

<i>SERFF Tracking Number:</i>	<i>SEFL-126223319</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42971</i>
<i>Company Tracking Number:</i>	<i>R 10767</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>R 10767</i>		
<i>Project Name/Number:</i>	<i>R 10767/R 10767</i>		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: R 10767

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: SEFL-126223319 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42971

Co Tr Num: R 10767

State Status: Approved-Closed

Author: Kristi Hendrickson

Date Submitted: 07/13/2009

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: R 10767

Project Number: R 10767

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: 07/13/2009

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Created By: Kristi Hendrickson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kristi Hendrickson

Filing Description:

Form No. Title

R 10767 Return of Premium Benefit Rider

We respectfully ask your review and approval of the above form. The form is new and has not been previously been submitted for review. Once approved, it will replace R 10764 which was previously approved on April 10, 2008. This rider is being filed in accordance with Actuarial Guideline 45.

SERFF Tracking Number: SEFL-126223319 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 42971
 Company Tracking Number: R 10767
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: R 10767
 Project Name/Number: R 10767/R 10767

Form R 10767 is a rider that provides a refund of some or all of the premiums paid if the policy reaches the end of the level term period or the policy terminates for any reason other than death. This rider will be available with the 20 and 30 year term periods of policy form no I L0760 (AR), which was approved by your department on April 10, 2008.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
 1526 K Street 402-437-3452 [Phone]
 Lincoln, NE 68508 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska
 1526 K Street Group Code: -99 Company Type: Life/Health
 P.O. Box 82533 Group Name: State ID Number:
 Lincoln, NE 68501-2533 FEIN Number: 38-1843471
 (800) 276-7619 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 20 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$20.00	07/13/2009	29153319

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

SERFF Tracking Number: SEFL-126223319 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 42971
Company Tracking Number: R 10767
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: R 10767
Project Name/Number: R 10767/R 10767

Correspondence Summary

Dispositions

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

SERFF Tracking Number: SEFL-126223319 *State:* Arkansas
Filing Company: Assurity Life Insurance Company *State Tracking Number:* 42971
Company Tracking Number: R 10767
TOI: L041 Individual Life - Term *Sub-TOI:* L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: R 10767
Project Name/Number: R 10767/R 10767

Disposition

Disposition Date: 07/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-126223319 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 42971
 Company Tracking Number: R I0767
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: R I0767
 Project Name/Number: R I0767/R I0767

Form Schedule

Lead Form Number: R I0767

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R I0767	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.800	R I0767_ROP.pdf



RETURN OF PREMIUM BENEFIT RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums.

RIDER SCHEDULE

Insured Person:	[insured on base Policy]
Issue Date:	[same as Policy issue date]
Expiration Date:	[issue date plus the term period of the policy]

RIDER BENEFIT

This rider provides for a Return of Premium Benefit, if any, that equals the benefit as defined in the Rider Benefit Calculation section. No benefit will be paid if the Insured dies before the Expiration Date of this rider.

The Return of Premium Benefit, if any, will be paid:

- upon Your written request to our Administrative Office to cancel Your Policy;
- when any premium due for Your Policy is not paid before the end of the Grace Period; or
- upon the Expiration Date as shown in the Rider Schedule.

If reinstatement of the lapsed Policy is later requested and approved, any Return of Premium Benefits received by You must be repaid to Us as a condition of reinstatement.

RIDER BENEFIT CALCULATION

The following table shows the percentage of Premium returned as of the completed Policy Year. The completed Policy Year is determined by the Policy Issue Date as shown on the Policy Schedule.

To determine the Return of Premium Benefit:

1. Add together the following: all Premiums paid for the Policy, all Premiums paid for the Return of Premium Benefit Rider, all Premiums paid for any Disability Waiver of Premium Benefit Rider attached to the Policy and to the Return of Premium Benefit Rider, and all Premiums waived under any Disability Waiver of Premium Benefit Rider attached to the Policy and to the Return of Premium Benefit Rider.
2. Multiply the amount calculated in 1 above by the percentage matching the appropriate completed Policy Year in the Return of Premium Benefit Schedule shown below.
3. Subtract the following from the amount calculated in 2 above: all benefits paid under any Accelerated Benefits Rider attached to the Policy, and all Premiums waived under any Disability Waiver of Premium Benefit Rider attached to the Policy and to the Return of Premium Benefit Rider.

The result of this calculation is the Return of Premium Benefit paid upon termination, lapse, or expiration of the Policy.

If we receive a written request from You to terminate this rider, the language in 2 and 3 above will remain the same, and the language in 1 above will be amended to the following:

1. Add together all Premiums paid for the Return of Premium Benefit Rider.

Once this rider has been terminated by written request, it may not be reinstated.

RETURN OF PREMIUM BENEFIT SCHEDULE

Completed Policy Year	Policy Term Duration
	[30] Year Term
1	[0%]
2	[0%]
3	[0%]
4	[0%]
5	[0%]
6	[2%]
7	[4%]
8	[6%]
9	[8%]
10	[10%]
11	[12%]
12	[14%]
13	[16%]
14	[18%]
15	[20%]
16	[22%]
17	[24%]
18	[26%]
19	[28%]
20	[30%]
21	[35%]
22	[40%]
23	[45%]
24	[50%]
25	[55%]
26	[60%]
27	[70%]
28	[80%]
29	[90%]
30	[100%]

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date Your Policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written request to terminate this rider unless Your request specifies a later date;
or
- the expiration date listed in the Rider Schedule.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

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Supporting Document Schedules

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

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A		
Comments:		

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 2007 program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Type of Form: Life Rider

Form No.	Description	Flesch Score
R I0767	Return of Premium Benefit Rider	50.8*

*Rider form was combined with the policy form I L0760.



Signature

July 10, 2009

Date

Carol Watson
Vice President, General Counsel
Secretary