

SERFF Tracking Number: AMLC-126033311 State: Arkansas
Filing Company: American Income Life Insurance Company State Tracking Number: 41724
Company Tracking Number: R1500
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Level Convertible Term Life
Project Name/Number: R1500/R1500

Filing at a Glance

Company: American Income Life Insurance Company

Product Name: Level Convertible Term Life SERFF Tr Num: AMLC-126033311 State: Arkansas
TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 41724
Closed

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: R1500 State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life
Filing Type: Form

Author: Angela Fincher Reviewer(s): Linda Bird
Disposition Date: 03/05/2009
Date Submitted: 03/04/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: R1500
Project Number: R1500
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed concurrently
in Indiana, our state of domicile.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/05/2009

Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/05/2009

Deemer Date:
Submitted By: Angela Fincher
Filing Description:
Re: R1500 – Level Convertible Term Rider

Created By: Angela Fincher
Corresponding Filing Tracking Number:

Enclosed are copies of the above referenced form for your review. This is a new form and does not replace any previously approved form. This form has been filed concurrently in Indiana, our state of domicile.

This form is for general use with our individual life portfolio approved in your state and will be marketed by licensed

SERFF Tracking Number: AMLC-126033311 State: Arkansas
 Filing Company: American Income Life Insurance Company State Tracking Number: 41724
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 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Level Convertible Term Life
 Project Name/Number: R1500/R1500

agents to individuals age 15-50 using application form AG-2549, which was approved 11/10/2008. This form has been written in "readable" language and has a FLESCH readability score of 53.1.

We wish to thank you for your cooperation in this matter, and trust you will find this filing acceptable for approval. Please contact me if you have any questions.

Company and Contact

Filing Contact Information

Angela Fincher, Contract Analyst afincher@aillife.com
 PO Box 2608 254-761-6761 [Phone]
 Waco, TX 76797 254-741-5723 [FAX]

Filing Company Information

American Income Life Insurance Company CoCode: 60577 State of Domicile: Indiana
 P.O. Box 2608 Group Code: 290 Company Type: Life and Health
 Waco, TX 76797 Group Name: Liberty National State ID Number: 498
 (254) 761-6761 ext. [Phone] FEIN Number: 74-1365936

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20/rider form * 1 rider = \$20
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Insurance Company	\$20.00	03/04/2009	26131643

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Product Name: Level Convertible Term Life
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/05/2009	03/05/2009

SERFF Tracking Number: *AMLC-126033311* *State:* *Arkansas*
Filing Company: *American Income Life Insurance Company* *State Tracking Number:* *41724*
Company Tracking Number: *R1500*
TOI: *L041 Individual Life - Term* *Sub-TOI:* *L041.213 Specified Age or Duration -*
Product Name: *Level Convertible Term Life* *Fixed/Indeterminate Premium - Single Life*
Project Name/Number: *R1500/R1500*

Disposition

Disposition Date: 03/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: R1500

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R1500	Policy/Cont Level Convertible ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.100	R1500.pdf

AMERICAN INCOME LIFE INSURANCE COMPANY

Executive Office: P.O. Box 2608, Waco Texas 76797

LEVEL CONVERTIBLE TERM RIDER

BENEFITS	We will pay the Term Rider Death Benefit on Page 3A to the Beneficiary at your death. Death must occur while this Rider is in full force. Payment will be made when we receive proof of your death at our Executive Office.
NON-PARTICIPATING	This is a non-participating Rider. This means the Rider does not share in our profits or surplus.
POLICYOWNER AND BENEFICIARY	The policyowner and beneficiary of the policy this Rider is attached to will be the owner and beneficiary of this Rider.
MISSTATEMENT OF AGE OR SEX	If your age or sex is not correct on the application for this Rider, the amount payable under this Rider will be what the premiums paid would have bought at the correct age or sex.
INCONTESTABILITY	We cannot contest the validity of this Rider after it has been in force during your lifetime for 2 years except for failure to pay premiums.
SUICIDE EXCLUSION	If you commit suicide, while sane or insane, before this Rider has been in force for 2 years, we will not pay any benefit. We will return the premiums paid for this Rider.
REINSTATEMENT	This Rider may be reinstated (put back in full force) within 5 years after it ceases to be in full force. The policy this Rider is attached to must be concurrently reinstated. Evidence of insurability satisfactory to us is required.
WAIVER OF PREMIUM	If the policy to which this Rider is attached has any benefits for total and permanent disability, we will waive the payment of premiums for this Rider when the payment of premiums for the policy is waived. Premium for the Waiver of Premium Benefit is shown on Page 3.
CONVERSION PRIVILEGE	<p>You have this right while this Rider is in full force. Evidence of insurability is not required. You may have any permanent plan of life insurance issued by the company subject to the following conditions:</p> <ol style="list-style-type: none">1. Send the policy, this Rider and your written request for conversion to our Executive Office within the Convertible Period on Page 3A. The Policy Date of the new policy will be the date of the application. Premiums paid will be at the rate for your attained age then charged by us for the plan selected.2. The amount of insurance of the new policy will be equal to the Term Rider Death Benefit on Page 3A. The amount of the new policy, however, may not be less than the published minimum amount limit then applicable for the plan selected.3. The new policy will not include any disability waiver or other supplemental agreement that increases the insurance risks, unless we are given proof of your insurability.4. The suicide and incontestability provisions of the new policy will start from the effective date of this Rider.5. The risk classification of the new policy and this Rider will be the same.6. If your premiums are being waived due to a waiver of premium disability benefit included in the policy on the date this Rider's Convertible Period ends, this Rider will be exchanged automatically for a new policy on a whole life plan for the amount of the Term Rider Death Benefit on Page 3A. The Policy Date of the new policy will be the date the Conversion Period ends. The premium will be for your attained age on that date. Any premium falling due during the continuance of that total disability will be waived.



TERMINATION

This Rider will stop at the first of the following:

1. The expiry date on Page 3A;
2. The end of the grace period for any premium due on the policy or this Rider; or
3. The written request of the Policyowner.

RESERVE BASIS

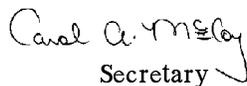
The reserve on this Rider shall be computed using the Mortality Table, Valuation Method and Valuation Interest Rate shown on Page 3A.

THE ADDITIONAL
BENEFITS

The benefits given by this Rider do not change the Policy Loan or Guaranteed Values of the policy. Nothing in this Rider will vary, alter, waive or extend the policy unless it is expressly stated in this Rider.

CONSIDERATION

We have issued this Rider in return for the application and the payment of the additional premium on Page 3. A copy of the application is attached to the policy. The additional premium is payable until this Rider stops unless a shorter premium period is stated in the policy. If we receive premiums for this Rider after it has stopped, we will refund such premiums and the insurance coverage will not continue.


Secretary


President

MORTALITY TABLE - 2001 COMMISSIONER'S STANDARD ORDINARY, AGE LAST BIRTHDAY
 VALUATION INTEREST RATE - 4.00 PERCENT
 VALUATION METHOD - COMMISSIONERS RESERVE
 NONFORFEITURE INTEREST RATE - 5.00 PERCENT
 POLICY LOAN INTEREST RATE - 8.00 PERCENT ANNUAL RATE, PAYABLE IN ARREARS
 NONFORFEITURE FACTOR - 95.77210 ALL YEARS

TABLE OF NONFORFEITURE VALUES

END OF POLICY YEAR	CASH OR LOAN VALUE \$	PAID UP INSURANCE \$	EXTENDED TERM YEARS DAYS		END OF POLICY YEAR
1					1
2					2
3	40.00	240	2	282	3
4	130.00	740	7	193	4
5	220.00	1,190	11	29	5
6	320.00	1,660	14	42	6
7	410.00	2,040	15	332	7
8	520.00	2,480	17	284	8
9	620.00	2,840	18	334	9
10	730.00	3,210	19	326	10
11	840.00	3,550	20	220	11
12	960.00	3,900	21	104	12
13	1,070.00	4,180	21	233	13
14	1,200.00	4,500	22	43	14
15	1,330.00	4,800	22	151	15
16	1,460.00	5,060	22	204	16
17	1,600.00	5,340	22	254	17
18	1,740.00	5,580	22	264	18
19	1,880.00	5,810	22	241	19
20	2,030.00	6,040	22	223	20
AT 60	2,820.00	7,020	21	216	AT 60
AT 65	3,680.00	7,780	19	315	AT 65
AT 70	4,580.00	8,350	17	259	AT 70

PLAN-FORM	BENEFIT DESCRIPTION	ANNUAL PREMIUM
1220 MNS	- WHOLE LIFE	\$ 164.20 FOR LIFE
5232 MNS	- LEVEL TERM	69.70 FOR 20 YEARS

TOTAL ANNUAL PREMIUM \$ 233.90

ISSUED METHOD OF PAYMENT-----ANNUAL \$ 233.90

OTHER METHODS OF PAYMENT

SEMI-ANNUAL	\$ 116.95
QUARTERLY	\$ 58.48
MONTHLY	\$ 21.05
BANK DRAFT MONTHLY	\$ 19.49

NAME AND ADDRESS OF INSURED
 JOHN DOE
 1200 WOODED ACRES
 WACO TX 76797

MALE ISSUE AGE 35
 FACE AMOUNT \$10,000
 INITIAL FACE AMOUNT \$20,000
 POLICY NUMBER 1234567
 POLICY DATE JAN 01, 2009
 EFFECTIVE DATE JAN 01, 2009

LEVEL TERM RIDER

MORTALITY TABLE - 2001 COMMISSIONER'S STANDARD ORDINARY, AGE LAST BIRTHDAY
VALUATION INTEREST RATE - 4.00 PERCENT
VALUATION METHOD - COMMISSIONERS RESERVE

	MALE ISSUE AGE	35
	TERM RIDER DEATH BENEFIT	\$10,000
NAME AND ADDRESS OF POLICYOWNER	POLICY NUMBER	1234567
JOHN DOE	RIDER DATE	JAN 1, 2009
1200 WOODED ACRES	EFFECTIVE DATE	JAN 1, 2009
WACO TX 76797	EXPIRY DATE	JAN 1, 2029
	CONVERTIBLE PERIOD ENDS	JAN 1, 2027



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Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Form AG-2549, which was approved 11/10/2008 under SERFF Filing #AMLC-125892510.		
Attachment: AG-2549.pdf		

STATE OF ARKANSAS
CERTIFICATE OF COMPLIANCE

I, PAMELA D. MILLER, AN OFFICER OF THE AMERICAN INCOME LIFE INSURANCE COMPANY, HEREBY CERTIFY THAT THE FOLLOWING FORM(S) HAS (HAVE) THE FOLLOWING READABILITY SCORE(S) AS CALCULATED BY THE FLESCH READING EASE TEST AND THAT THE FORM(S) MEET ALL REQUIREMENTS SET FORTH IN ARKANSAS STATUTES 66-3251 THROUGH 66-3258, CITED AS THE LIFE AND DISABILITY INSURANCE POLICY LANGUAGE SIMPLIFICATION ACT.

FORM(S)	SCORE
R1500	53.1

DATED March 4, 2009

AMERICAN INCOME LIFE INSURANCE COMPANY



PAMELA D. MILLER, FLMI/M, AIRC, ACS
VICE PRESIDENT
COMPLIANCE

PFCERTAR

Application to AMERICAN INCOME LIFE INSURANCE COMPANY

P.O. Box 2608 Waco, TX 76797

Affiliation

ID No.

*Complete shaded areas for spouse coverage.

UN CU Assoc V-PRIV SR Lics Prof GL POS Ref F-CHSF DC

1. Names of Proposed Insureds (A, B, C1, C2, C3) with fields for D.O.B., Age, Birthplace, Ht, Wt, Sex, NTU, 2. SS#, 3. Driver's License# & State, 4. Person to be Owner of Policy, 5. Occupation/Duties, 6. Employer's Name, 7. Address of Owner of Policy, 8. Phone#, 9. E-mail Address.

10. Complete B, C1, C2 & C3 ONLY if applying for separate life policies. Primary Beneficiary, Relationship to Insured, Contingent Beneficiary, Relationship to Insured.

11. Is any insurance applied for intended to replace or change any insurance or annuities in this or any other company? 12. Amount of insurance on each proposed Insured. 13. Is proposed Insured a U.S. citizen? 14. Do you wish the Automatic Premium Loan Provision on your life policy/policies?

Life Insurance - Complete B, C1, C2 & C3 ONLY if applying for separate Life policies. Table with columns for Proposed Insured (A, B, C), Base Plan, Riders and Benefits, and Premiums.

Accident Ins. Policy, Cancer Ins. Policy, Hospital Indemnity Ins. Policy. Includes sub-sections for A, B, C and various benefit options.

Critical Illness Ins. Policy, 15. I have received an outline of coverage? 16. Does proposed Insured have a Medicaid Eligibility Card... 17. Age 65 and Older Only... PLACE ORAL SPECIMEN STICKER HERE.

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

American Income Life Insurance Company is authorized to initiate debit entries to the account indicated below, and the depository institution named below is authorized to debit the same to such account.

Depository Name, City, State, Transit/ABA No., Account No., Type of Account: Checking Savings

X Signature of Payor, Date, Requested draw date, if any:

PLEASE ATTACH A VOIDED PERSONAL CHECK



PLACE AN 'X' IN THE BOX WITH THE CORRECT ANSWER

ANSWER ALL QUESTIONS IF APPLYING FOR LIFE, HOSPITAL INDEMNITY OR CRITICAL ILLNESS POLICY

ANSWER **ONLY SECTION "A"** IF APPLYING ONLY FOR **ACCIDENT** POLICY

ANSWER **ONLY SECTION "B"** IF APPLYING ONLY FOR **CANCER** POLICY

SECTION A

- 18. Has any proposed Insured ever been treated or advised to be treated for alcoholism or alcohol abuse, including membership in A.A. or been advised by a physician to reduce alcohol consumption? Yes No
- 19. Has any proposed Insured ever used drugs not prescribed by a physician, such as cocaine, amphetamines, barbiturates, hallucinogens, tranquilizers, narcotics or sedatives? Yes No
- 20. Has any proposed Insured ever had their driver's license suspended or revoked because of a moving violation or been arrested (including arrests for driving while intoxicated or under the influence)? Yes No
- 21. Has any proposed Insured flown within the last 2 years, or intend to fly in the future, as other than a passenger on a scheduled airline? Yes No
- 22. Has any proposed Insured participated within the last 2 years, or intend to participate, in any of the following activities: Auto, Motorcycle, or Boat Racing; Parachute Jumping; Skin, Scuba, or Sky Diving? Yes No
- 23. Has any proposed Insured ever been advised to take tests and not done so or not received the results, been diagnosed as having, or received treatment for high blood pressure, chest pain, heart attack, stroke or any heart, blood or circulatory disorder? Yes No
- 24. Has any proposed Insured ever had or been treated for any of the following conditions:
 - a. Diabetes or other endocrine disorder? Yes No
 - b. Paralysis, epilepsy, mental disease or disorder or any other nervous system or brain disorder? Yes No
- 25. Has any proposed Insured ever had arthritis or any injury to or trouble with your back, knees or any of your joints? Yes No
- 26. To the best of your knowledge and belief, do you have any physical impairment or departure from good health? (give details) Yes No

SECTION B

- 27. Has any proposed Insured ever been advised to take tests and not done so or not received the results, been diagnosed as having, or received treatment for cancer, tumor or unexplained masses? Yes No

- 28. Has any proposed Insured ever been rejected for life or medical-hospital insurance, rated, or failed to receive a policy as applied for? Yes No
- 29. Has any proposed Insured in the last 5 years:
 - a. Had a physical examination? Yes No
 - b. Had any medical treatment? (includes prescription medications) Yes No
 - c. Been hospitalized? Yes No
- 30. Is any proposed Insured currently a resident in a nursing home or ever been diagnosed as having a terminal illness, including Alzheimer's disease? Yes No
- 31. Has any proposed Insured ever had or been treated for any of the following conditions:
 - a. Asthma, emphysema, sleep apnea or other respiratory disorder? Yes No
 - b. Ulcer, colitis or other digestive tract disorder? Yes No
 - c. Cirrhosis, hepatitis or other liver disorder or any blood disorder or received a bone marrow transplant? Yes No
 - d. Kidney, prostate, urinary bladder or other genitourinary disorder? Yes No
 - e. Disease of the breasts, uterus or ovaries? Yes No
 - f. Rheumatoid arthritis or any other musculoskeletal disorder? Yes No
 - g. Loss of hearing or loss of sight? Yes No
 - h. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or AIDS related conditions? Yes No
- 32. Has any proposed Insured ever tested positive for antibodies to the "AIDS" (HIV) virus? Yes No
- 33. Does any proposed Insured smoke cigarettes or use tobacco in any other form? Yes No
- 34. If a former user of tobacco, when did proposed Insured quit?
Name/Date _____
Name/Date _____
- 35. Has any proposed Insured used marijuana in the past year? Yes No

If questions are answered "yes", give explanations, dates, names & addresses of physicians & hospital (if any) below.

Proposed Insured	Explanation or Medication	Date	Hospital	How Long	Physician	Address
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Name, Address, and Phone Number of Personal Physician	Date Last Seen	Medical Records ID#
() -		
* () -	*	*

Any person who knowingly and with intent to injure, defraud or deceive any insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a crime.

I agree that no insurance shall be in effect until: (a) a policy has been issued; and (b) the first premium is paid while my insurability remains unchanged and then only if I am actually in the state of health represented in this application. I state that the answers set forth above, are full, complete and true to the best of my knowledge and belief. The answers are to be the basis of any insurance issued. No agent may bind, alter, change or waive any underwriting requirements or other provisions of the application or policy. Final application acceptance is made by the Underwriting Department of the Company. I also acknowledge that I have received the Investigative Consumer Reports notification and MIB Notice and authorize obtaining medical or other information, including MIB, in order to evaluate my application for insurance. American Income Life may also request or obtain additional information to establish or verify my identity. I further acknowledge that American Income Life may report information to MIB or to other insurers which I have or may apply.

X _____ Date _____ at _____
 Proposed Insured (if 18 or over) _____ City _____ State _____
X _____
 Signature of Owner (if other than proposed Insured) _____ Signature of Spouse (if a proposed Insured) _____ Signature of Agent _____

AGENT'S STATEMENT

I certify that I have asked all questions and truly and accurately recorded the information supplied by the Applicant. To the best of my knowledge and belief, the insurance applied for is is not intended to replace any insurance now in effect.

 Agent L. Name (5 ltrs) _____ Agent# _____ Signature of Agent _____

REMARKS OR INSTRUCTIONS

_____ Best time to call _____

★ Driver's License # for children age 16 + – For separate life policies ONLY:

Mail Policy To: Agency Policyholder