

SERFF Tracking Number: AMLC-126181736 State: Arkansas
Filing Company: American Income Life Insurance Company State Tracking Number: 42915
Company Tracking Number: 65000
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Level Term Life
Project Name/Number: 65000/65000

Filing at a Glance

Company: American Income Life Insurance Company

Product Name: Level Term Life

SERFF Tr Num: AMLC-126181736 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 42915

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: 65000

State Status: Approved-Closed

Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Author: Angela Fincher

Disposition Date: 07/22/2009

Date Submitted: 07/10/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: 08/10/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 65000

Status of Filing in Domicile: Authorized

Project Number: 65000

Date Approved in Domicile: 07/06/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/22/2009

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Deemer Date:

Created By: Angela Fincher

Submitted By: Angela Fincher

Corresponding Filing Tracking Number:

Filing Description:

Re: 65000 – Level Term Life

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 55.1.

Licensed agents will market this form to individuals age 15 - 55 using application form AG-2549, which was approved

SERFF Tracking Number: AMLC-126181736 State: Arkansas
 Filing Company: American Income Life Insurance Company State Tracking Number: 42915
 Company Tracking Number: 65000
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Level Term Life
 Project Name/Number: 65000/65000

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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Insurance Company	\$50.00	07/10/2009	29112814

SERFF Tracking Number: AMLC-126181736 State: Arkansas
Filing Company: American Income Life Insurance Company State Tracking Number: 42915
Company Tracking Number: 65000
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Level Term Life
Project Name/Number: 65000/65000

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *AMLC-126181736* *State:* *Arkansas*
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Product Name: *Level Term Life* *Fixed/Indeterminate Premium - Single Life*
Project Name/Number: *65000/65000*

Disposition

Disposition Date: 07/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-126181736 State: Arkansas
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Form Schedule

Lead Form Number: 65000

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	65000	Policy/Cont Level Term Life ract/Fraternal Certificate	Initial		55.100	65000AR.pdf



AMERICAN INCOME LIFE INSURANCE COMPANY

A Stock Company Home Office: Indianapolis, Indiana
Executive Office: P. O. Box 2608, Waco, Texas 76797 (254) 761-6400
www.aillife.com

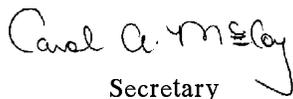
We will pay the Face Amount of this policy subject to its provisions to the Beneficiary at your death. Your death must occur while this policy is in full force on or before the Expiry Date. Payment will be made when we receive proof of your death at our Executive Office.

We have issued this policy in return for the application and the payment of premiums.

The benefits, conditions and provisions set forth on this page and the following pages are a part of the contract. Policy years, policy anniversaries, premium due dates and the term period of this policy shall be computed from the Policy Date.

IMPORTANT NOTICE

If you decide not to keep this policy, return it within ten days after you receive it. It may be returned to our Home Office, Executive Office, Branch Office, or to the agent who sold the policy. The policy will be as though it had never been issued. We will send back all premiums paid for it.


Secretary


President

LEVEL TERM LIFE PREMIUMS PAYABLE TO EXPIRY DATE OR PRIOR DEATH NON-PARTICIPATING CONVERTIBLE PERIOD SPECIFIED

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

POLICY NUMBER
1234567



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This policy has been written in readable language to help you understand its terms. As you read through the policy, remember "you" refers to the Insured, and "we", "us", and "our" refer to American Income Life Insurance Company.

This policy is a legal contract between the parties. **READ YOUR POLICY CAREFULLY.**

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

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

PLAN-FORM	BENEFIT DESCRIPTION	ANNUAL PREMIUM
5236 MNS	- LEVEL TERM TO AGE 65	98.40 FOR 30 YEARS

TOTAL ANNUAL PREMIUM	\$	90.40
ISSUED METHOD OF PAYMENT-----ANNUAL	\$	90.40
OTHER METHODS OF PAYMENT		
SEMI-ANNUAL	\$	45.20
QUARTERLY	\$	22.60
MONTHLY	\$	8.14
BANK DRAFT MONTHLY	\$	7.54

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

MALE ISSUE AGE 35
 FACE AMOUNT \$ 10,000
 POLICY NUMBER 1234567
 POLICY DATE MAY 1, 2009
 EFFECTIVE DATE MAY 1, 2009
 EXPIRY DATE MAY 1, 2039
 CONVERTIBLE PERIOD ENDS MAY 1, 2037

LEVEL TERM TO AGE 65
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					3
4					4
5	10.00	160		223	5
6	40.00	600	2	68	6
7	70.00	1,020	3	134	7
8	100.00	1,420	4	102	8
9	130.00	1,800	5	26	9
10	160.00	2,180	5	283	10
11	190.00	2,550	6	126	11
12	220.00	2,910	6	280	12
13	250.00	3,280	7	14	13
14	270.00	3,510	6	345	14
15	300.00	3,870	6	360	15
16	320.00	4,120	6	283	16
17	350.00	4,500	6	262	17
18	370.00	4,790	6	173	18
19	380.00	4,980	6	32	19
20	390.00	5,220	5	263	20
AT 60	350.00	6,400	3	119	AT 60
AT 65	EXPIRED				AT 65

NAME AND ADDRESS OF POLICYOWNER

JOHN DOE
1200 WOODED ACRES
WACO TX 76797

POLICY NUMBER 1234567



GENERAL PROVISIONS

THE CONTRACT

This policy is a legal contract between the parties. The entire contract consists of the application and the policy. We have formed this policy according to the statements in the application. Legally, these statements are considered to be representations and not warranties. No statement made by or for you can be used to contest the validity of this policy or to defend against a claim unless it was made in the application and a copy of the application was attached to this policy when issued.

Any change or waiver of the terms of the policy must be in writing and signed by our President, a Vice President, Secretary or Actuary to be effective.

ASSIGNMENT

This policy may be assigned. For any assignment to be binding on us, we must receive a signed copy of it at our Executive Office. We will not be responsible for the validity of any assignment. An assignment is subject to any policy debt.

NON-PARTICIPATING

This is a non-participating policy. This means the policy does not share in our profits or surplus.

POLICYOWNER AND BENEFICIARY

The Policyowner and Beneficiary are named in the application.

While you live, the Policyowner may exercise all rights given by this policy. But if there is an irrevocable Beneficiary, the Policyowner must get the irrevocable Beneficiary's consent to change the Beneficiary. At the Policyowner's death, you will become the owner of the policy; however, if you are a minor, the owner will be your legal guardian until your age of majority.

The Beneficiary may be changed at any time before your death. A change must be made in writing and sent to our Executive Office. If approved, the change will take effect as of the date the request was signed, even if you die before we receive it. If we made payment before receiving the request, the change will not be approved.

MISSTATEMENT OF AGE OR SEX

If your age or sex is not correct on the application, the amount payable under this policy will be what the premiums paid would have bought at the correct age or sex.

INCONTESTABILITY

We cannot contest the validity of this policy after it has been in force from the Policy Date for 2 years during your lifetime. After that we cannot contest its validity, except for failure to pay premiums. This limitation on our right to contest does not apply to disability waiver and accidental death agreements attached to this policy.

SUICIDE EXCLUSION

If you commit suicide, while sane or insane, within 2 years after the Policy Date, we will not pay the face amount. We will return the premiums paid to us.

PREMIUMS

Premiums are payments needed to keep this policy in full force. Each premium is payable on or before its due date. Premiums may be paid at our Executive Office or to an authorized agent. We will send a receipt if we are asked. Premiums may be paid annually, semi-annually, quarterly, or monthly as shown on page 3. The premium payment method may be changed on any policy anniversary.

GRACE PERIOD

After the first premium has been paid, we allow a 31 day grace period to pay each following premium. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. During this grace period the policy remains in full force. If you die during the grace period, we will subtract the premium due from the amount we pay.

If a premium is not paid by the end of its grace period, all insurance will stop unless it can be continued under a Guaranteed Value Option.



GENERAL PROVISIONS (continued)

REINSTATEMENT

This policy may be reinstated (put back in full force) within 5 years after the date it ceases to be in full force. But, the policy cannot be reinstated if it has been surrendered for its Net Cash Value or if the Extended Insurance has expired.

Evidence of insurability satisfactory to us is required. 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 6.0% per year will be required.

SETTLEMENT

All payments made by us are payable at our Executive Office. If payment of proceeds is not made within a reasonable period and not later than 30 days after we receive proof of death, we will pay interest as of the date of death. Interest will be at the rate of 8% per year.

REFUND OF UNEARNED PREMIUM AT DEATH

At your death, we will refund any premiums paid for the period beyond the month in which death occurs. If refund of premiums is not made within 30 days after we receive proof of death, we will pay interest at the rate of 8% per year from the date of death.

POLICY DEBT

Policy debt consists of policy loans, premium loans, and accrued loan interest. Policy debt may be repaid in full or in part while your policy is in force prior to the death of the Insured. Any unpaid policy debt will be subtracted from the amount we pay.

If policy debt equals or exceeds the cash value all insurance will stop. This will occur 31 days after a notice has been mailed to the Policyowner and any assignee at their last known address.

PREMIUM LOAN

A premium loan will be granted to pay an overdue premium if the premium loan option is in effect. If the amount needed to pay the overdue premium exceeds the loan value, a premium for another frequency allowed by us that will not exceed the loan value less any policy debt will be paid. The premium loan option may be elected, or cancelled by writing our Executive Office.

POLICY LOAN

The Policyowner can receive a loan made on the sole security of this policy. This policy must be properly assigned to us before any loan is made. The amount of the loan plus any policy debt cannot exceed the loan value. We will not make a loan on this policy if it is in force as Extended Insurance. We may delay granting any loan for up to six months, except for a loan to pay premiums on policies issued by us.

LOAN INTEREST

The interest rate on loans is compounded annually at the rate shown on Page 3. Interest accrues (builds up) each day on policy loans from the date the loan was made and on premium loans from the premium due date. We will bill you for interest due once a year. If interest is not paid when due, it will be added to the loan and will bear interest at the rate payable on the loan.

LOAN VALUE

The loan value is the maximum amount that can be borrowed. It is an amount which, with interest to the next premium due date, will not exceed the Net Cash Value as of that date. If no further premiums are payable, the next policy anniversary date will be used instead of the next premium due date.

CONVERSION

CONVERSION

You have this right while this policy 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:

1. Send this policy and your written request for conversion to our Executive Office within the Convertible Period on Page 3. 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 the existing policy 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 death benefit on Page 3. 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 Policy Date of this policy.
5. The risk classification of the new policy and this policy will be the same.
6. If your premiums are being waived due to a waiver of premium disability benefit included in this policy on the date the Convertible Period ends, this policy will be exchanged automatically for a new policy on a whole life plan for the amount of insurance provided by this policy on the date the Conversion Period ends. 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 shall be waived.

GUARANTEED VALUES

GUARANTEED VALUES

If premium payments are stopped the policy can continue under a Guaranteed Value Option. An option is available at the end of the first policy year in which values are shown in the Table of Nonforfeiture Values or in any policy year after that.

There are 3 forms of Guaranteed Value Options. Option 1 is Cash Surrender Value. Option 2 is Paid-Up Insurance. Option 3 is Extended Insurance. The choice of options must be made within 60 days after the due date of the unpaid premium. Option 3 is not available if the policy is in a Special Premium Class. Special Premium Class refers to a policy issued on a Rated Class basis.

OPTION 1: CASH SURRENDER VALUES

We will pay the Policyowner the Net Cash Value of this policy. The Net Cash Value is the Cash Value shown in the Table of Nonforfeiture Values less any policy debt. All insurance will stop.

The policy can also be surrendered if it is in force as Paid-Up or Extended Insurance. We will pay the Cash Value as of the surrender date as calculated under "Basis of Calculations". If the policy is surrendered within 31 days after a policy anniversary, we will pay at least the Cash Value on that anniversary.

We may delay payment for up to six months after we receive a request for surrender at our Executive Office.

OPTION 2: PAID-UP INSURANCE

This is a level amount of insurance to the Expiry Date. The amount of Paid-Up Insurance will be the amount that the Net Cash Value will buy as calculated under "Basis of Calculations". If Option 1 has not been elected within 60 days after a premium was due, Option 2 will be automatic if the policy is in a Special Premium Class.

OPTION 3: EXTENDED INSURANCE

This is a level amount of insurance for a limited period of time. The amount of insurance is the Face Amount shown on Page 3 less any policy debt. The period of time is the number of years and days that the Net Cash Value will provide as calculated under "Basis of Calculations". All insurance terminates at the end of this period. If Option 1 or 2 has not been elected within 60 days after a premium was due, Option 3 will be automatic if the policy is in a Standard Premium Class.

We will pay the Beneficiary the amount of any Extended Insurance or Paid-Up Insurance in force at your death.

BASIS OF CALCULATIONS

BASIS OF CALCULATIONS All reserves, cash values, Extended Insurance and net single premiums for Paid-Up Insurance are calculated using the Mortality Table shown on Page 3. In our calculations of reserves we use the Valuation Interest Rate shown on Page 3. Guaranteed Value Option computations are at the Nonforfeiture Interest Rate shown on Page 3. The values shown in the Table of Nonforfeiture Values on Page 3 assume there is no policy debt.

Reserves are computed by the Valuation Method shown on Page 3.

Net Single Premiums for your attained age as of the date the unpaid premium was due will be used to determine the amount of Paid-Up Insurance and period of Extended Insurance that the Net Cash Value will buy.

Cash values of Paid-Up or Extended Insurance are determined by using the net single premium or the present value of the remaining benefits of such insurance at your attained age.

The present value of future benefits guaranteed under this policy less the present value of the Nonforfeiture Factors equal the cash values at the end of the policy years. This is exclusive of any benefits provided by supplemental agreements. Cash values for policy years not shown in the Table of Nonforfeiture Values are calculated in the same way and are available upon request.

Cash values between policy years are calculated allowing for lapse of time and premium payment for part of a year.

Your attained age means the Issue Age plus the number of years and months from the Policy Date to the date the attained age is to be determined.

We have filed a detailed statement of the methods we use to compute values and reserves with the state where this policy is delivered. All these values are not less than those required by the laws of that state.

SETTLEMENT OPTIONS

SETTLEMENT OPTIONS

All or part of the amounts we pay under this policy may be made under any settlement option listed below.

PROVISION

While you live, the Policyowner may elect or change an option by sending satisfactory written request to our Executive Office. If approved, the selection will take effect as of the date the request was signed, even if your death occurs before we receive it. If we made payment before receiving the request, the change will not be approved. The Beneficiary may change an option only if the right was given by the Policyowner and agreed upon by us in writing. A Beneficiary change will automatically revoke an elected option.

If the Policyowner has made no election, at your death the Beneficiary may elect an option by written request to us. Options for amounts payable other than to an individual receiving payment in his or her own right are available only with our consent.

The amount to be applied under any option for any one person must be at least \$2,000 or provide for a periodic payment of \$20. Otherwise, we may pay the amount in one sum.

We will issue a supplementary contract in exchange for this policy if payment is made under any option. The effective date of the supplementary contract will be the date we receive proof of your death or surrender date, whichever applies.

(Continued on Page 8)

SETTLEMENT OPTIONS (continued)

Option 1 earns interest from the effective date of the supplementary contract. We will pay the first payment under Option 2 and 3 on the effective date of the supplementary contract unless another date is specified in writing.

The guaranteed interest rate for all options is 3% per year.

If the death of all the Beneficiaries is prior to your death, we will pay a lump sum benefit to the executors or administrators of your estate. Under a supplementary contract, if the payee dies we will pay the present value of any unpaid guaranteed amount to the executors or administrators of the payee's estate.

OPTIONS

- OPTION 1: INTEREST** We will hold any amount applied under this option for not more than 30 years. Interest will be paid as agreed upon or added annually to the amount held. At the end of a specified time, or at the death of the payee, we will pay the proceeds as previously agreed upon.
- OPTION 2: PAYMENTS FOR A GUARANTEED PERIOD** Equal annual, semi-annual, quarterly or monthly payments will be made for any period selected, up to 30 years. The amount of each payment for each \$1,000 applied under this option is shown in Option 2 Table.
- OPTION 3: LIFE INCOME WITH A GUARANTEED PERIOD** Equal payments will be made for a guaranteed period of 10 years or until the payee's death, whichever is later. We may require satisfactory evidence of the payee's age before making any payment under this option. The amount of each payment depends on the payee's sex and age on the date of the first payment. The amount of each payment for each \$1,000 applied under this option is shown in Option 3 Table.

OPTION 2 TABLE

Number of Years Guaranteed	Amount of Installments			
	Annual	Semi-Ann.	Qtly.	Mo.
1	\$1,000.00	\$503.69	\$252.78	\$84.47
2	507.39	255.57	128.26	42.86
3	343.23	172.88	86.76	28.99
4	261.19	131.56	66.02	22.06
5	211.99	106.78	53.59	17.91
6	179.22	90.27	45.30	15.14
7	155.83	78.49	39.39	13.16
8	138.31	69.67	34.96	11.68
9	124.69	62.81	31.52	10.53
10	113.82	57.33	28.77	9.61
11	104.93	52.85	26.52	8.86
12	97.54	49.13	24.66	8.24
13	91.29	45.98	23.08	7.71
14	85.95	43.29	21.73	7.26
15	81.33	40.97	20.56	6.87
20	65.26	32.87	16.50	5.51
25	55.76	28.09	14.09	4.71
30	49.53	24.95	12.52	4.18

OPTION 3 TABLE

Monthly Life Income Guaranteed Period 10 Years					
Age	Male	Female	Age	Male	Female
50	\$4.08	\$3.84	65	\$5.55	\$5.14
51	4.15	3.90	66	5.69	5.26
52	4.22	3.96	67	5.84	5.40
53	4.29	4.02	68	5.99	5.55
54	4.37	4.09	69	6.15	5.70
55	4.45	4.16	70	6.31	5.86
56	4.54	4.24	71	6.47	6.02
57	4.63	4.32	72	6.64	6.20
58	4.73	4.40	73	6.81	6.38
59	4.83	4.49	74	6.99	6.57
60	4.93	4.58	75	7.16	6.76
61	5.05	4.68	76	7.34	6.96
62	5.16	4.79	77	7.52	7.16
63	5.29	4.90	78	7.69	7.36
64	5.42	5.01	79	7.86	7.56

Figures for years not shown will be furnished by the Company upon request.

Figures for ages not shown will be furnished by the Company upon request.





AMERICAN INCOME LIFE INSURANCE COMPANY

Home Office: Indianapolis, Indiana

Executive Offices: P.O. Box 2608, Waco, Texas 76797 254-761-6400 www.aillife.com

LEVEL TERM LIFE

Premiums Payable to Expiry Date or Prior Death

Non-Participating

CONVERTIBLE PERIOD SPECIFIED

This policy is a legal contract between the parties.

READ YOUR POLICY CAREFULLY



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Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application Comments: AG-2549 was approved 11/10/2008.		

STATE OF ARKANSAS

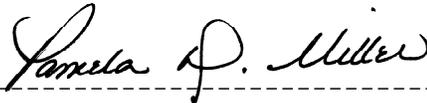
CERTIFICATE OF COMPLIANCE

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
65000	55.1

DATED July 10, 2009

AMERICAN INCOME LIFE INSURANCE COMPANY



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

PFCERTAR