

SERFF Tracking Number: AMLC-126158479 State: Arkansas
Filing Company: American Income Life Insurance Company State Tracking Number: 42454
Company Tracking Number: R1600
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Level Convertible Term Rider
Project Name/Number: R1600/R1600

Filing at a Glance

Company: American Income Life Insurance Company

Product Name: Level Convertible Term Rider SERFF Tr Num: AMLC-126158479 State: Arkansas
TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 42454
Closed

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: R1600 State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life
Filing Type: Form

Author: Angela Fincher Reviewer(s): Linda Bird
Disposition Date: 05/22/2009
Date Submitted: 05/20/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: R1600
Project Number: R1600
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/22/2009

Deemer Date:
Submitted By: Angela Fincher
Filing Description:
Re: R1600 – Level Convertible Term Rider

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed concurrently
in Indiana, our state of domicile.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 05/22/2009
Created By: Angela Fincher
Corresponding Filing Tracking Number:

Enclosed are copies of the above referenced form for your review. This form is a new form and is not intended to replace any previously approved form. This form has been written in "readable" language and has a FLESCH readability score of 54.4.

SERFF Tracking Number: AMLC-126158479 State: Arkansas
 Filing Company: American Income Life Insurance Company State Tracking Number: 42454
 Company Tracking Number: R1600
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Level Convertible Term Rider
 Project Name/Number: R1600/R1600

This form is for general use with our individual life portfolio approved in your state and will be marketed by licensed agents to individuals using application form AG-2549, which was approved 11/10/2008. No illustration will be used with this traditional term life product; all values are guaranteed.

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: \$35.00
 Retaliatory? Yes
 Fee Explanation: \$35/form * 1 form = \$35
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Insurance Company	\$35.00	05/20/2009	28018438

SERFF Tracking Number: AMLC-126158479 State: Arkansas
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Company Tracking Number: R1600
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Level Convertible Term Rider
Project Name/Number: R1600/R1600

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/22/2009	05/22/2009

SERFF Tracking Number: *AMLC-126158479* *State:* *Arkansas*
Filing Company: *American Income Life Insurance Company* *State Tracking Number:* *42454*
Company Tracking Number: *R1600*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.213 Specified Age or Duration -*
Product Name: *Level Convertible Term Rider* *Fixed/Indeterminate Premium - Single Life*
Project Name/Number: *R1600/R1600*

Disposition

Disposition Date: 05/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *AMLC-126158479* *State:* *Arkansas*
Filing Company: *American Income Life Insurance Company* *State Tracking Number:* *42454*
Company Tracking Number: *R1600*
TOI: *L041 Individual Life - Term* *Sub-TOI:* *L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*

Product Name: *Level Convertible Term Rider*
Project Name/Number: *R1600/R1600*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Level Convertible Term Rider		Yes

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Form Schedule

Lead Form Number: R1600

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R1600	Policy/Cont Level Convertible ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.400	R1600.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. Evidence of insurability satisfactory to us is required. The policy this Rider is attached to must be concurrently reinstated. All policy debt must be repaid or reinstated and all past due premiums must be paid. Payment of compound interest on the premiums and policy debt at the rate of 6% per year will be 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. The reserve on this Rider on the date of exchange will be allowed toward payment of premiums on the new policy.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;
3. The written request of the Policyowner; or
4. When the nonforfeiture provisions of the policy go into effect as specified in the Guaranteed Values section of the policy.

RIDER VALUES

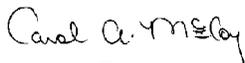
This Rider provides the cash value shown on Page 3A. The rider cash value is added to the cash value of the policy to which it is attached for the purpose of calculating the Loan Value or Guaranteed Values in the policy. Under Option 3: Extended Insurance, the amount of insurance will include the Face Amount of this Rider on Page 3A if a rider cash value is present on Page 3A.

BASIS OF
CALCULATIONS

The reserve on this Rider shall be computed using the Mortality Table, Valuation Method and Valuation Interest Rate shown on Page 3A. Cash Values are calculated using the Mortality Table and Nonforfeiture Interest Rate shown on Page 3A. We have filed a detailed statement of the methods we use to compute values and reserves with the state where this rider is delivered. All these values are not less than those required by the laws of that state.

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 - 45.89750 ALL YEARS

LEVEL TERM TO AGE 65 RIDER

END OF POLICY YEAR	CASH OR LOAN VALUE \$
1	
2	
3	
4	
5	10.00
6	40.00
7	70.00
8	100.00
9	130.00
10	160.00
11	190.00
12	220.00
13	250.00
14	270.00
15	300.00
16	320.00
17	350.00
18	370.00
19	380.00
20	390.00
AT 60	350.00
AT 65	EXPIRED

THIS RIDER MAY BE CONVERTED BEFORE MAY 1, 2037.

IF THE INSURED DIES WHILE THE POLICY IS IN FORCE, SETTLEMENT OPTION 2
 WILL PROVIDE THE CHOICE OF THE FOLLOWING PAYMENT INSTALLEMNTS:

NUMBER OF YEARS GUARANTEED	MONTHLY INSTALLMENT
1	\$ 844.70
2	\$ 428.60
3	\$ 289.90
5	\$ 179.10
7	\$ 131.60

NAME AND ADDRESS OF POLICYOWNER JOHN DOE 1200 WOODDED ACRES WACO TX 76797	TERM RIDER ANNUAL PREMIUM	\$ 88.40
	MALE ISSUE AGE	35
	TERM RIDER DEATH BENEFIT	\$ 10,000
	POLICY NUMBER	1234567
	RIDER DATE	MAY 1, 2009
	EFFECTIVE DATE	MAY 1, 2009
	EXPIRY DATE	MAY 1, 2039



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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ARCertofComp.pdf		
Satisfied - Item: Application Comments: AG-2549 was approved 11/10/2008.		

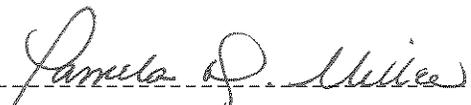
STATE OF ARKANSAS
CERTIFICATE OF COMPLIANCE

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
R1600	54.4

DATED May 20, 2009

AMERICAN INCOME LIFE INSURANCE COMPANY



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

PFCERTAR