

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
Company Tracking Number: A4166ARR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Replacement Notice  
Project Name/Number: Life Replacement Notice /A4166ARR

## Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Life Replacement Notice

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AFLA-126228462 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42968

Co Tr Num: A4166ARR

Authors: Connie Gates, Leslie  
Steele

Date Submitted: 07/14/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 07/22/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: Life Replacement Notice

Project Number: A4166ARR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/22/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/17/1996

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Created By: Connie Gates

Corresponding Filing Tracking Number:  
A4166ARR

Deemer Date:

Submitted By: Connie Gates

Filing Description:

RE: Life Replacement Notice Form A4166ARR

Dear Mr. Musgrove:

Life Replacement Notice Form A4166ARR is being submitted for your review and approval. The form has been revised to comply with proposed Arkansas Rule 97 regarding Life replacements.

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
Company Tracking Number: A4166ARR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Replacement Notice  
Project Name/Number: Life Replacement Notice /A4166ARR

Life Replacement Notice Form A4166ARR replaces Life Replacement Notice Form A4166AR, which was previously approved on June 20, 2003. Life Replacement Notice Form A4166ARR will be used in conjunction with Life policies when a replacement is indicated on the application. A copy of the notice will be given to the applicant at the time of application and a copy will be returned to our office with the application for record retention purposes.

I certify that the form submitted herewith meet the applicable provisions of Rule and Regulation 19 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of the Arkansas Insurance Department.

I certify that the form submitted herewith comply with the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

The appropriate filing fee is included under the Filing Fees tab and the accompanying fee certification is attached under the Supporting Documentation tab.

This filing was prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, fax her at (706) 660-7080 or email her at [cgates@aflac.com](mailto:cgates@aflac.com).

## Company and Contact

### Filing Contact Information

Connie Gates, Policy Analyst [cgates@aflac.com](mailto:cgates@aflac.com)  
1932 Wynnton Road 706-596-5048 [Phone]  
Columbus, GA 31999 706-660-7080 [FAX]

### Filing Company Information

American Family Life Assurance Company of Columbus CoCode: 60380 State of Domicile: Nebraska  
1932 Wynnton Road Group Code: Company Type: Life and Health  
Columbus, GA 31999 Group Name: State ID Number:  
(706) 323-3431 ext. [Phone] FEIN Number: 58-0663085  
-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
Company Tracking Number: A4166ARR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Replacement Notice  
Project Name/Number: Life Replacement Notice /A4166ARR  
Retaliatory? No  
Fee Explanation: 1 form "Life Replacement Notice"  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$20.00	07/14/2009	29184446

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
Company Tracking Number: A4166ARR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Replacement Notice  
Project Name/Number: Life Replacement Notice /A4166ARR

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2009	07/22/2009

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
Company Tracking Number: A4166ARR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Replacement Notice  
Project Name/Number: Life Replacement Notice /A4166ARR

## Disposition

Disposition Date: 07/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
 Company Tracking Number: A4166ARR  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Life Replacement Notice  
 Project Name/Number: Life Replacement Notice /A4166ARR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	FEE CERTIFICATION FORM	Yes	Yes
Form	Life Replacement Notice	Yes	Yes

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
 Company Tracking Number: A4166ARR  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Life Replacement Notice  
 Project Name/Number: Life Replacement Notice /A4166ARR

## Form Schedule

**Lead Form Number: A4166ARR**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A4166ARR	Other	Life Replacement Notice	Revised	Replaced Form #: A4166AR Previous Filing #: A4166AR	43.641	A4166ARR.pdf

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS(AFLAC)**  
**Worldwide Headquarters: Columbus, Georgia 31999**  
**Toll-free 1-800-99-AFLAC (1-800-992-3522)**

**IMPORTANT NOTICE:**  
**REPLACEMENT OF LIFE INSURANCE**

This document must be signed by the applicant and the insurance producer and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy. In some cases, this purchase may involve discontinuing or changing an existing life insurance policy. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new life insurance policy is purchased and, in connection with the sale, you discontinue making premium payments on the existing life insurance policy, or an existing life insurance policy is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing life insurance policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your life insurance policy. You may be able to make changes to your existing life insurance policy to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the next page.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing life insurance policy? \_\_\_ YES \_\_\_ NO
2. Are you considering using funds from your existing life insurance policy to pay premiums due on the new life insurance policy? \_\_\_ YES \_\_\_ NO

If you answered "yes" to either of the above questions, list each existing life insurance policy you are contemplating replacing (including the name of the insurer, the insured, and the policy or contract number if available) and whether each life insurance policy will be replaced or used as a source of financing:

INSURER NAME AND ADDRESS	POLICY #	INSURED	REPLACED (R) OR FINANCING (F)
1. _____			
2. _____			
3. _____			

Make sure you know the facts. Contact your existing company or its insurance producer for information about the old life insurance policy. If you request one, an in force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the insurance producer in the sales presentation. Be sure that you are making an informed decision.

The existing life insurance policy is being replaced because \_\_\_\_\_.

I certify that the responses herein are, to the best of my knowledge, accurate.

The insurance producer (check one) \_\_\_\_ did \_\_\_\_ did not read aloud this notice to the applicant.

\_\_\_\_\_  
Applicant's Signature and Printed Name Date

\_\_\_\_\_  
Producer's Signature and Printed Name Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicant must initial only if applicant does not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing life insurance policy and the proposed life insurance policy. One way to do this is to ask the company or insurance producer that sold you your existing life insurance policy to provide you with information concerning your existing life insurance policy. This may include an illustration of how your existing life insurance policy is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your insurance producer to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:** Are they affordable?  
Could they change?  
You're older-are premiums higher for the proposed new policy?  
How long will you have to pay premiums on the new policy?  
How long will you have to pay premiums on the old policy?

**POLICY VALUES:** New policies usually take longer to build cash values and to pay dividends.  
Acquisition costs for the old policy may have been paid. You will incur costs for the new one.  
What surrender charges do the policies have?  
What expense and sales charges will you pay on the new policy?  
Does the new policy provide more insurance coverage?

**INSURABILITY:** If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.  
You may need a medical exam for a new policy.  
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.  
Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**  
How are premiums for both policies being paid?  
How will the premiums on your existing policy be affected?  
Will a loan be deducted from death benefits?  
What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN INTEREST-SENSITIVE LIFE PRODUCT:**  
Will you pay surrender charges on your old contract?  
What are the interest rate guarantees for the new contract?  
Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**  
What are the tax consequences of buying the new policy?  
Is this a tax free exchange? (See your tax advisor.)  
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?  
Will the existing insurer be willing to modify the old policy?  
How does the quality and financial stability of the new company compare with your existing company?

SERFF Tracking Number: AFLA-126228462 State: Arkansas  
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42968  
Company Tracking Number: A4166ARR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Replacement Notice  
Project Name/Number: Life Replacement Notice /A4166ARR

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

A description of the filing is provided in the attached filing letter.

**Attachment:**

A4166ARR DTG ltr.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

A redline compare is attached reflecting the changes to the form since the last approval June 20, 2003.

A copy of the approved filing letter and form are attached for your reference as well.

**Attachments:**

A4166ARR REDLINE CMP 07 14 2009.pdf

A4166AR 2003 APPRVL.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** FEE CERTIFICATION FORM

**Comments:**

The fee certification form is attached and the \$20 fee is included as an EFT.

**Attachment:**

AR A4166ARR FEECERT.pdf



*Deborah T. Grantham  
AIRC, HIA, ACS  
Second Vice President  
Compliance Department*

July 14, 2009

Mr. Joe Musgrove  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC# 60380

**RE: Life Replacement Notice Form A4166ARR**

Dear Mr. Musgrove:

Life Replacement Notice Form A4166ARR is being submitted for your review and approval. The form has been revised to comply with proposed Arkansas Rule 97 regarding Life replacements.

Life Replacement Notice Form A4166ARR replaces Life Replacement Notice Form A4166AR, which was previously approved on June 20, 2003. Life Replacement Notice Form A4166ARR will be used in conjunction with Life policies when a replacement is indicated on the application. A copy of the notice will be given to the applicant at the time of application and a copy will be returned to our office with the application for record retention purposes.

I certify that the form submitted herewith meet the applicable provisions of Rule and Regulation 19 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of the Arkansas Insurance Department.

I certify that the form submitted herewith comply with the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

The appropriate filing fee is included under the Filing Fees tab and the accompanying fee certification is attached under the Supporting Documentation tab.

This filing was prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, fax her at (706) 660-7080 or email her at [cgates@aflac.com](mailto:cgates@aflac.com).

Sincerely,

Deborah T. Grantham  
DTG/CG/cg  
Enclosures

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS(AFLAC)**  
**Worldwide Headquarters: Columbus, Georgia 31999**  
**Toll-free 1-800-99-AFLAC (1-800-992-3522)**

**IMPORTANT NOTICE REGARDING:**  
**REPLACEMENT**

**REPLACING YOUR ~~OF~~ LIFE INSURANCE ~~POLICY OR ANNUITY?~~**

~~Are you thinking about buying a new life insurance policy or annuity?~~ This document must be signed by the applicant and the insurance producer and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy. In some cases, this purchase may involve discontinuing or changing an existing life insurance policy. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new life insurance policy is purchased and, in connection with the sale, you discontinue making premium payments on the existing life insurance policy, or an existing life insurance policy is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing life insurance policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your life insurance policy. You may be able to make changes to your existing life insurance policy to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the next page.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing life insurance policy?  YES  NO
2. Are you considering using funds from your existing life insurance policy to pay premiums due on the new life insurance policy?  YES  NO

If you answered "yes" to either of the above questions, list each existing life insurance policy you are contemplating replacing (including the name of the insurer, the insured, and the policy or contract number if available) and whether each life insurance policy will be replaced or used as a source of financing:

<u>INSURER</u>	<u>POLICY #</u>	<u>INSURED</u>	<u>REPLACED (R) OR FINANCING (F)</u>
----------------	-----------------	----------------	--------------------------------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

~~A4166AR~~ ~~A4166AR.1~~

A4166ARR  
A4166ARR.1

White: Worldwide Headquarters

Yellow: Applicant

Make sure you know the facts. Contact your existing company or its insurance producer for information about the old life insurance policy. If you request one? ~~If you are,~~ an in force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the insurance producer in the sales presentation. Be sure that you are making an informed decision.

The existing life insurance policy is being replaced because \_\_\_\_\_.

I certify that the responses herein are, to the best of my knowledge, accurate.

The insurance producer (check one) \_\_\_\_\_ did \_\_\_\_\_ did not read aloud this notice to the applicant.

\_\_\_\_\_  
Applicant's Signature and Printed Name Date

\_\_\_\_\_  
Producer's Signature and Printed Name Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicant must initial only if applicant does not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one ~~— or a mistake. — You will not know for sure unless you.~~ You should make a careful comparison of ~~your existing~~ the costs and benefits of your existing life insurance policy and the proposed ~~benefits.~~ life insurance policy. One way to do this is to ask the company or insurance producer that sold you your existing life insurance policy to provide you with information concerning your existing life insurance policy. This may include an illustration of how your existing life insurance policy is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your insurance producer to determine whether replacement or financing your purchase makes sense:

~~————— Make sure you understand~~PREMIUMS: Are they affordable?

Could they change?

You're older—are premiums higher for the facts. ~~You should ask~~ proposed new policy?

How long will you have to pay premiums on the ~~company~~ new policy?

How long will you have to pay premiums on the old policy?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid. You will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or

~~agent who sold~~ you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy ~~to give you information about it.~~ be affected?

~~————— Hear both sides before you decide. — This way you can~~Will a loan be ~~sure you~~ deducted from death benefits?

What values from the old policy are ~~making a decision that is in~~ being used to pay premiums?

A4166AR

A4166AR.1

A4166ARR

A4166ARR.1

White: Worldwide Headquarters

Yellow: Applicant

IF YOU ARE SURRENDERING AN INTEREST-SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your ~~best~~ old contract?

What are the ~~interest-~~ rate guarantees for the new contract?

~~—We~~ Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are ~~required~~ the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to ~~notify~~ modify the old policy?

How does the quality and financial stability of the new company compare with your existing company ~~that you may be replacing their policy-?~~

**COMPARATIVE INFORMATION**

GENERAL INFORMATION

EXISTING LIFE INSURANCE

PROPOSED LIFE INSURANCE

Name of Insured/Applicant \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Policy Number or Type of Policy \_\_\_\_\_

Face Amount of Policy \_\_\_\_\_

\_\_\_\_\_  
(Agent's Signature) \_\_\_\_\_ (Date)

X \_\_\_\_\_  
(Applicant's Signature) \_\_\_\_\_ (Date)

**White: Worldwide Headquarters      Yellow: Applicant**

A4166AR \_\_\_\_\_ A4166AR.1

A4166ARR  
A4166ARR.1

White: Worldwide Headquarters      Yellow: Applicant



COPY

Deborah T. Grantham, AIRC, HIA, ACS  
Second Vice President  
Compliance Department

*H/O* RECEIVED

JUN 25 2003

COMPLIANCE DEPT.

RECEIVED

MAY 23 2003

May 20, 2003

Mr. John Shields  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

NAIC #60380

RE: Replacement Notice of Life Insurance Form A4166AR

APPROVED

Dear Mr. Shields:

JUN 20 2003

The above referenced form is being submitted for your review and approval.

Replacement Notice Form A4166AR replaces Replacement Notice Form A-4166R, approved for use effective April 9, 1993. The Replacement Notice will be used in conjunction with Life policies when a replacement is indicated on the application. A copy of the notice will be given to the applicant at the time of application.

LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

I certify that the form submitted herewith meets the applicable provisions of Rule and Regulation 19 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of the Arkansas Insurance Department.

The appropriate filing fee and accompanying fee certification form are also enclosed.

This filing was prepared by Tamara Graham. Should you have any comments or questions, please do not hesitate to call her collect at (706) 596-3055, fax her at (706) 660-7080 or email [tgraham@aflac.com](mailto:tgraham@aflac.com). A return envelope is enclosed for your convenience.

Sincerely,

*Deborah Grantham*

Deborah T. Grantham  
DTG/TLG/tc

Enclosures

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS(AFLAC)  
 Worldwide Headquarters: Columbus, Georgia 31999  
 Toll-free 1-800-99-AFLAC (1-800-992-3522)**

**COPY**

**NOTICE REGARDING REPLACEMENT**

**REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?**

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent who sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required to notify your existing company that you are replacing their policy.

**APPROVED**

JUN 20 2003

**COMPARATIVE INFORMATION**

LIFE AND HEALTH  
 ARKANSAS INSURANCE DEPARTMENT

**GENERAL INFORMATION**

**EXISTING LIFE INSURANCE**

**PROPOSED LIFE INSURANCE**

Name of Insured/Applicant	_____	_____
Name of Company	_____	_____
Address of Company	_____	_____
Policy Number or Type of Policy	_____	_____
Face Amount of Policy	_____	_____

\_\_\_\_\_  
 (Agent's Signature)

\_\_\_\_\_  
 (Date)

X \_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 (Date)

**White: Worldwide Headquarters**

**Yellow: Applicant**

**ARKANSAS  
INSURANCE  
DEPARTMENT**

400 University Tower Building  
1123 South University Avenue  
Little Rock, Arkansas 72204

501-686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (Aflac)

Company NAIC Code: 60380

Company Contact Person & Telephone # Connie Gates (706) 596-5048

\*\*\*\*\*  
\*\*\*\*\*

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

\* \_\_\_\_\_ x \$50 = \_\_\_\_\_  
\*\* Retaliatory

Life and/or Disability – Filing and review of each rate filing or loss ration guarantee filing, per each insurer.

\* \_\_\_\_\_ x \$50 = \_\_\_\_\_  
\*\* Retaliatory

Life and/or Disability Policy, Contract or annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

\* 1 x \$20 = \$20  
\*\* Retaliatory

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms.

\* \_\_\_\_\_ x \$20 = \_\_\_\_\_  
\*\* Retaliatory

Life and/or Disability: Filing and review of insurer's advertisements, per advertisement, per each insurer.

\* \_\_\_\_\_ x \$25 = \_\_\_\_\_  
\*\* Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority \* \_\_\_\_\_ x \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority \*\*\* \_\_\_\_\_ x \$100 = \_\_\_\_\_

\* THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\* THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. § 23-61-401.