

SERFF Tracking Number: TAPK-126685439 State: Arkansas  
Filing Company: American Home Life Insurance Company State Tracking Number: 46002  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Graded Death Benefit life  
Project Name/Number: /

## Filing at a Glance

Company: American Home Life Insurance Company

Product Name: Graded Death Benefit life

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: TAPK-126685439 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46002

Co Tr Num:

Author: Suzanne Heasley

Date Submitted: 06/21/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/22/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 06/22/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/22/2010

Created By: Suzanne Heasley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Suzanne Heasley

Filing Description:

See attached submission letter

## Company and Contact

### Filing Contact Information

Suzanne Heasley,  
2325 Havard Oak Drive  
Plano, TX 75074

Uheas@aol.com  
972-398-3733 [Phone]  
972-398-3733 [FAX]

### Filing Company Information

SERFF Tracking Number: TAPK-126685439 State: Arkansas  
 Filing Company: American Home Life Insurance Company State Tracking Number: 46002  
 Company Tracking Number:  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Graded Death Benefit life  
 Project Name/Number: /

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

American Home Life Insurance Company CoCode: 83860 State of Domicile: Arkansas  
 1920 North Main Street Group Code: Company Type:  
 North Little Rock, AR 72114 Group Name: State ID Number:  
 (501) 758-1778 ext. [Phone] FEIN Number: 71-0359418

-----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Life Insurance Company	\$150.00	06/21/2010	37346955

SERFF Tracking Number: TAPK-126685439 State: Arkansas  
Filing Company: American Home Life Insurance Company State Tracking Number: 46002  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Graded Death Benefit life  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/22/2010	06/22/2010

SERFF Tracking Number: TAPK-126685439 State: Arkansas  
Filing Company: American Home Life Insurance Company State Tracking Number: 46002  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Graded Death Benefit life  
Project Name/Number: /

## Disposition

Disposition Date: 06/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126685439 State: Arkansas  
 Filing Company: American Home Life Insurance Company State Tracking Number: 46002  
 Company Tracking Number:  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Graded Death Benefit life  
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Authorization		Yes
Supporting Document	Submission letter		Yes
Supporting Document	Actuarial		No
Form	Graded death benefit life		Yes
Form	Schedule pages for 5 years		Yes
Form	Schedule pages for 9 years		Yes

SERFF Tracking Number: TAPK-126685439 State: Arkansas  
 Filing Company: American Home Life Insurance Company State Tracking Number: 46002  
 Company Tracking Number:  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Graded Death Benefit life  
 Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	100-2-10	Policy/Cont	Graded death benefit Initial ract/Fratern life al Certificate	Initial		54.000	100-2-10 policy 001.pdf
	100-2-10 pages 3 and 4	Schedule Pages	Schedule pages for 5 years	Initial			100-2-10 schedule pages 5 years 001.pdf
	100-2-10 pages 3 and 4	Schedule Pages	Schedule pages for 9 years	Initial			100-2-10 schedule pages 9 years 001.pdf

**American Home Life Insurance Company**  
**1920 North Main Street, P.O. Box 715**  
**North Little Rock, AR 72115**

**Whole Life Insurance**  
**Graded Death Benefit**

AMERICAN HOME LIFE INSURANCE COMPANY, hereinafter called the Company, will subject to the terms and conditions of this Policy, and upon notice and receipt at the Home Office of the Company of due proof of death of the Insured(s) named below during the continuance of this Policy, pay the death benefit of this Policy to the named Beneficiary of the insured.

Premiums payable for the period shown on page 3.

This policy is a legal contract between the Policy Owner and the Company. This contract is made in consideration of the payment of premiums as provided in this policy. This Policy does not constitute a pre-paid funeral expense contract within the meaning of the Arkansas Pre-Paid Funeral Expense Act.

**TEN DAY RIGHT TO CANCEL POLICY**

WITHIN 10 days after this policy is first received, it may be cancelled for any reason by returning it to the agent through whom it was purchased or to the Company's Home Office. The return of this policy will void it from the beginning. The Company will refund all payments made for this policy within ten days after it receives the returned policy and request for cancellation.

SIGNED for the Company at its Home Office on the date of issue.

  
Secretary

  
President

# Table of Contents

	Page No.		Page No.
AMOUNT OF INSURANCE .....	3	Change of Beneficiary .....	6
PREMIUM SCHEDULE .....	3	Reinstatement .....	6
GENERAL PROVISIONS .....	5	Payment of Proceeds .....	6
Premiums .....	5	Premium Refund At Death .....	6
Grace Period .....	5	Loans .....	6
Participation In Earnings .....	5	Loan Interest .....	6
Incontestability .....	5	Entire Contract .....	6
Misstatement of Age .....	5	NONFORFEITURE PROVISIONS .....	7
Suicide .....	5	Automatic Premium Loans .....	7
Owner .....	5	Nonforfeiture Values .....	7
Change of Ownership .....	5	Basis of Computation .....	7
Assignment .....	6	Reserve Basis .....	7
Beneficiary .....	6	TABLE OF CASH, LOAN, and	
.....		NONFORFEITURE VALUES .....	4

# General Provisions

## PREMIUMS

The premium on page 3 includes the additional premium for any benefit provided by rider attached to this policy. When any such additional premium is no longer payable, the premium for the Policy shall be reduced accordingly.

Upon the death of any Insured hereunder, the aggregate premiums payable at the next premium paying date will be reduced by the premium for such deceased Insured as shown on page 3, and the remaining insurance shall continue in force hereunder, provided the aggregate premiums therefor are paid as they become due.

All premiums are payable in advance either at our home office, or to our authorized agent in exchange for a receipt signed by the agent.

The first premium is due on the date of issue. Each premium after the first is due at the end of the period for which the prior premium was paid, and is payable for the full amount. Premiums may be paid annually, semiannually, quarterly, or by monthly bank draft. You may change the frequency on any premium due date.

The policy will take effect when it has been delivered and the first premium paid, provided the insured is alive; and there is no change in the insured's health as shown in the application. This provision will not affect the terms of any conditional receipt. Policy years and anniversaries are computed from the date of issue. Except as otherwise provided, this policy will become void if any premium is not paid when due.

## GRACE PERIOD

Each premium, except the first, may be paid within 31 days after it is due. During this time the insurance will remain in force. If a claim is made during this time, any overdue premium will be deducted from the proceeds.

## PARTICIPATION IN EARNINGS

This policy will not share in surplus earnings. No dividend will be payable at any time.

## INCONTESTABILITY

We cannot contest this policy after it has been in force, during the insured's lifetime, for two years from its date of issue, except for nonpayment of premiums.

## MISSTATEMENT OF AGE

If the insured's age is misstated, we will adjust the benefits of this policy to the benefits the premium would have bought at the correct age.

## SUICIDE

If within two years from the date of issue, the insured dies by suicide while sane or insane, our liability will be limited to the sum of the premiums paid.

## OWNER

The owner as of the date of issue is the person shown as the owner on the application. If no owner is shown, the insured is the owner. In the event of the death of the owner, then the policy owner shall be the next named Insured, in order as they become of legal age. If there is no Insured of legal age, the policy owner shall be the appointed guardian or guardians of the minor Insured. While the insured is alive, the owner may:

- a. assign this policy.
- b. agree with us to any change to this policy.
- c. exercise all rights and options that this policy provides.

All owner's rights are subject to the rights of any assignee of record with us.

## CHANGE OF OWNERSHIP

The owner may name a new owner of this policy. To change the owner, notify the Company in writing while the insured is alive. After we receive the notice and record the change, it will take effect on the date the notice was signed, whether or not the insured is living when we receive it. The change will be subject to any payment the Company made or actions taken before receipt of the notice.

## **ASSIGNMENT**

This policy may be assigned by the Owner. An assignment will be binding on the Company only if it is in writing and only when it is received at the Company's Home Office. The Company is not responsible for the validity or sufficiency of an assignment. All rights, options and benefits of the Owner and any beneficiary are subject to any assignment.

## **BENEFICIARY**

The beneficiary of an Insured on the date of issue is the person named in the application. If no named beneficiary survives the insured, then:

- a. the insured's estate will be the beneficiary; or
- b. the Company may pay the benefit to any blood relative of the insured, or relative by legal adoption or marriage, or any other person appearing to be entitled to the payment because of having incurred expenses for the insured's care, medical attention, or burial.

## **CHANGE OF BENEFICIARY**

Unless otherwise stated, only the owner may change the beneficiary of an insured.

To change the beneficiary, notify the Company in writing while the insured is alive. When the Company receives and records the notice, the change will take effect on the date the owner signed it. The insured need not be living when the Company receives the notice. The change will be subject to any payment the Company made or actions taken before the notice was recorded.

## **REINSTATEMENT**

This policy may be reinstated after the due date of any unpaid premium but only if:

- a. it has not been surrendered for cash;
- b. the owner submits a written application;
- c. the Company is given satisfactory evidence of insurability;
- d. all past due premiums, with interest at the rate of 6% per year, are paid; and
- e. all policy debt, with interest at the rate stated at another place in this policy is paid or reinstated.

## **PAYMENT OF PROCEEDS**

The policy proceeds are payable at the Company home office after receipt of proof of the Insured's death during the continuance of this policy. The Company may require that the owner surrender this policy. All policy debt and any late premiums will be deducted from the proceeds. If the Company does not pay the proceeds; including premium refunds due at death, within 30 days following receipt of proof of death, interest will be paid on the proceeds as required by State law.

## **PREMIUM REFUND AT DEATH**

The Company will refund to the beneficiary all premiums paid for any period beyond the end of the policy month in which the insured died.

## **LOANS**

Any time after this policy has a cash value and while it is in force, the owner may borrow against it by assigning it to the Company as sole security. The Company may defer the loan for up to six months, unless it is to be used to pay premiums to the Company. The loan, with interest, may not exceed the cash value at the end of the policy year for which premiums have been paid. If it does, this policy will become void 31 days after the Company mails notice to the owner's last known address and that of any assignee of record.

## **LOAN INTEREST**

The Company may charge the owner 7.4% interest on any loan. The interest will be payable annually in advance. Interest not paid when due will be added to the loan and bear interest at the same rate.

## **ENTIRE CONTRACT**

The entire contract consists of this policy and the application, a copy of which is attached at issue. The consideration for this policy is the application and the payment of premiums. The Company will not use any statement to defend against a claim unless it is contained in the attached written application. All statements in the application will, in the absence of fraud, be deemed representations and not warranties. This policy may be modified only by a written agreement signed by one of the Company officers.

## Nonforfeiture Provisions

The owner may choose one of the following options if a required premium (default) is not paid after this policy has a cash value. The owner must notify the Company of the election of option within 60 days after the date for which premiums are paid.

1. **NET CASH VALUE** - Any time after this policy has a cash value, and while it is in force, the owner may surrender it for its cash value. The net cash value for Options 2 or 3 equal the present value of such benefits reduced by any debt. If the policy is surrendered within 30 days after the end of a policy year, the net cash value for Options 2 or 3 will be computed as of that policy year end.

You must surrender this policy to us. The net cash value equals the cash value determined in the section "NONFORFEITURE VALUES," less any debt. The Company may defer payments of the cash value for up to six months.

2. **PAID-UP INSURANCE** - Insurance will be payable under the same conditions as if the owner had continued paying premiums; except the death benefit will be a level amount which the net cash value, reduced by any debt, will purchase as a net single premium at the insured's then attained age.
3. **EXTENDED INSURANCE** - The insurance will be extended for a level amount equal to the amount in force, less any debt at date of default. Coverage will begin on the due date of the unpaid premium. It will continue for a period equal to that which the net cash value will purchase as a net single premium at the insured's then attained age.

### **AUTOMATIC PREMIUM LOANS**

Should neither of the nonforfeiture options be exercised within the time provided, any premium due and unpaid at the end of the grace period will be treated as paid and charged as a loan on this policy with interest at the rate of 7.4 percent annum, in advance, provided such loan is within the limit secured by the cash surrender value of the policy.

### **NONFORFEITURE VALUES**

The values for this policy are in the table of cash or loan, and nonforfeiture values. They apply to the full face amount of this policy, but will be reduced if there is a policy loan. On request, the Company will furnish values for the policy years not shown. The values apply at the end of the policy year shown if all premiums are paid to that date and there is no policy debt. At any time during a policy year, we will compute the values allowing for the time elapsed and the premiums paid during that policy year.

### **BASIS OF COMPUTATION**

Nonforfeiture values, and net single premiums in this policy are based on the Commissioners 1980 Standard Ordinary Mortality Table (with exception of Extended Term Insurance, where net single premiums are based on the Commissioners 1980 Extended Term Insurance Table), at an interest rate of 5%.

The cash values and nonforfeiture benefits of this policy are not less than the minimum values or benefits required by the law of the state in which this policy is delivered. Values are calculated by the Standard Nonforfeiture Value Method assuming deaths occur at the end of policy years and premiums are paid annually. A detailed statement of the methods the Company used has been filed with the State's Insurance Department.

### **RESERVE BASIS**

Reserves on this policy are based on the Commissioners 1980 Standard Ordinary Mortality Table at 4% interest by the Commissioners Reserve Valuation Method.

BENEFITS AND PREMIUMS

INITIAL AMOUNT  
AND BENEFIT

ANNUAL  
PREMIUM

PREMIUM  
PERIOD

SEE SCHEDULE OF  
BENEFITS BELOW

{ \$1,896.96 }

5 YEARS

SCHEDULE OF BENEFITS

Year 01	\$1,976.00
Year 02	\$3,952.00
Year 03	\$5,928.00
Year 04	\$7,904.00
Year 05	\$9,880.00
Year 06	\$10,127.00
Year 07	\$10,380.00
Year 08	\$10,640.00
Year 09	\$10,906.00
Year 10	\$11,179.00

{ Insured: SAMPLE PLAN 11096 }

Initial Face Amount: { \$9,880 }

Premium Class: { STANDARD }

Annual Premium: { \$1,896.96 }

Policy Number:

{ 123456 }

Issue Age:

{ 65 MALE }

Policy Date:

{ 4/15/10 }

Date of Issue:

{ 4/15/10 }

TABLE OF CASH, LOAN AND NONFORFEITURE VALUES PER \$1,000

1980 CSO 5.00%

This table shows the guaranteed nonforfeiture values at the ends of certain completed policy years, without adjustment for any indebtedness. The figures in this table are based on an amount of insurance of one thousand dollars. The cash, loan and paid-up insurance values for a larger or smaller amount will be proportionately larger or smaller. The period of extended term insurance remains the same for any amount. Nonforfeiture values for any years not shown in the table will be furnished upon request. Due allowance will be made in the granting of any nonforfeiture values for fractional premiums paid beyond a complete policy year.

TABLE OF POLICY VALUES

FOR MALE AT ISSUE AGE 65

END OF YEAR	INSURANCE COVERAGE	CASH VALUE	PAID UP INSURANCE	EXTENDED TERM INSURANCE YEARS DAYS
1	1,976.00	85.53	156	6 0
2	3,952.00	226.17	402	10 47
3	5,928.00	371.64	643	12 60
4	7,904.00	522.01	880	13 129
5	9,880.00	677.33	1,025	PAID UP
6	10,127.00	697.66	1,025	PAID UP
7	10,380.00	717.40	1,025	PAID UP
8	10,640.00	736.21	1,025	PAID UP
9	10,906.00	753.64	1,025	PAID UP
10	11,179.00	769.20	1,025	PAID UP
11	11,179.00	784.31	1,025	PAID UP
12	11,179.00	799.03	1,025	PAID UP
13	11,179.00	813.43	1,025	PAID UP
14	11,179.00	827.57	1,025	PAID UP
15	11,179.00	841.47	1,025	PAID UP

BENEFITS AND PREMIUMS

INITIAL AMOUNT  
AND BENEFIT

ANNUAL  
PREMIUM

PREMIUM  
PERIOD

SEE SCHEDULE OF  
BENEFITS BELOW

{ \$1,679.60 }

5 YEARS

SCHEDULE OF BENEFITS

Year 01	\$1,976.00
Year 02	\$3,952.00
Year 03	\$5,928.00
Year 04	\$7,904.00
Year 05	\$9,880.00
Year 06	\$10,127.00
Year 07	\$10,380.00
Year 08	\$10,640.00
Year 09	\$10,906.00
Year 10	\$11,179.00

{ Insured: SAMPLE PLAN 11096 }

Initial Face Amount: { \$9,880 }

Premium Class: { STANDARD }

Annual Premium: { \$1,679.60 }

Policy Number:

{ 123456 }

Issue Age:

{ 65 FEMALE }

Policy Date:

{ 4/15/10 }

Date of Issue:

{ 4/15/10 }

TABLE OF CASH, LOAN AND NONFORFEITURE VALUES PER \$1,000

1980 CS0 5.00%

This table shows the guaranteed nonforfeiture values at the ends of certain completed policy years, without adjustment for any indebtedness. The figures in this table are based on an amount of insurance of one thousand dollars. The cash, loan and paid-up insurance values for a larger or smaller amount will be proportionately larger or smaller. The period of extended term insurance remains the same for any amount. Nonforfeiture values for any years not shown in the table will be furnished upon request. Due allowance will be made in the granting of any nonforfeiture values for fractional premiums paid beyond a complete policy year.

TABLE OF POLICY VALUES

FOR FEMALE AT ISSUE AGE 65

END OF YEAR -----	INSURANCE COVERAGE -----	CASH VALUE -----	PAID UP INSURANCE -----	EXTENDED TERM INSURANCE YEARS DAYS
1	1,976.00	70.85	150	8 77
2	3,952.00	196.67	401	13 149
3	5,928.00	327.23	647	15 226
4	7,904.00	462.65	887	16 256
5	9,880.00	603.03	1,025	PAID UP
6	10,127.00	623.89	1,025	PAID UP
7	10,380.00	644.72	1,025	PAID UP
8	10,640.00	665.24	1,025	PAID UP
9	10,906.00	685.10	1,025	PAID UP
10	11,179.00	703.95	1,025	PAID UP
11	11,179.00	722.56	1,025	PAID UP
12	11,179.00	740.94	1,025	PAID UP
13	11,179.00	759.12	1,025	PAID UP
14	11,179.00	777.13	1,025	PAID UP
15	11,179.00	794.93	1,025	PAID UP

BENEFITS AND PREMIUMS

INITIAL AMOUNT  
AND BENEFIT

ANNUAL  
PREMIUM

PREMIUM  
PERIOD

SEE SCHEDULE OF  
BENEFITS BELOW

\$1,047.28

9 YEARS

SCHEDULE OF BENEFITS

Year 01	\$1,976.00
Year 02	\$2,964.00
Year 03	\$3,952.00
Year 04	\$4,940.00
Year 05	\$5,928.00
Year 06	\$6,916.00
Year 07	\$7,904.00
Year 08	\$8,892.00
Year 09	\$9,880.00
Year 10	\$10,127.00

Insured: SAMPLE PLAN 11099

Initial Face Amount: \$9,880

Premium Class: STANDARD

Annual Premium: \$1,047.28

Policy Number:

123456

Issue Age:

65 FEMALE

Policy Date:

4/15/10

Date of Issue:

4/15/10

TABLE OF CASH, LOAN AND NONFORFEITURE VALUES PER \$1,000

1980 CSO 5.00%

This table shows the guaranteed nonforfeiture values at the ends of certain completed policy years, without adjustment for any indebtedness. The figures in this table are based on an amount of insurance of one thousand dollars. The cash, loan and paid-up insurance values for a larger or smaller amount will be proportionately larger or smaller. The period of extended term insurance remains the same for any amount. Nonforfeiture values for any years not shown in the table will be furnished upon request. Due allowance will be made in the granting of any nonforfeiture values for fractional premiums paid beyond a complete policy year.

TABLE OF POLICY VALUES

FOR FEMALE AT ISSUE AGE 65

END OF YEAR -----	INSURANCE COVERAGE -----	CASH VALUE -----	PAID UP INSURANCE -----	EXTENDED TERM INSURANCE YEARS DAYS
1	1,976.00	24.94	53	2 112
2	2,964.00	90.78	186	5 320
3	3,952.00	159.05	315	7 261
4	4,940.00	229.80	441	8 276
5	5,928.00	303.08	563	9 136
6	6,916.00	378.89	683	9 263
7	7,904.00	457.18	800	9 320
8	8,892.00	537.82	914	9 329
9	9,880.00	620.67	1,025	PAID UP
10	10,127.00	637.74	1,025	PAID UP
11	10,127.00	654.60	1,025	PAID UP
12	10,127.00	671.26	1,025	PAID UP
13	10,127.00	687.73	1,025	PAID UP
14	10,127.00	704.04	1,025	PAID UP
15	10,127.00	720.17	1,025	PAID UP

BENEFITS AND PREMIUMS

INITIAL AMOUNT  
AND BENEFIT

ANNUAL  
PREMIUM

PREMIUM  
PERIOD

SEE SCHEDULE OF  
BENEFITS BELOW

\$1,047.28

9 YEARS

SCHEDULE OF BENEFITS

Year 01	\$1,976.00
Year 02	\$2,964.00
Year 03	\$3,952.00
Year 04	\$4,940.00
Year 05	\$5,928.00
Year 06	\$6,916.00
Year 07	\$7,904.00
Year 08	\$8,892.00
Year 09	\$9,880.00
Year 10	\$10,127.00

Insured: SAMPLE PLAN 11099

Initial Face Amount: \$9,880

Premium Class: STANDARD

Annual Premium: \$1,047.28

Policy Number:

123456

Issue Age:

65 MALE

Policy Date:

4/15/10

Date of Issue:

4/15/10

TABLE OF CASH, LOAN AND NONFORFEITURE VALUES PER \$1,000

1980 CSO 5.00%

This table shows the guaranteed nonforfeiture values at the ends of certain completed policy years, without adjustment for any indebtedness. The figures in this table are based on an amount of insurance of one thousand dollars. The cash, loan and paid-up insurance values for a larger or smaller amount will be proportionately larger or smaller. The period of extended term insurance remains the same for any amount. Nonforfeiture values for any years not shown in the table will be furnished upon request. Due allowance will be made in the granting of any nonforfeiture values for fractional premiums paid beyond a complete policy year.

TABLE OF POLICY VALUES

FOR MALE AT ISSUE AGE 65

END OF YEAR	INSURANCE COVERAGE	CASH VALUE	PAID UP INSURANCE	EXTENDED TERM INSURANCE YEARS DAYS
1	1,976.00	32.22	59	2 359
2	2,964.00	105.33	187	6 312
3	3,952.00	180.79	313	8 327
4	4,940.00	258.64	436	10 47
5	5,928.00	338.86	558	10 332
6	6,916.00	421.45	677	11 147
7	7,904.00	506.35	795	11 246
8	8,892.00	593.48	911	11 288
9	9,880.00	682.76	1,025	PAID UP
10	10,127.00	696.85	1,025	PAID UP
11	10,127.00	710.55	1,025	PAID UP
12	10,127.00	723.88	1,025	PAID UP
13	10,127.00	736.92	1,025	PAID UP
14	10,127.00	749.74	1,025	PAID UP
15	10,127.00	762.33	1,025	PAID UP

SERFF Tracking Number: TAPK-126685439 State: Arkansas  
Filing Company: American Home Life Insurance Company State Tracking Number: 46002  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Graded Death Benefit life  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> 100-2-10 readability 001.pdf		
<b>Satisfied - Item:</b> Application <b>Comments:</b> See attached submission letter for information regarding application.		
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachments:</b> AHLICAuthorization.pdf L&EAuthorizationforSuzanne.pdf		
<b>Satisfied - Item:</b> Submission letter <b>Comments:</b> <b>Attachment:</b> Submission letter 100210.pdf		

**Readability Certification**

Insurance Company: American Home Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
100-2-10	Graded Death Benefit Life Insurance Policy	54.0

I hereby certify that the above referenced form complies with the readability requirements of this State.



---

Authorized Signature

---

Anne Powell Black

Name

---

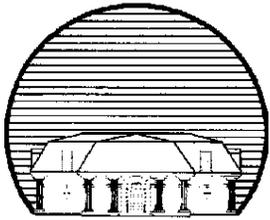
President

Title

---

June 20, 2010

Date



**American Home Life Insurance Company**

May 14, 2010

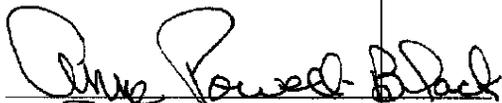
Re: Filing Authorization  
Lewis & Ellis, Inc.  
PO Box 851857  
Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representatives of L&E to submit state filings of insurance forms/rates/products on behalf of American Home Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of American Home Life Insurance Company.

  
President

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
S. Scott Gibson, F.S.A.  
Cabe W. Chadick, F.S.A.  
Michael A. Mayberry, F.S.A.  
Steven D. Bryson, F.S.A.  
Gregory S. Wilson, F.C.A.S.  
David M. Dillon, F.S.A.  
Bonnie S. Albritton, F.S.A.  
Brian D. Rankin, F.S.A.  
Sarah A. Hoover, F.S.A.  
Wesley R. Campbell, F.S.A.  
Jacqueline B. Lee, F.S.A.  
Robert E. Gove, A.S.A.  
J. Finn Knox-Seith, A.S.A.  
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



**Kansas City**

Gary L. Rose, F.S.A.  
Terry M. Long, F.S.A.  
David L. Batchelder, A.S.A.  
Leon L. Langlitz, F.S.A.  
Gary R. McElwain, FLMI  
Christopher H. Davis, F.S.A.  
Thomas L. Handley, F.S.A.  
Anthony G. Proulx, F.S.A.  
Karen E. Elsom, F.S.A.  
Jill J. Humes, F.S.A.

**London / Kansas City**

Roger K. Annin, F.S.A.  
Timothy A. DeMars, F.S.A.  
Scott E. Morrow, F.S.A.

May 19, 2010

Re: Filing Authorization  
T. Allen Park & Associates, Inc.  
9441 LBJ Freeway, Suite 102  
Dallas, TX 75074

Re: American Home Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the American Home Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in black ink that reads 'S. Scott Gibson'. The signature is written in a cursive style and is positioned above a horizontal line.

S. Scott Gibson, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, Inc.



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074  
(972) 398-3733 Uheas@aol.com

June 20, 2010

Arkansas Department of Insurance

RE: American Home Life Insurance Company NAIC # 83860

100-2-10 Graded Death Benefit Life Insurance Policy

Dear Sir or Madam:

This filing is being submitted on behalf of American Home Life Insurance Company. The above referenced form is submitted for your review and approval. This form is new and is not intended to replace any previously approved form.

Form 100-2-10 is a graded death benefit life insurance policy with premium payments payable during different periods – 5 years and 9 years. As we discussed, the various schedules are being submitted via SERFF under separate documents.

When approved, this form will be used with application form A105.24 approved by your office on April 10, 2008 and form ARK-NOT, the required complaint notice filed under separate cover in conjunction with Form 208-2-10 on this same date.

The readability score for the policy is 54.0.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU  
Legal Assistant and Compliance Specialist