



SERFF Tracking Number: AFDL-126127539 State: Arkansas  
 Filing Company: American Fidelity Assurance Company State Tracking Number: 42210  
 Company Tracking Number: AMDI272, AMDI273  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.002 Non Qualified  
 Product Name: AMDI272, AMDI273  
 Project Name/Number: AMDI272, AMDI273/AMDI272, AMDI273  
 on April 21, 2009.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your State and such forms contain no provisions previously disapproved by the Department.

These forms may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

Thank you for your assistance with this matter. If you have any questions, please feel free to contact me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com

## Company and Contact

### Filing Contact Information

Ashlie Snyder, Compliance Analyst I ashlie.snyder@af-group.com  
 2000 Classen 800-654-8489 [Phone] 5255 [Ext]  
 Oklahoma City, OK 73160 405-523-5793 [FAX]

### Filing Company Information

American Fidelity Assurance Company CoCode: 60410 State of Domicile: Oklahoma  
 2000 North Classen Blvd Group Code: Company Type: LAH  
 Oklahoma City, OK 73106 Group Name: State ID Number:  
 (405) 523-2000 ext. [Phone] FEIN Number: 73-0714500

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: 25.00 per rider  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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American Fidelity Assurance Company \$50.00 04/24/2009 27416818

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	05/06/2009	05/06/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	04/29/2009	04/29/2009	Ashlie Snyder	05/06/2009	05/06/2009

*SERFF Tracking Number:*      *AFDL-126127539*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Fidelity Assurance Company*              *State Tracking Number:*      *42210*  
*Company Tracking Number:*      *AMD1272, AMD1273*  
*TOI:*                      *LTC03I Individual Long Term Care*              *Sub-TOI:*                      *LTC03I.002 Non Qualified*  
*Product Name:*              *AMD1272, AMD1273*  
*Project Name/Number:*      *AMD1272, AMD1273/AMD1272, AMD1273*

## **Disposition**

Disposition Date: 05/06/2009

Implementation Date:

Status: Approved-Closed

Comment: THE ATTACHED FORMS ARE APPROVED SUBJECT TO ENDORSEMENT OF THE POLICY AND ISSUANCE OF AN UPDATED POLICY SCHEDULE REFLECTING THE CHANGE.

Rate data does NOT apply to filing.



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Project Name/Number: AMDI272, AMDI273/AMDI272, AMDI273

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/29/2009  
Submitted Date 04/29/2009  
Respond By Date 05/26/2009

Dear Ashlie Snyder,

This will acknowledge receipt of the captioned filing.

### Objection 1

- LTC Paid Up Amendment Rider, AMDI272 (Form)

Comment: Following Item. 2 on the endorsement is a sentence that reads "...Reduced Lifetime Maximum Period is shown on the Poicy Schedule." Will the policy be endorsed or will a new Policy Schedule page be sent to the insured? Please explain this sentence.

### Objection 2

- LTC Paid Up Amendment Rider, AMDI273 (Form)

Comment: See Objection attached to AMDI272. The same sentence appears on this Rider.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

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Product Name: AMDI272, AMDI273  
Project Name/Number: AMDI272, AMDI273/AMDI272, AMDI273

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/06/2009  
Submitted Date 05/06/2009

Dear Marie Bennett,

### Comments:

see below

## Response 1

Comments: This policy will be endorsed and they will also receive a new schedule page

### Related Objection 1

Applies To:

- LTC Paid Up Amendment Rider, AMDI272 (Form)

Comment:

Following Item. 2 on the endorsement is a sentence that reads "...Reduced Lifetime Maximum Period is shown on the Policy Schedule." Will the policy be endorsed or will a new Policy Schedule page be sent to the insured?

Please explain this sentence.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

Comments: This policy will be endorsed and they will also receive a new schedule page

### Related Objection 1

Applies To:

- LTC Paid Up Amendment Rider, AMDI273 (Form)

Comment:

See Objection attached to AMDI272. The same sentence appears on this Rider.

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*Product Name:*              *AMDI272, AMDI273*  
*Project Name/Number:*      *AMDI272, AMDI273/AMDI272, AMDI273*

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thanks

Sincerely,

Ashlie Snyder, Melissa Mahanes, Shari Vick

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## Form Schedule

**Lead Form Number: AMDI272, AMDI273**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AMDI272	Policy/Cont LTC Paid Up ract/Fratern Amendment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.000	AMDI272 Paid Up Amendment Rider.pdf
	AMDI273	Policy/Cont LTC Paid Up ract/Fratern Amendment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	AMDI273 Paid Up Amendment Rider - Lifetime Maximum Benefit Amount.pdf

**AMERICAN FIDELITY ASSURANCE COMPANY**  
(A Stock Company)  
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

**REDUCED BENEFIT PERIOD/PAID UP AMENDMENT RIDER**

**RIDER EFFECTIVE DATE:** \_\_\_\_\_

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider. Information about Your Rider coverage, including its Effective Date and coverage limits is shown on Your Policy Schedule.

The Lifetime Maximum Benefit Period in effect immediately prior to the Rider Effective Date under this Policy is replaced by a Reduced Lifetime Maximum Benefit Period and premium payments are waived as of the effective date of this Rider. The Maximum Daily Benefit Amount(s) will be the same daily benefit amounts that were in effect at the time of the Rider Effective Date and will not increase or decrease.

The Reduced Lifetime Maximum Benefit Period will be the greater of:

1. thirty (30) days; or
2. the number of days equal to the total premiums for the Policy to which this Rider is attached and all other attached riders paid as of the date of lapse divided by the Maximum Daily Benefit Amount in effect at the time of lapse.

The Reduced Lifetime Maximum Benefit Period is shown on the Policy Schedule.

In no event will benefits paid under the base Policy and any attached riders prior to the effective date of this Rider, plus benefits paid under this Rider, exceed the maximum coverage available on the date this Rider takes effect.

The Restoration of Benefits provision of the Policy will no longer apply.

**TERMINATION:** This Rider and the Policy terminates when the Lifetime Maximum Benefit Period has been reached.

**This Rider is signed for Us as of its Effective Date.**



**Secretary**

**AMERICAN FIDELITY ASSURANCE COMPANY**  
(A Stock Company)  
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

**REDUCED BENEFIT AMOUNT/PAID UP AMENDMENT RIDER**

**RIDER EFFECTIVE DATE:** \_\_\_\_\_

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider. Information about Your Rider coverage, including its Effective Date and coverage limits is shown on Your Policy Schedule.

The Lifetime Maximum Benefit Amount in effect immediately prior to the Rider Effective Date under this Policy is replaced by a Reduced Lifetime Maximum Benefit Amount and premium payments are waived as of the effective date of this Rider. The Maximum Daily Benefit Amount(s) will be the same daily benefit amounts that were in effect at the time of the Rider Effective Date and will not increase or decrease.

The Reduced Lifetime Maximum Benefit Amount will be the greater of:

1. thirty (30) times the Maximum Daily Benefit Amount; or
2. the total premiums for the Policy and all attached riders paid as of the effective date of this Rider minus any claims paid.

The Reduced Lifetime Maximum Benefit Amount is shown on the Policy Schedule.

In no event will benefits paid under the base Policy and any attached riders prior to the effective date of this Rider, plus benefits paid under this Rider, exceed the maximum coverage available on the date this Rider takes effect.

The Restoration of Benefits provision of the Policy will no longer apply.

**TERMINATION:** This Rider and the Policy terminates when the Lifetime Maximum Benefit Amount has been reached.

**This Rider is signed for Us as of its Effective Date.**



**Secretary**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR FLESCHE HEALTH.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> n/a <b>Comments:</b>		

 **American Fidelity  
Assurance Company**  
A member of the American Fidelity Group  
**ARKANSAS FLESCH CERTIFICATION**

This is to certify that the Flesch scores for the enclosed forms are as follows:

Form Number	Flesch Score
AMD1272	53
AMD1273	51

The forms are printed in not less than 10 point type, one point leaded.

The application has been scored by the Flesch method.



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Alex M Bagby, A.S.A., M.A.A.A.  
Sr. Vice President and Director of Products

April 24, 2009  
Date