

SERFF Tracking Number: PYMT-126492987 State: Arkansas
 Filing Company: AAA Life Insurance Company State Tracking Number: 44800
 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Indemnity Riders
 Project Name/Number: /

Filing at a Glance

Company: AAA Life Insurance Company

Product Name: Hospital Indemnity Riders SERFF Tr Num: PYMT-126492987 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 44800
 Closed

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Author: Sonja Morton

Disposition Date: 02/12/2010

Date Submitted: 02/09/2010

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

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: 02/12/2010

Explanation for Other Group Market Type:

State Status Changed: 02/12/2010

Deemer Date:

Created By: Sonja Morton

Submitted By: Sonja Morton

Corresponding Filing Tracking Number:

Filing Description:

RE: AAA Life Insurance Company – NAIC No. 71854; FEIN 52-0891929

Individual Hospital Indemnity Insurance

B380 – Accidental Death Benefit Rider and Schedule

B381 – Accident Only Hospital Indemnity Benefit Rider and Schedule

B382 – After Hospital Benefit Rider and Schedule

B383 – Extra Daily Benefit Rider and Schedule

B384 – Intensive Care Benefit Rider and Schedule

B385 – Hospital Confinement Benefit Rider and Schedule

B386 – Accident Intensive Care Benefit Rider and Schedule

SERFF Tracking Number: PYMT-126492987 State: Arkansas
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B387 – Surgical and Dismemberment Benefit Rider and Schedule

B388 – Home Recovery Benefit Rider and Schedule

B389 – Hospital Confinement Benefit Rider and Schedule

Schedule Variables

Actuarial Memorandums

Rates: B380-STD-120709, B381-STD-120709, B382-STD-120709, B383-STD-120709,
B384-STD-120709, B385-STD-120709, B386-STD-120709, B387-STD-120709,
B388-STD-120709, B389-STD-120709

The above-captioned forms and rates are enclosed for your review and approval. The forms are new and do not replace any forms previously approved by your Department. To the best of my knowledge, these forms comply with all state laws and regulations.

These are optional riders which will be marketed through our direct response distribution channels. The riders will be sold at issue and as add-ons with Hospital Confinement Indemnity Policy P590AR, approved by your Department on September 17, 2002.

We reserve the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval.

Please contact me via SERFF, or at the e-mail address or phone number listed below if you have questions, or if additional information is needed.

Sincerely,
Sonja Morton
Product Approval and Compliance Coordinator
Government and Industry
Voice: (402) 633-1662
Fax: (402) 633-1096
E-mail: sonja.morton@physiciansmutual.com

Please note that this filing is being made by the personnel of Physicians Mutual Insurance Company on behalf of AAA Life Insurance Company. A Letter of Authority from AAA Life is attached under the Supporting Documentation Tab.

Company and Contact

Filing Contact Information

SERFF Tracking Number: PYMT-126492987 State: Arkansas
 Filing Company: AAA Life Insurance Company State Tracking Number: 44800
 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Indemnity Riders
 Project Name/Number: /

Sonja Morton, Compliance Coordinator sonja.morton@physiciansmutual.com
 2600 Dodge Street 402-633-1662 [Phone]
 Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

(This filing was made by a third party - physiciansmutualinsurancecompanyTPF)

AAA Life Insurance Company	CoCode: 71854	State of Domicile: Michigan
2600 Dodge Street	Group Code:	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(877) 441-4747 ext. [Phone]	FEIN Number: 52-0891929	

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? No
 Fee Explanation: The fee is \$50.00 per form. We are filing 10 forms, so the fee is \$500.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AAA Life Insurance Company	\$500.00	02/09/2010	34083218

SERFF Tracking Number: PYMT-126492987 State: Arkansas
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 Product Name: Hospital Indemnity Riders
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2010	02/12/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Certification	Sonja Morton	02/09/2010	02/09/2010

SERFF Tracking Number: PYMT-126492987 *State:* Arkansas
Filing Company: AAA Life Insurance Company *State Tracking Number:* 44800
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity *Sub-TOI:* H14I.000 Health - Hospital Indemnity
Product Name: Hospital Indemnity Riders
Project Name/Number: /

Disposition

Disposition Date: 02/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PYMT-126492987 State: Arkansas
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 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Indemnity Riders
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Letter of Authority	Approved-Closed	Yes
Supporting Document	Schedule Variables	Approved-Closed	Yes
Supporting Document	Actuarial Certification	Approved-Closed	No
Form	Accidental Death Benefit Rider and Schedule	Approved-Closed	Yes
Form	Accident Only Hospital Indemnity Benefit Rider and Schedule	Approved-Closed	Yes
Form	After Hospital Benefit Rider and Schedule	Approved-Closed	Yes
Form	Extra Dailiy Benefit Rider and Schedule	Approved-Closed	Yes
Form	Intensive Care Benefit Rider and Schedule	Approved-Closed	Yes
Form	Hospital Confinement Benefit Rider and Schedule	Approved-Closed	Yes
Form	Accident Intensive Care Benefit Rider and Schedule	Approved-Closed	Yes
Form	Surgical and Dismemberment Benefit Rider and Schedule	Approved-Closed	Yes
Form	Home Recovery Benefit Rider and Schedule	Approved-Closed	Yes
Form	Hospital Confinement Benefit Rider and Schedule	Approved-Closed	Yes
Rate	B380-STD-120709	Approved-Closed	Yes
Rate	B381-STD-120709	Approved-Closed	Yes
Rate	B382-STD-120709	Approved-Closed	Yes
Rate	B383-STD-120709	Approved-Closed	Yes
Rate	B384-STD-120709	Approved-Closed	Yes
Rate	B385-STD-120709	Approved-Closed	Yes
Rate	B386-STD-120709	Approved-Closed	Yes
Rate	B387-STD-120709	Approved-Closed	Yes
Rate	B388-STD-120709	Approved-Closed	Yes
Rate	B389-STD-120709	Approved-Closed	Yes

SERFF Tracking Number: PYMT-126492987 State: Arkansas
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Product Name: Hospital Indemnity Riders
Project Name/Number: /

Amendment Letter

Submitted Date: 02/09/2010

Comments:

I just found out that I should have included an actuarial certification with the initial submission. The actuarial certification is now attached to the Supporting Documentation tab. I apologize for this oversight on my part.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Actuarial Certification

Comment:

AR Actuarial Cert.pdf

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Form Schedule

Lead Form Number: B380

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 02/12/2010	B380	Policy/Cont ract/Fratern al	Accidental Death Benefit Rider and Schedule Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.700	B380.pdf B380 Schedule.pdf
Approved- Closed 02/12/2010	B381	Policy/Cont ract/Fratern al	Accident Only Hospital Indemnity Benefit Rider and Schedule Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.700	B381.pdf B381 Schedule.pdf
Approved- Closed 02/12/2010	B382	Policy/Cont ract/Fratern al	After Hospital Benefit Rider and Schedule Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.400	B382.pdf B382 Schedule.pdf
Approved- Closed 02/12/2010	B383	Policy/Cont ract/Fratern al	Extra Dailiy Benefit Rider and Schedule Certificate:	Initial		51.400	B383.pdf B383 Schedule.pdf

<i>SERFF Tracking Number:</i>	<i>PYMT-126492987</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44800</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H141 Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H141.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Hospital Indemnity Riders</i>		
<i>Project Name/Number:</i>	/		
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Approved- B384	Policy/Cont Intensive Care	Initial	46.900
Closed	ract/Fratern Benefit Rider and		
02/12/2010	al Schedule		
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Approved- B385	Policy/Cont Hospital Confinement	Initial	48.700
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02/12/2010	al Schedule		
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Approved- B386	Policy/Cont Accident Intensive	Initial	42.400
Closed	ract/Fratern Care Benefit Rider		
02/12/2010	al and Schedule		
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Approved- B387	Policy/Cont Surgical and	Initial	55.500
Closed	ract/Fratern Dismemberment		
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	Certificate: Schedule		
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<i>SERFF Tracking Number:</i>	<i>PYMT-126492987</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44800</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Hospital Indemnity Riders</i>		
<i>Project Name/Number:</i>	/		
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Approved- B388	Policy/Cont Home Recovery	Initial	40.200
Closed	ract/Fratern Benefit Rider and		B388.pdf
02/12/2010	al Schedule		B388
	Certificate:		Schedule.pdf
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Approved- B389	Policy/Cont Hospital Confinement	Initial	52.500
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ACCIDENTAL DEATH BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

The Company will pay the applicable Accidental Death Benefit as indicated in the Schedule in the event Injury results in the death of a Covered Person within 90 days after the date of the accident.

100% increase in Principal Sum for death of Insured and Spouse due to common accident: When Injury sustained in a common accident results in the death of both the Insured and Spouse while insured as Covered Persons, and benefits are payable for the death of each under the terms of the preceding paragraph, the applicable Principal Sum specified in the Schedule for such persons will be increased by 100%.

"Injury" means bodily injury caused by an accident occurring after the Rider Effective Date and while this Rider is in force and resulting in loss of life directly and independently of disease and all other causes.

ADDITIONAL ACCIDENTAL DEATH BENEFIT-RETURN OF PREMIUMS: In the event of death of the Insured shown in the Schedule for which Accidental Death Benefits are payable under this Rider, the Company will pay an additional benefit equal to the total of all premiums paid for the Insured's coverage after the Rider Effective Date for this Rider and the Policy to which it is attached.

LIMITATIONS

Benefits are not payable for loss of life resulting from:

- a. suicide or intentionally self-inflicted injury, sane or insane;

- b. war or act of war (declared or undeclared), or bodily injury sustained in the Armed Services of any country (upon notice to the Company of entry into such service, the pro rata unearned premium will be returned to the Insured);
- c. Injury sustained in consequence of the Covered Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- d. Injury sustained while committing a felony;
- e. Injury received while traveling by air except as a fare-paying passenger in an aircraft operated by a regularly scheduled airline.

ADDITIONAL PROVISIONS

These Provisions apply to this Rider:

PAYMENT OF CLAIMS: Benefits for loss of life of the Insured will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed and effective at the time of payment. If no such designation or provision is then effective, such benefits will be payable to the estate of the Insured. Any other accrued indemnities unpaid at the Insured's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured.

CHANGE OF BENEFICIARY: The right to Change of Beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries will not be required to surrender or assign this Rider, or to any change of beneficiary or beneficiaries, or to any other changes in this Rider.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY



President

SCHEDULE

AAA Life Insurance Company®

ACCIDENTAL DEATH BENEFIT RIDER B380

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

ACCIDENTAL DEATH BENEFIT

Insured	[\$10,000.00-\$100,000.00]
[Spouse]	[\$5,000.00-\$50,000.00]
[Each Child]	[\$1,000.00-\$10,000.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

ACCIDENT ONLY HOSPITAL INDEMNITY BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

HOSPITAL CONFINEMENT BENEFIT: We will pay the Hospital Confinement Daily Benefit shown in the Schedule for each full day a Covered Person is confined as an inpatient in a Hospital due to an Injury, provided confinement begins within 30 days of such Injury.

"Injury" means accidental bodily injury of a Covered Person sustained as a direct result of an accident, independent of sickness, disease, and all other causes.

LIMITATIONS

We will not pay benefits for:

- a. Confinement due to an Injury occurring while this Rider is not in force;
- b. Confinement due to injury that is the result of illegal activity;
- c. Confinement due to intentional self-inflicted injury or attempted suicide, while sane or insane;
- d. Confinement due to any injury due to flying, except as a fare-paying passenger on a licensed airline;
- e. Confinement due to any injury due to war or act of war (declared or undeclared);
- f. Confinement due to any injury due to intoxication or while under the influence of non-prescribed drugs/medication;
- g. Confinement due to any injury due to automobile or motorcycle racing, or operating or riding in or on an off-road vehicle;
- h. Confinement in a convalescent or nursing home, or a convalescent, nursing, self-care, or extended care unit of a Hospital;
- i. Confinement in a U.S. Government Hospital where there is no obligation to pay on the part of a Covered Person.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Harold W. Huppel". The signature is written in a cursive style with a large, stylized initial 'H'.

President

SCHEDULE

AAA Life Insurance Company®

ACCIDENT ONLY HOSPITAL BENEFIT RIDER B381

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

HOSPITAL CONFINEMENT DAILY BENEFIT **[\$100.00-\$400.00]**

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

AFTER HOSPITAL BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

We will pay the After Hospital Daily Benefit shown in the Schedule for each day a Covered Person requires After Hospital Confinement, not to exceed the number of days of the preceding Hospital stay for which benefits were paid under the Policy. After Hospital Confinement must immediately follow an inpatient Hospital stay of at least the Minimum Hospital Stay shown in the Schedule.

DOUBLE BENEFITS: If After Hospital Confinement follows a Hospital stay which is due to Cancer or Heart Attack, we will pay double the Daily Benefit shown in the Schedule.

“After Hospital Confinement” means continuous confinement of a Covered Person under the supervision of a legally-qualified physician. It does not include confinement as a regular bed patient of a Hospital; however it does include confinement at home or in a lawfully-operated convalescent or nursing home, or self-care, nursing, or extended-care section or unit of a Hospital. After Hospital Confinement is not ended by the transportation of the Covered Person to or from a Hospital or doctor's office or other medical facility for necessary treatment or diagnosis.

LIMITATIONS

We will not pay benefits for:

- a. After Hospital Confinement that starts while Your Rider is not in force;
- b. After Hospital Confinement if no benefits are payable for Hospital Confinement under the Policy to which this Rider is attached.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Gerald W. Hoffstetler". The signature is written in a cursive style with a large, stylized initial 'G'.

President

SCHEDULE

AAA Life Insurance Company®

AFTER HOSPITAL BENEFIT RIDER B382

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

AFTER HOSPITAL DAILY BENEFIT

THRU AGE [64]	[\$50.00-\$200.00]
AGE [65] AND OVER	[\$25.00-\$100.00]
[EACH CHILD]	[\$50.00-\$200.00]

MINIMUM HOSPITAL STAY [1-10] DAYS

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

EXTRA DAILY BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

We will pay the Extra Daily Benefit shown in the Schedule for each full day a Covered Person is confined as an inpatient in a Hospital due to sickness or injury. If confinement is due to mental or nervous disorders, unless resulting from organic disease including Alzheimer's, the most We will pay is 31 days for each such confinement. Hospital confinements less than 90 days apart and due to the same conditions are deemed one Hospital confinement if the Rider remains in force during such confinements.

LIMITATIONS

We will not pay benefits for:

- a. Confinement that starts while Your Rider is not in force;
- b. Confinement in a convalescent or nursing home, or a convalescent, nursing, self-care or extended care unit of a Hospital;
- c. Confinement due to mental or nervous disorders, except as provided in this Rider's Benefits provision;
- d. While confined as an inpatient in a U.S. Government Hospital, the most We will pay is 31 days each calendar year, unless the Covered Person has a legal liability to pay for such confinement;
- e. Confinement if no benefits are payable for Hospital confinement under the Policy to which this Rider is attached.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Harold W. Huppel". The signature is written in a cursive style with a large, stylized initial 'H'.

President

SCHEDULE

AAA Life Insurance Company®

EXTRA DAILY BENEFIT RIDER B383

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

EXTRA DAILY BENEFIT

THRU AGE [64]	[\$25.00-\$200.00]
AGE [65] AND OVER	[\$25.00-\$200.00]
[EACH CHILD]	[\$25.00-\$200.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

INTENSIVE CARE BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

We will pay the applicable Intensive Care Daily Benefit shown in the Schedule for each full day a Covered Person is confined in an Intensive Care Unit. The maximum benefit for any one period of confinement is shown in the Schedule.

Confinements due to the same cause or related causes which are less than 180 days apart are considered one period of confinement.

"Intensive Care Unit" means a part of a Hospital which is specifically designated as an Intensive Care Facility or Intensive Care Unit or Intensive Care Burn Unit which is permanently equipped and staffed to provide more extensive care for critically ill or injured patients than that available in the general Hospital room or ward, such care to include constant observation by a staff of registered graduate nurses (R.N.) whose duties are confined to such part of the Hospital.

LIMITATIONS

We will not pay benefits for:

- a. Confinement that starts while Your Rider is not in force;
- b. Confinement if no benefits are payable for Hospital confinement under the Policy to which this Rider is attached;
- c. Confinement in a U.S. Government Hospital, unless the Covered Person has a legal liability to pay for such confinement.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY

A handwritten signature in black ink, reading "Donald W. Hoffstetler". The signature is written in a cursive style with a large, stylized initial 'D'.

President

SCHEDULE

AAA Life Insurance Company®

INTENSIVE CARE BENEFIT RIDER B384

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

INTENSIVE CARE DAILY BENEFIT

THRU AGE [64]	[\$50.00-\$500.00]
AGE [65] AND OVER	[\$25.00-\$250.00]
[EACH CHILD]	[\$50.00-\$500.00]

**MAXIMUM BENEFIT
PER CONFINEMENT**

[1-30] DAYS

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

HOSPITAL CONFINEMENT BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

We will pay the Hospital Confinement Benefit shown in the Schedule each time both of the following occur:

1. A Covered Person is confined as an inpatient in a Hospital due to sickness or injury for a period of 10 or more consecutive days, and
2. Hospital Confinement Benefits are payable under the Policy for those same 10 or more consecutive days.

50% Decrease for Mental or Nervous Disorders: While confined due to mental or nervous disorders, the Hospital Confinement Benefit is decreased by 50%. Organic diseases, including Alzheimer's, are not considered mental or nervous disorders under this Rider.

LIMITATIONS

We will not pay benefits for:

- a. Confinement that begins while Your Rider is not in force.
- b. Confinement if benefits for at least 10 consecutive days are not payable for the same Hospital confinement under the Policy to which this Rider is attached.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Harold W. Huppel". The signature is written in a cursive style with a large, stylized initial 'H'.

President

SCHEDULE

AAA Life Insurance Company®

HOSPITAL CONFINEMENT BENEFIT RIDER B385

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

HOSPITAL CONFINEMENT BENEFIT

THRU AGE [64]	[\$500.00-\$2,000.00]
AGE [65] AND OVER	[\$250.00-\$1,000.00]
[EACH CHILD]	[\$500.00-\$2,000.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy

Keep This Document and Attach to Your Insurance Policy

ACCIDENT INTENSIVE CARE BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

If a Covered Person is confined in an Intensive Care Unit of a Hospital due to an Injury, We will pay the Accident Intensive Care Daily Benefit shown in the Schedule for each day the Covered Person is confined in the Intensive Care Unit, but not exceeding a maximum of 30 days for any one period of Hospital confinement, provided confinement begins within 30 days of such Injury. Hospital confinements less than 90 days apart and due to the same conditions are deemed one Hospital confinement if the Policy remains in force.

"Injury" means accidental bodily injury of a Covered Person sustained as a direct result of an accident, independent of sickness, disease, and all other causes.

"Intensive Care Unit" means a part of a Hospital which is specifically designated as an Intensive Care Facility or Intensive Care Unit or Intensive Care Burn Unit which is permanently equipped and staffed to provide more extensive care for critically ill or injured patients than that available in the general Hospital room or ward, such care to include constant observation by a staff of registered graduate nurses (R.N.) whose duties are confined to such part of the Hospital.

LIMITATIONS

We will not pay benefits for:

- a. Confinement due to an injury occurring while this Rider is not in force;
- b. Confinement due to any injury that is the result of illegal activity;
- c. Confinement due to intentional self-inflicted injury or attempted suicide, while sane or insane;
- d. Confinement due to any injury due to flying, except as a fare-paying passenger on a licensed airline;

- e. Confinement due to any injury due to war or act of war (declared or undeclared);
- f. Confinement due to any injury due to intoxication or while under the influence of non-prescribed drugs/medication;
- g. Confinement due to any injury due to automobile or motorcycle racing, or operating or riding in or on an off-road vehicle;
- h. Confinement in a U.S. Government hospital where there is no obligation to pay on the part of a Covered Person.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY



President

SCHEDULE

AAA Life Insurance Company®

ACCIDENT INTENSIVE CARE BENEFIT RIDER B386

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

ACCIDENT INTENSIVE CARE DAILY BENEFIT [\$500.00-\$5,000.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

SURGICAL AND DISMEMBERMENT BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

ACCIDENTAL DISMEMBERMENT BENEFIT: We will pay the amount shown below if a Covered Person sustains a listed loss. The loss must be the result of an Injury and the loss must occur within 90 days of the accident.

"Injury" means accidental bodily injury of a Covered Person sustained as a direct result of an accident, independent of sickness, disease, and all other causes.

"Loss of hand" means loss of the entire four fingers. "Loss of foot" means severance at or above the ankle. "Loss of arm" means severance at or above the elbow. "Loss of leg" means severance at or above the knee. "Loss of sight of eye" means the total and irrecoverable loss of sight.

	Amount
Loss of both hands or both arms	[\$12,000.00]
Loss of one hand or one arm	[6,000.00]
Loss of both feet or both legs	[12,000.00]
Loss of one foot or one leg	[6,000.00]
Loss of one hand or arm and one foot or leg	[12,000.00]
Loss of sight of both eyes	[12,000.00]
Loss of sight of one eye	[3,000.00]

SURGICAL BENEFIT: We will pay the amount shown in the Surgery Schedule if a Covered Person has a listed surgical procedure performed. If the surgical procedure performed is not listed, We will pay a relative value comparable to the listed procedures. If more than one procedure is performed through the same incision, We will pay for only one, the one resulting in the highest benefit. The most We will pay for any one procedure is [\$1,500.00].

LIMITATIONS

We will not pay benefits for:

- a. Surgery performed while this Rider is not in force;
- b. Dismemberment due to an accident that happens while this Rider is not in force;
- c. Dental surgery, examination or treatment;
- d. Surgery payable under Workers' Compensation or any other employer liability law;
- e. Surgery due to pregnancy, except for complications of pregnancy, which will be handled the same as any other medical condition.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

SURGERY SCHEDULE

Code Number	Amount
SKIN	
15050 Skin graft - pinch, single or multiple	[\$30.00]
15100 - split thickness, 4 inches square or less	[125.00]
15500 - tube type	[170.00]
11770 Pilonidal cyst, excision	[50.00]
BREAST	
19120 Removal of cysts or benign tumors - one breast	[110.00]
19121 - both breasts	[150.00]
19180 Mastectomy (removal of breast) - simple	[195.00]
19200 - radical	[450.00]
19210 - radical including internal mammary lymph nodes	[620.00]
MUSCULOSKELETAL	
21335 Repair of fractured nose requiring a cutting operation and reduction of septum	[425.00]
21462 Repair of fractured jaw requiring a cutting operation and wiring of teeth	[415.00]
22840 Correction of spinal curvature using Harrington Rod Technique	[1,240.00]
23900 Shoulder amputation, forequarter type	[750.00]
24505 Fracture of humerus (upper arm), reduction without cutting	[125.00]
25504 Fracture of radius (forearm), reduction without cutting	[110.00]

27501	Fracture of femur (thigh), reduction without cutting	[200.00]
27752	Fracture of tibia (lower leg), reduction without cutting	[150.00]
27880	Lower leg or ankle amputation	[275.00]

RESPIRATORY

30110	Excision of nasal polyp(s), office type procedure	[40.00]
30500	Submucous resection of nasal septum, classic	[190.00]
31360	Laryngectomy (removal of larynx), total	[640.00]
31365	- with radical neck dissection	[975.00]
31620	Bronchoscopy	[90.00]
32440	Pneumonectomy (removal of lung), total	[675.00]
32480	Lobectomy (partial removal of lung)	[585.00]

CARDIOVASCULAR

33200	Insertion of permanent pacemaker through chest wall	[300.00]
33406	Reconstruction of a heart valve	[750.00]
33410	Replacement of a heart valve	[940.00]
33483	Double heart valve replacement	[1,315.00]
33492	Triple heart valve replacement	[1,500.00]
33510	Coronary artery bypass, using patient's vessels - single artery	[940.00]
33515	- two coronary arteries	[1,200.00]
33518	- three or more	[1,425.00]
33681	Closure of ventricular (heart) septal defect	[750.00]
33870	Grafting of transverse aortic arch	[1,500.00]
37722	Varicose veins, stripping of long saphenous vein - one leg	[145.00]
37723	- both legs	[225.00]

LYMPHATICS, ENDOCRINE AND NERVOUS

38100	Splenectomy (removal of spleen)	[375.00]
60240	Thyroidectomy (removal of thyroid) - total	[365.00]
60250	- total, with radical neck dissection	[695.00]
61542	Hemispherectomy (removal of one of brain halves)	[1,015.00]
63001	Laminectomy for decompression of spinal cord - neck region	[660.00]
63005	- body region	[545.00]

DIGESTIVE

39501	Hiatal (diaphragm) hernia repair	[435.00]
40100	Esophagoscopy	[80.00]
40160	Gastroscopy	[80.00]
42840	Tonsillectomy or adenoidectomy, or both - under 12 yrs of age	[90.00]
42841	- 12 yrs and older	[105.00]
43110	Esophagectomy (removal of upper esophagus)	[715.00]
43620	Gastrectomy (removal of stomach)	[620.00]
43625	- with intestinal transplant	[750.00]
43630	Hemigastrectomy (partial removal of stomach)	[450.00]
44150	Colectomy (removal of large intestine)	[620.00]

44950	Appendectomy (removal of appendix), independent procedure	[220.00]
46250	Hemorrhoid excision - external only	[140.00]
46255	- internal and external	[170.00]
47600	Cholecystectomy (removal of gallbladder)	[310.00]
48140	Pancreatectomy (removal of pancreas)	[490.00]
49508	Inguinal hernia repair - single	[210.00]
49509	- both sides	[315.00]

GENTO-URINARY

50045	Nephrotomy (cutting into kidney)	[435.00]
50220	Nephrectomy (removal of kidney) - simple	[435.00]
50230	- radical	[565.00]
51550	Cystectomy (removal of urinary bladder) - partial	[315.00]
51570	- total	[565.00]
51595	- total, with radical dissection	[1,125.00]
52000	Cystoscopy	[25.00]
52601	Prostatectomy (removal of prostate)	[435.00]
58120	Dilation and curettage (D&C)	[105.00]
58180	Hysterectomy - simple	[375.00]
58210	- including radical removal of lymph nodes	[750.00]
58940	Oophorectomy [removal of ovary(s)]	[285.00]

EYE AND EAR

65101	Enucleation (removal of eye), without implant	[210.00]
66840	Removal of lens by aspiration	[415.00]
66920	Cataract extraction	[415.00]
67102	Repair of detached retina	[470.00]
67311	Reconstruction of eye muscles	[300.00]
69502	Mastoidectomy - simple complete	[375.00]
69511	- radical	[490.00]
69631	Tympanoplasty (reconstruction of ear drum)	[490.00]

AAA LIFE INSURANCE COMPANY



President

SCHEDULE

AAA Life Insurance Company®

SURGICAL AND DISMEMBERMENT RIDER B387

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

HOME RECOVERY BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

We will pay the Home Recovery Daily Benefit shown in the Schedule for each consecutive day of Home Recovery required immediately after a Covered Hospital Confinement or a Covered Outpatient Treatment. We will pay the Home Recovery Daily Benefit for up to the number of days of the Maximum Recovery Period shown in the Schedule.

EXTENDED BENEFITS FOR CANCER OR HEART ATTACK: If Home Recovery follows a Covered Hospital Confinement, which is due to Cancer or Heart Attack, We will pay benefits for up to twice the number of days of the Maximum Recovery Period shown in the Schedule. Extended benefits are not payable for Home Recovery following Covered or noncovered Outpatient Treatment.

“Home Recovery” means continuous confinement of a Covered Person under the supervision and direction of a legally qualified physician. It does not include confinement as a regular bed patient of a Hospital; however, it does include confinement at home or in a lawfully-operated convalescent, nursing, self-care, or extended care section or unit of a Hospital. Home Recovery is not ended by the transportation of the Covered Person to or from a Hospital or doctor's office or other medical facility for necessary treatment or diagnosis.

“Covered Hospital Confinement” means any period of inpatient Hospital confinement for which benefits are payable under the Policy.

“Covered Outpatient Treatment” means treatment or surgery, performed on an outpatient basis in a Hospital or an ambulatory surgical center, for which benefits are payable under the Policy or any attached riders.

LIMITATIONS

We will not pay benefits for:

- a. Home Recovery that starts while the Policy or Rider is not in force.
- b. Home Recovery if no benefits are payable for a Covered Hospital Confinement or a Covered Outpatient Treatment

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY



President

SCHEDULE

AAA Life Insurance Company®

HOME RECOVERY BENEFIT RIDER B388

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

HOME RECOVERY DAILY BENEFIT [\$50.00-\$400.00]

MAXIMUM RECOVERY PERIOD [1-10] **DAYS**

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

HOSPITAL CONFINEMENT BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. Any reference in this Rider to the Schedule means the Rider Schedule. If no Rider Schedule is included, such reference will apply to the Policy Schedule.

RIDER EFFECTIVE DATE

This Rider becomes effective on the Rider Effective Date shown in the Schedule, provided the required premium has been paid. If no Rider Effective Date is shown in the Schedule, the Rider becomes effective on the Effective Date of the Policy.

COVERED PERSONS

All persons covered by the Policy to which this Rider is attached are Covered Persons.

BENEFITS

We will pay the Hospital Confinement Benefit shown in the Schedule each time a Covered Person is confined, as an inpatient, in a Hospital due to a sickness or injury. Confinement must be for a period of at least 24 consecutive hours in the same facility. Hospital confinements less than 90 days apart and due to the same conditions are deemed one Hospital confinement if the Rider remains in force.

LIMITATIONS

We will not pay benefits for:

- a. Confinement that begins while Your Rider is not in force;
- b. Confinement due to a mental or nervous disorder unless resulting from organic disease, including Alzheimer's.

TERMINATION

This Rider will terminate:

1. When the premium for this Rider is not paid when due.
2. Upon Your signed request to terminate this Rider.
3. Upon termination of the Policy.

AAA LIFE INSURANCE COMPANY



President

SCHEDULE

AAA Life Insurance Company®

HOSPITAL CONFINEMENT BENEFIT RIDER B389

[02977]

[000539]

INSURANCE POLICY NUMBER	RIDER EFFECTIVE DATE	FIRST RENEWAL DATE	ADDITIONAL FIRST PREMIUM	RENEWAL PREMIUM
[019090259-3]	[01-01-08]	[02-01-08]	[\$1.71]	[\$1.71]

INSURED:

[John Doe]

COVERED PERSONS: All persons covered by the Policy are Covered Persons under this Rider.

HOSPITAL CONFINEMENT BENEFIT [\$250.00-\$1,000.00]

The information on this schedule is current as of [the Rider Effective Date.]

Your future payments will include the renewal premiums for this Rider and your Insurance Policy.

Keep This Document and Attach to Your Insurance Policy

SERFF Tracking Number: PYMT-126492987 State: Arkansas
 Filing Company: AAA Life Insurance Company State Tracking Number: 44800
 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Indemnity Riders
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 02/12/2010	B380-STD-120709	B380	New		B380-STD-120709.pdf
Approved-Closed 02/12/2010	B381-STD-120709	B381	New		B381-STD-120709.pdf
Approved-Closed 02/12/2010	B382-STD-120709	B382	New		B382-STD-120709.pdf
Approved-Closed 02/12/2010	B383-STD-120709	B383	New		B383-STD-120709.pdf
Approved-Closed 02/12/2010	B384-STD-120709	B384	New		B384-STD-120709.pdf
Approved-Closed 02/12/2010	B385-STD-120709	B385	New		B385-STD-120709.pdf
Approved-Closed	B386-STD-120709	B386	New		B386-STD-120709.pdf

SERFF Tracking Number: PYMT-126492987 State: Arkansas
Filing Company: AAA Life Insurance Company State Tracking Number: 44800
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Hospital Indemnity Riders
Project Name/Number: /
02/12/2010

Approved- B387-STD-120709 B387 New B387-STD-120709.pdf
Closed
02/12/2010

Approved- B388-STD-120709 B388 New B388-STD-120709.pdf
Closed
02/12/2010

Approved- B389-STD-120709 B389 New B389-STD-120709.pdf
Closed
02/12/2010

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B380

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-64	\$1.00	\$1.50	\$1.50	\$2.00

*A unit of benefit is defined as \$10,000 for the Insured, \$5,000 for the Spouse and \$1,000 for each Child. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the appropriate number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B381

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-120	0.10	0.19	0.21	0.31

*A unit of benefit is defined as \$5.00 of daily indemnity benefit. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B382

Monthly Premium Rates
Per Unit of Benefit *

Minimum Stay	Issue Age	Individual	Husband/Wife	One Parent	All Family
1 Day	0-120	0.51	0.97	0.87	1.31
3 Days	0-120	0.46	0.87	0.78	1.18
5 Days	0-120	0.36	0.68	0.61	0.92

*A unit of benefit is defined as \$5.00 of daily indemnity benefit. Multiple units of benefit are available. Benefits are reduced by 50% beginning at attained age 65.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on the minimum stay requirement and plan
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B383

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-39	0.90	1.71	1.51	2.32
40-64	1.39	2.63	2.20	3.45
65 and above	1.73	3.24	2.44	3.97

*A unit of inpatient benefit is defined as \$5.00 of daily indemnity benefit. Multiple units of benefit are available. Benefits are reduced by 50% beginning at attained age 65.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan and issue age
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B384

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-120	0.12	0.24	0.20	0.32

*A unit of benefit is defined as \$5.00 of daily indemnity benefit. Multiple units of benefit are available. Benefits are reduced by 50% beginning at attained age 65.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B385

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-120	0.97	1.94	1.44	2.41

*A unit of benefit is defined as \$100. Multiple units of benefit are available. Benefits are reduced by 50% beginning at attained age 65.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B386

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-120	0.20	0.39	0.43	0.61

*A unit of benefit is defined as \$100 of daily indemnity benefit. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B387

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-59	12.40	24.89	17.83	30.31
60 and above	14.75	29.56	18.78	33.53

*A unit of benefit is defined as benefits payable according to the dismemberment and surgery schedules shown in the attached rider contract. Premiums for other benefit schedules will be proportional.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan and issue age
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B388

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-120	0.54	1.03	0.92	1.39

*A unit of benefit is defined as \$5.00 of daily indemnity benefit, payable for up to 4 days.
Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

AAA Life Insurance Company

17900 Laurel Park Drive
Livonia, MI 48152-3985

TABLE OF RATES Rider Form B389

Monthly Premium Rates
Per Unit of Benefit *

Issue Age	Individual	Husband/Wife	One Parent	All Family
0-120	0.26	0.49	0.41	0.65

*A unit of benefit is defined as \$5.00. Multiple units of benefit are available.

Modal Factors

Payment Mode	Factor
Monthly	1.00
Automatic Bank Withdrawal	0.95
Quarterly	2.90
Semi-Annual	5.60
Annual	11.00

Rider Rate Calculation Instructions:

1. Find the appropriate per-unit premium based on plan
2. Multiply by the number of units
3. Multiply by the appropriate modal factor
4. Round to the nearest cent

SERFF Tracking Number: PYMT-126492987 State: Arkansas
 Filing Company: AAA Life Insurance Company State Tracking Number: 44800
 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Indemnity Riders
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/12/2010
Comments:		
Attachments:		
AAA Readability Cert.pdf		
AR Reg 19 Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	02/12/2010
Comments:		
Application A590-AR approved September 17, 2002, will be used with the riders being filed.		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	02/12/2010
Bypass Reason: This is a rider only filing. The policy outline was filed previously.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Letter of Authority	Approved-Closed	02/12/2010
Comments:		
Attachment:		
Physicians Mutual Authority 12-8-09.pdf		

	Item Status:	Status Date:
Satisfied - Item: Schedule Variables	Approved-Closed	02/12/2010
Comments:		
Attachment:		

SERFF Tracking Number: PYMT-126492987 *State:* Arkansas
Filing Company: AAA Life Insurance Company *State Tracking Number:* 44800
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity *Sub-TOI:* H14I.000 Health - Hospital Indemnity
Product Name: Hospital Indemnity Riders
Project Name/Number: /
Schedule Variables B380-B389.pdf

AAA LIFE INSURANCE COMPANY

Certification of Flesch

These form(s) have the following Flesch Readability Scores:

<u>Form</u>	<u>Flesch Score</u>
B380	40.7
B381	48.7
B382	40.4
B383	51.4
B384	46.9
B385	48.7
B386	42.4
B387	55.5
B388	40.2
B389	52.5

The entire form was analyzed.

The following was excluded in the text: name and address of the insurer; name, number and title of the form; captions and subcaptions; medical terminology; defined terms.



Harold W. Huffstetler, Jr.
President & Chief Executive Officer
AAA Life Insurance Company

February 9, 2010

Date

CERTIFICATION

RE: B380, et al

This is to certify that the above captioned filing complies with Arkansas Regulation 19 and all other applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink that reads "Shawn Pollock". The signature is written in a cursive style. To the right of the signature is a vertical red line.

Date: February 9, 2010

Shawn Pollock
Vice President
and Industry

Government



Harold W. Huffstetler, Jr.
President & CEO

17900 N. Laurel Park Drive
Livonia, Michigan 48152
Phone: 734-779-2601
Fax: 734-632-0674
hhuffstetler@aaalife.com

December 8, 2009

To whom it may concern:

Physicians Mutual Insurance Company has the authority to represent AAA Life Insurance Company in filing insurance products for approval with state insurance departments and to respond to any inquiries concerning such findings.

This authority is effective as of the date hereon and shall be unlimited in duration unless terminated or otherwise amended by AAA Life Insurance Company.

Sincerely,

A handwritten signature in black ink that reads 'Harold W. Huffstetler, Jr.'.

Harold W. Huffstetler, Jr.

HWH:saw



INSURANCE MARKETPLACE
STANDARDS ASSOCIATION

1. May add/change/delete/move internal coding.
2. May add/change/delete/move the layout and/or format for the name of the insureds (print spouses name and dependent children, depending on the plan).
3. May add/change/delete/move/substitute applicable language for variable pay options copy. Variable payment options will include monthly, automatic bank withdrawal, quarterly, semi-annual and annual. Credit card may also be offered.
4. May add/change/delete "Additional First Premium".
5. May add/change/move The information on this schedule is current as of "the Rider Effective Date."