity at purchase rates offered by Us at the time such payments begin. Under any option, excess interest may be paid or credited from time to time at Our sole discretion.

#### AMOUNT OF EACH MONTHLY PAYMENT PER \$1,000 OF PROCEEDS - OPTION C

Period (Years)	Monthly Payment	Period (Years)	Monthly Payment	Period (Years)	Monthly Payment	Period (Years)	Monthly Payment
1	\$84.47	9	\$10.53	16	\$6.53	23	\$4.99
2	\$42.86	10	\$9.61	17	\$6.23	24	\$4.84
3	\$28.99	11	\$8.86	18	\$5.96	25	\$4.71
4	\$22.06	12	\$8.24	19	\$5.73	26	\$4.59
5	\$17.91	13	\$7.71	20	\$5.51	27	\$4.47
6	\$15.14	14	\$7.26	21	\$5.32	28	\$4.37
7	\$13.16	15	\$6.87	22	\$5.15	29	\$4.27
8	\$11.68					30	\$4.18

**AMOUNT OF EACH MONTHLY PAYMENT PER \$1,000 OF PROCEEDS - OPTION D**

(Based on the payee's age last birthday on the date the proceeds are settled under the option)

PERIOD CERTAIN							PERIOD CERTAIN						
Age	10 Years		15 Years		20 Years		Age	10 Years		15 Years		20 Years	
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female
10*	\$2.85	\$2.79	\$2.84	\$2.79	\$2.84	\$2.79	46	\$3.84	\$3.63	\$3.81	\$3.62	\$3.77	\$3.60
11	2.86	2.80	2.86	2.80	2.85	2.80	47	3.90	3.68	3.87	3.67	3.82	3.64
12	2.87	2.81	2.87	2.81	2.87	2.81	48	3.95	3.73	3.92	3.71	3.87	3.69
13	2.88	2.82	2.88	2.82	2.88	2.82	49	4.02	3.78	3.98	3.77	3.92	3.74
14	2.90	2.83	2.90	2.83	2.89	2.83	50	4.08	3.84	4.04	3.82	3.98	3.78
15	2.91	2.85	2.91	2.85	2.91	2.84	51	4.15	3.90	4.10	3.87	4.03	3.84
16	2.93	2.86	2.92	2.86	2.92	2.86	52	4.22	3.96	4.17	3.93	4.09	3.89
17	2.94	2.87	2.94	2.87	2.94	2.87	53	4.29	4.02	4.23	3.99	4.15	3.94
18	2.96	2.89	2.96	2.89	2.95	2.88	54	4.37	4.09	4.30	4.06	4.21	4.00
19	2.98	2.90	2.97	2.90	2.97	2.90	55	4.45	4.16	4.38	4.12	4.27	4.06
20	2.99	2.92	2.99	2.91	2.99	2.91	56	4.54	4.24	4.46	4.19	4.33	4.12
21	3.01	2.93	3.01	2.93	3.00	2.93	57	4.63	4.32	4.54	4.27	4.39	4.19
22	3.03	2.95	3.03	2.95	3.02	2.94	58	4.73	4.40	4.62	4.34	4.46	4.25
23	3.05	2.96	3.05	2.96	3.04	2.96	59	4.83	4.49	4.70	4.42	4.52	4.32
24	3.07	2.98	3.07	2.98	3.06	2.98	60	4.93	4.58	4.79	4.51	4.59	4.39
25	3.09	3.00	3.09	3.00	3.08	3.00	61	5.05	4.68	4.88	4.59	4.66	4.46
26	3.11	3.02	3.11	3.02	3.10	3.01	62	5.16	4.79	4.98	4.68	4.72	4.53
27	3.13	3.04	3.13	3.04	3.13	3.03	63	5.29	4.90	5.08	4.78	4.79	4.60
28	3.16	3.06	3.15	3.06	3.15	3.05	64	5.42	5.01	5.17	4.88	4.85	4.67
29	3.18	3.08	3.18	3.08	3.17	3.07	65	5.55	5.14	5.27	4.98	4.91	4.75
30	3.21	3.10	3.21	3.10	3.20	3.10	66	5.69	5.26	5.38	5.08	4.97	4.82
31	3.24	3.13	3.23	3.12	3.22	3.12	67	5.84	5.40	5.48	5.19	5.03	4.89
32	3.27	3.15	3.26	3.15	3.25	3.14	68	5.99	5.55	5.58	5.30	5.09	4.95
33	3.30	3.18	3.29	3.17	3.28	3.17	69	6.15	5.70	5.68	5.41	5.14	5.02
34	3.33	3.20	3.32	3.20	3.31	3.19	70	6.31	5.86	5.78	5.53	5.19	5.08
35	3.36	3.23	3.35	3.23	3.34	3.22	71	6.47	6.02	5.88	5.64	5.23	5.14
36	3.39	3.26	3.39	3.25	3.37	3.25	72	6.64	6.20	5.97	5.75	5.27	5.19
37	3.43	3.29	3.42	3.28	3.41	3.28	73	6.81	6.38	6.07	5.86	5.31	5.24
38	3.47	3.32	3.46	3.32	3.44	3.31	74	6.99	6.57	6.15	5.97	5.34	5.29
39	3.51	3.35	3.50	3.35	3.48	3.34	75	7.16	6.76	6.24	6.08	5.37	5.33
40	3.55	3.39	3.54	3.38	3.52	3.37	76	7.34	6.96	6.32	6.17	5.40	5.36
41	3.59	3.42	3.58	3.42	3.55	3.41	77	7.52	7.16	6.39	6.27	5.42	5.39
42	3.64	3.46	3.62	3.45	3.59	3.44	78	7.69	7.36	6.46	6.35	5.44	5.42
43	3.69	3.50	3.67	3.49	3.64	3.48	79	7.86	7.56	6.52	6.43	5.46	5.44
44	3.73	3.54	3.71	3.53	3.68	3.52	80**	8.03	7.76	6.57	6.50	5.47	5.45
45	3.79	3.59	3.76	3.58	3.73	3.56							

\*Ages 10 and under

\*\*Ages 80 and over



**Amica Life Insurance Company**

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AMICA LIFE INSURANCE COMPANY

This is to certify that each form listed below is in compliance with the insurance policy form language simplification rules and readability standards of your state in accordance with the following test procedures:

A. Option Selected

1. The form(s) submitted with this filing and any related forms have been scored as one unit for the Flesch reading ease test. The combined score is \_\_\_\_\_.
2. Each form has been scored separately for the Flesch reading ease test. Scores for each form submitted with this filing are:

<u>Form Number</u>	<u>Title</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables</u>	<u>Flesch Score</u>
ART01-01 (09/2009)	Annual Renewable Term Policy	123	2,055	2,926	69.42

B. Test Option Selected

1. The test was applied to each entire form.
2. The test was applied on a sample basis since the form(s) contain(s) more than 10,000 words. A copy of the form(s) indicating the word samples tested is enclosed.

C. Standards for Certification

A checked line indicates the standard has been achieved:

1. The form text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option selected in Section A above.
2. Each form is printed in not less than 10-point type, 1-point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of each form separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in boldface type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in any form.
6. The style, arrangement and overall appearance of each form give no undue prominence to any portion of any form submitted with this filing or to any related form.
7. A table of contents or index of the principal sections is included in the policy. (This applies only to a policy having more than 3,000 words or consisting of more than 3 pages.)



James R. Ruegg, FLMI/M, CLU, AIRC, CCP  
Sr. Assistant Vice President  
Name and Title of Company Officer

November 2, 2009

STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE

Form Number (s):     ART01-01 (09/2009)

As an officer of Amica Life Insurance Company, I hereby certify that:

1. The above-referenced policy form complies in all respects with the provisions, requirements and restrictions of Regulation 19 – Section 10(B). To the best of my knowledge, information and belief, it also complies with all applicable requirements of the Insurance Department.
  
2. We do comply with Regulation 49. The attached Life and Health Insurance Guaranty Association form is sent out with every policy issue package.
  
3. In order to comply with ACA 23-80-206, a copy of a Flesch Certificate is attached.
  
4. Form No. SN01-01 AR (previously approved March 8, 2004) is included with every policy issue package in order to comply with ACA23-79-138 (copy attached to filing).



James R. Ruegg  
Senior Assistant Vice President

November 2, 2009

AMICA LIFE INSURANCE COMPANY

*Thank you for entrusting Amica Life Insurance Company with your insurance needs!*

*If you ever need to contact us, please write to us at:*

*Amica Life Insurance Company  
Life Customer Services  
100 Amica Way  
Lincoln, RI 02865*

*We may be reached by telephone, toll-free, at (800) 234-5433, ext. 3400.*

*You may also communicate with us by visiting our Web site at [www.amica.com/life](http://www.amica.com/life).  
Once there, please point your cursor to the "Contact Us" menu selection near the top  
of the main screen, and click on the "How Are We Doing?" link provided.*

*If we at Amica Life Insurance Company fail to provide you with reasonable and  
adequate services, you should feel free to contact us:*

*Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904  
800-852-5494  
or  
501-371-2640*

*Again, thank you! We look forward to serving you now and in the future.*

**AMICA LIFE INSURANCE COMPANY**

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policyowners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

**DISCLAIMER**

**The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to provide you with this notice.**

**The Arkansas Life and Disability  
Insurance Guaranty Association  
1023 West Capitol, Suite 2  
Little Rock, AR 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904**

(Continued on next page)

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act").

Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

## **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons holding such policies are **NOT** protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contract holders, not individuals);
- unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

(Continued on next page)

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

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**STATEMENT OF VARIABILITY  
FOR FORM ART01-01 (09/2009)**

<u>FIELD</u>	<u>EXPLANATION OF VARIABILITY</u>
ADDRESSES ON COVER JACKET AND ON SCHEDULE OF BENEFITS & PREMIUMS PAGE	WILL CHANGE AS ADDRESSES CHANGE
COVER JACKET (OFFICER SIGNATURES AND TITLES)	WILL CHANGE AS OFFICERS/TITLES CHANGE
ANNUAL PREMIUM	A DOLLAR AMOUNT
TOTAL INITIAL PREMIUM	EITHER [ANNUAL] or (SEMI-ANNUAL] or [QUARTERLY] or [MONTHLY] or [BI-WEEKLY] PENSIONER'S MONTHLY and [A DOLLAR AMOUNT]
INSURED	A NAME
OWNER	A NAME
DATE OF ISSUE	A DATE
FACE AMOUNT	A DOLLAR AMOUNT - MINIMUM AMOUNT OF \$100,000 - NO MAXIMUM AMOUNT.
COVERAGE EXPIRY DATE	A DATE - POLICY ANNIVERSARY IMMEDIATELY FOLLOWING INSURED'S AGE 85.
POLICY NUMBER	A NUMBER
SEX AND AGE OF INSURED	EITHER [MALE] or [FEMALE] and AN AGE BETWEEN 18 - 70
POLICY CLASS	EITHER [PREMIER SELECT] or [PREFERRED SELECT] or [PREFERRED CHOICE] or [PREFERRED] or [STANDARD SELECT] or [STANDARD] or [STANDARD SPECIAL] or [PREFERRED SPECIAL]
CONVERSION EXPIRY DATE	A DATE (POLICY ANNIVERSARY DATE FOLLOWING AGE 65) or NOT APPLICABLE (ISSUE AGES 65 TO 70)
ATTAINED AGE	DISPLAYS TO AGE 84
POLICY YEAR	A NUMBER CORRESPONDING TO ATTAINED AGE