

SERFF Tracking Number: AMLC-126714962 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 46235
 Company Tracking Number: TRM
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: TRM - Term Life Insurance Policy
 Project Name/Number: TRM - Term Life Insurance Policy/TRM

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: TRM - Term Life Insurance Policy SERFF Tr Num: AMLC-126714962 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- Closed State Tr Num: 46235

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium Co Tr Num: TRM State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Authors: Pattie Church, Donna Kennedy Disposition Date: 07/22/2010
 Date Submitted: 07/19/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: TRM - Term Life Insurance Policy
 Project Number: TRM
 Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 07/22/2010

Deemer Date:
 Submitted By: Donna Kennedy
 Filing Description:

Re: Policy Form TRM – Term Life Insurance Policy
 Rider Forms 9429/9429S – Term/Spouse Term Insurance Rider
 Rider Form LTAR – Terminal Illness Accelerated Benefit Rider

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: This filing is pending in Nebraska, our state of domicile.
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 07/22/2010
 Created By: Donna Kennedy
 Corresponding Filing Tracking Number:

SERFF Tracking Number: AMLC-126714962 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 46235
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Enclosed for your review and approval are copies of the above referenced forms. Form TRM is an individual term life product with guaranteed premiums that remain level within each of four available premium paying periods offered on this base policy form, a 10 & 20 Year Renewable Term and a 15 & 30 Year Decreasing Term. Forms 9429 and 9429S, Term Insurance Rider / Spouse Term Insurance Rider, and LTAR, Terminal Illness Accelerated Benefit Rider, will be used with Form TRM and with Whole Life Policy Form 8039, approved in your state on 06/27/06.

We are enclosing one complete base policy Form TRM on the 10 Year Renewable Term plan as well as data pages for each of the remaining three death benefit and premium paying periods. The plan will be individually marketed through our Branch and General Agency distribution system and will not be illustrated.

Application A-250, Ed. 3-06, approved in your state on 04/12/06 will be used to apply for Form TRM, 9429/9429S and LTAR.

The Flesch scores are as follows: Form TRM – 60; Form 9429 – 63; Form 9429S – 63; LTAR – 52.

Included with this filing are actuarial memorandums, transmittal documents, or other documents required by your state.

To the best of our knowledge and belief, this form complies with the laws and regulations of your state, and does not contain any language that is unusual in terms of normal company or industry standards. Should you need additional information or if there are any questions, please contact me at 205-325-4919 or by email at regulatory@libnat.com.

Company and Contact

Filing Contact Information

Pattie Church, Compliance Analyst regulatory@libnat.com
 100 Concourse Parkway 205-325-4919 [Phone]
 Suite 350 205-325-2720 [FAX]
 Hoover, AL 35244

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
 P.O. Box 2612 Group Code: 290 Company Type: Life and Health
 Birmingham, AL 35202 Group Name: Liberty National Life State ID Number:
 (205) 325-4307 ext. [Phone] FEIN Number: 63-0124600

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per submission
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$50.00	07/19/2010	38121148
Liberty National Life Insurance Company	\$150.00	07/20/2010	38148197
Liberty National Life Insurance Company	\$100.00	07/21/2010	38194818

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2010	07/22/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	07/20/2010	07/20/2010	Donna Kennedy	07/21/2010	07/21/2010
Pending Industry Response	Linda Bird	07/19/2010	07/19/2010	Donna Kennedy	07/20/2010	07/20/2010

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Disposition

Disposition Date: 07/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form	Term Life Insurance Policy	Yes	Yes
Form	Data Pages	Yes	Yes
Form	Data Pages	Yes	Yes
Form	Data Pages	Yes	Yes
Form	Terminal Illness Accelerated Death	Yes	Yes
Form	Benefit Disclosure Statement		
Form	Terminal Illness Accelerated Death	Yes	Yes
Form	Benefit Payment Disclosure		

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/20/2010
Submitted Date 07/20/2010
Respond By Date 08/20/2010

Dear Pattie Church,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/21/2010
Submitted Date 07/21/2010

Dear Linda Bird,

Comments:

RE: TRM Filing

We are responding to your objection letter dated July 20, 2010, concerning the submission of the above referenced filing in the order in which your concerns were listed:

Response 1

Comments: We would like to assure the Department that our policies issued in Arkansas contain a Notice to Policy Holder pursuant to Arkansas Code Ann. 23-79-138.

- We would like to assure the Department that our policies issued in Arkansas contain the Life and Health Guaranty Notice pursuant to Regulation 49.
- We certify that the submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Insurance Department, pursuant to Regulation 19s10B.
- We have attached Form R3716 and Form R3717 for your review, pursuant to Rule and Regulation 60s8. Form R3716, Accelerated Death Benefit Rider Disclosure Statement, provides a brief description of the Accelerated Benefit Rider and must be signed by the applicant at the time of application and submitted with the application. Form R3717, Accelerated Death Benefit Statement, illustrates the effect that an accelerated benefit payment will have on the policy and is provided to the insured when an acceleration of death benefit is requested. The Accelerated Benefit Rider (LTAR) also has the following statement on the first page of the rider: ANY ACCELERATED BENEFIT PAID UNDER THIS RIDER MAY BE TAXABLE. A PERSONAL TAX ADVISOR SHOULD BE CONSULTED.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

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Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Terminal Illness Accelerated Death Benefit Disclosure Statement	R3716		Other	Initial		50.000	R3716 Disclosure Statement .pdf
Terminal Illness Accelerated Death Benefit Payment Disclosure	R3717		Other	Initial		50.000	R3717 Payment Disclosure .pdf

No Rate/Rule Schedule items changed.

We hope this information will allow you to approve these forms for use in your state. If you have any questions, do not hesitate to contact me at 1-800-288-2722, extension 4919 or by email at regulatory@libnat.com. Thank you for your continued consideration of this filing.

Pattie Church, Compliance Analyst

Sincerely,
 Donna Kennedy, Pattie Church

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/19/2010
Submitted Date 07/19/2010
Respond By Date 08/19/2010

Dear Pattie Church,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please be advised Rider Forms 9429/9429S and Rider Form LTAR were not included in the submission. Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the forms and additional filing fee is received.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/20/2010
Submitted Date 07/20/2010

Dear Linda Bird,

Comments:

I am responding to your letter of July 19, 2010.

Response 1

Comments: Rider forms 9429/9429S and Rider form LTAR were included in the policy form. I have included another \$150 to cover the fees. The data pages are part of the policy so I'm assuming that there will be not charge for them. If there is, please let me know.

Related Objection 1

Comment:

Please be advised Rider Forms 9429/9429S and Rider Form LTAR were not included in the submission.

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the forms and additonal filing fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope the additional fees will allow you to approve our policy form.

Sincerely,

Donna Kennedy, Pattie Church

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Form Schedule

Lead Form Number: TRM

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TRM	Policy/Cont	Term Life Insurance ract/Fratern Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.000	TRM 10RC Bracketed - AR.pdf
	TRM 15DT	Data/Declar	Data Pages ation Pages	Initial		0.000	TRM 15DT Data Pages Bracketed.pdf
	TRM 20RC	Data/Declar	Data Pages ation Pages	Initial		0.000	TRM 20RC Data Pages Bracketed.pdf
	TRM 30DT	Data/Declar	Data Pages ation Pages	Initial		0.000	TRM 30DT Data Pages Bracketed.pdf
	R3716	Other	Terminal Illness Accelerated Death Benefit Disclosure Statement	Initial		50.000	R3716 Disclosure Statement.pdf
	R3717	Other	Terminal Illness Accelerated Death Benefit Payment Disclosure	Initial		50.000	R3717 Payment Disclosure.pdf

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Home Office: [McKinney, Texas]

Administrative Office: [P. O. Box 2612, Birmingham, Alabama 35202]

Telephone: [205-325-4979]

Email: [custserv@libnat.com]

[http://www.libnat.com]

A Stock Company Incorporated in Nebraska

TERM LIFE INSURANCE POLICY

WE WILL PAY the proceeds of this policy to the Beneficiary when we receive due proof that the Insured's death occurred while this policy was in force; and

WE WILL PROVIDE the other rights and benefits of this policy.

Payment of any benefits and all other rights are subject to the terms of this policy.

Signed for Liberty National Life Insurance Company at Birmingham, Alabama.

[Sanny Hutchison]
Secretary

[Anthony L. McWhorter]
Chief Executive Officer

RIGHT TO EXAMINE POLICY - This policy should be promptly reviewed. The Owner may return it for any reason to us, to the agent through whom it was purchased or to any agent of ours, within 30 days after it is received. If returned, it will be considered void from the beginning and all premiums paid will be refunded.

INSURED: [JOHN DOE]
POLICY NUMBER: [12345678]
POLICY DATE: [SEPTEMBER 1, 2010]
ISSUE AGE AND SEX: [35 MALE]
PREMIUM CLASS: [NON-TOBACCO]
INITIAL DEATH BENEFIT: [\$20,000]
BRANCH - AGENCY: [000 - 00]
PLAN: [10 YEAR RENEWABLE TERM]

----- BRIEF DESCRIPTION -----

THIS IS A TERM LIFE INSURANCE POLICY. THE INSURANCE AND PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 4. THE POLICY IS CONVERTIBLE FOR THE PERIOD SHOWN ON PAGE 5. NON-PARTICIPATING POLICY - NO DIVIDENDS ARE PAID.

TABLE OF CONTENTS

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Beneficiary	6	Incontestability	6
Change of Beneficiary	6	Payment of Proceeds	7
Premium Payments	6		

DEFINITIONS

YOU and YOUR mean the Owner of the Policy.

WE, US and OUR mean Liberty National Life Insurance Company.

AGE means age on the last birthday of the Insured.

LAPSE means termination of the policy due to non-payment of premiums.

RIDER means a supplementary agreement providing additional benefits.

POLICY DATA

BENEFICIARY: AS STATED IN THE APPLICATION, UNLESS
SUBSEQUENTLY CHANGED BY THE OWNER

POLICY OWNER: THE INSURED

TERM PERIOD: [35 YEARS]

REINSTATEMENT INTEREST RATE: [6.00%]

INSURED: [JOHN DOE]

POLICY NUMBER: [12345678]

POLICY DATE: [SEPTEMBER 1, 2010]

ISSUE AGE AND SEX: [35 MALE]

PREMIUM CLASS: [NON-TOBACCO]

INITIAL AMOUNT OF INSURANCE: [\$20,000]

PLAN: [10 YEAR RENEWABLE TERM]

JOHN DOE
12345678

BENEFIT AND PREMIUM SCHEDULE

DESCRIPTION OF BENEFITS	INITIAL AMOUNT	INITIAL ANNUAL PREMIUM	EXPIRY/ MATURITY DATE
10 YEAR RENEWABLE AND CONVERTIBLE TERM	\$20,000 **	\$125.00 **	09-01-2045
10 YEAR RENEWABLE TERM SPOUSE RIDER	\$20,000 **	\$79.20 **	09-01-2045
TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER FOR BASIC POLICY			09-01-2045

** SEE SCHEDULES FOR PREMIUMS AND AMOUNT OF INSURANCE FOR SUBSEQUENT YEARS.

----- TOTAL PREMIUM SCHEDULE -----

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
2010	35	\$204.20	\$18.38
2011	36	204.20	18.38
2012	37	204.20	18.38
2013	38	204.20	18.38
2014	39	204.20	18.38

(CONTINUED ON NEXT PAGE)

FOR PAYMENT OTHER THAN ANNUAL, THE ANNUAL PREMIUM IS MULTIPLIED BY .5250 FOR SEMI-ANNUAL, .2650 FOR QUARTERLY, .0950 FOR MONTHLY NOTICE, AND .0900 FOR MONTHLY BANK BUDGET.

----- TOTAL PREMIUM SCHEDULE -----

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
2015	40	\$ 204.20	\$ 18.38
2016	41	204.20	18.38
2017	42	204.20	18.38
2018	43	204.20	18.38
2019	44	204.20	18.38
2020	45	332.00	29.88
2021	46	332.00	29.88
2022	47	332.00	29.88
2023	48	332.00	29.88
2024	49	332.00	29.88
2025	50	332.00	29.88
2026	51	332.00	29.88
2027	52	332.00	29.88
2028	53	332.00	29.88
2029	54	332.00	29.88
2030	55	744.20	66.98
2031	56	744.20	66.98
2032	57	744.20	66.98
2033	58	744.20	66.98
2034	59	744.20	66.98
2035	60	744.20	66.98
2036	61	744.20	66.98
2037	62	744.20	66.98
2038	63	744.20	66.98
2039	64	744.20	66.98
2040	65	1,722.40	155.01
2041	66	1,722.40	155.01
2042	67	1,722.40	155.01
2043	68	1,722.40	155.01
2044	69	1,722.40	155.01

[2045] POLICY TERMINATES

- - - - - AMOUNTS OF INSURANCE AND ANNUAL PREMIUMS - - - - -
FOR BASIC POLICY

PERSON INSURED: [JOHN DOE]
 PLAN: [10 YEAR RENEWABLE AND CONVERTIBLE TERM]
 END OF CONVERSION PERIOD: [SEP 1, 2045]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
2010	\$20,000	\$125.00	
2011	20,000	125.00	
2012	20,000	125.00	
2013	20,000	125.00	
2014	20,000	125.00	
2015	20,000	125.00	
2016	20,000	125.00	
2017	20,000	125.00	
2018	20,000	125.00	
2019	20,000	125.00	
2020	20,000	197.00	
2021	20,000	197.00	
2022	20,000	197.00	
2023	20,000	197.00	
2024	20,000	197.00	
2025	20,000	197.00	
2026	20,000	197.00	
2027	20,000	197.00	
2028	20,000	197.00	
2029	20,000	197.00	
2030	20,000	477.40	
2031	20,000	477.40	
2032	20,000	477.40	
2033	20,000	477.40	
2034	20,000	477.40	

(CONTINUED ON NEXT PAGE)

- - - - - AMOUNTS OF INSURANCE AND ANNUAL PREMIUMS - - - - -
FOR BASIC POLICY

PERSON INSURED: [JOHN DOE
 PLAN: [10 YEAR RENEWABLE AND
 CONVERTIBLE TERM]
 END OF CONVERSION PERIOD: [SEP 1, 2045]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
2035	\$ 20,000	\$ 477.40	
2036	20,000	477.40	
2037	20,000	477.40	
2038	20,000	477.40	
2039	20,000	477.40	
2040	20,000	1,160.80	
2041	20,000	1,160.80	
2042	20,000	1,160.80	
2043	20,000	1,160.80	
2044	20,000	1,160.80	

[2045] POLICY TERMINATES

SPOUSE TERM RIDER DATA

PERSON INSURED:	[JANE DOE]	ISSUE AGE:	[35]
POLICY NUMBER:	[12345678]	DATE OF ISSUE:	[SEP 1, 2010]
INITIAL RIDER FACE AMOUNT:	[\$20,000]	RIDER EXPIRY DATE:	[SEP 1, 2045]
PREMIUM CLASS:	[NON-TOBACCO]	SEX:	[FEMALE]
PLAN:	[10 YEAR RENEWABLE AND CONVERTIBLE TERM]		
END OF CONVERSION PERIOD:	[SEP 1, 2045]		

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
[2030	\$ 20,000	\$ 266.80	
2031	20,000	266.80	
2032	20,000	266.80	
2033	20,000	266.80	
2034	20,000	266.80	
2035	20,000	266.80	
2036	20,000	266.80	
2037	20,000	266.80	
2038	20,000	266.80	
2039	20,000	266.80	
2040	20,000	561.60	
2041	20,000	561.60	
2042	20,000	561.60	
2043	20,000	561.60	
2044	20,000	561.60	

[2045] RIDER TERMINATES

AMOUNT OF PROCEEDS

The proceeds payable at the death of the Insured will be the sum of: (a) the death benefit provided by this policy on the date of death of the Insured; (b) any insurance on the life of the Insured provided by riders; and (c) the portion of any premium paid which applies to a period beyond the policy month in which the Insured dies; less (d) the portion of any premium due and unpaid which applies to a period prior to the date of death of the Insured.

OWNER AND BENEFICIARY

Rights of the Owner. This policy belongs to you, the Owner. Unless you provide otherwise, you may receive all benefits and exercise all rights granted by this policy during the Insured's lifetime.

Beneficiary. If no named Beneficiary survives the Insured, the proceeds will be paid to the Owner, if living; otherwise to the Owner's estate.

Change in Policy Owner and Beneficiary. Unless you provide otherwise in writing to us, you may change the Owner or Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with us. The change will take effect on the date the request was signed, but it will not apply to payments made by us before we accept the request in writing.

Assignment. You may assign this policy. However, no assignment will bind us until it is filed in writing at our Home Office. When it is filed, your rights and the rights of any beneficiary will be subject to it. We will not be responsible for the validity of any assignment.

PREMIUMS AND REINSTATEMENT

Premiums. Premiums are payable in advance at our Home Office or to an authorized agent. We will issue you a receipt upon request.

Grace Period/Lapse. This policy has a 31-day grace period. This means that if any premium after the first is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force. At the end of the grace period, the policy will lapse.

Reinstatement. If your policy lapses, you may ask that it be put back in force. We will do so provided: (a) your written request is received at our Home Office within five years of the due date of the first unpaid premium; (b) you show that the Insured is still insurable according to our normal rules; and (c) you pay all overdue premiums, plus compound interest at the reinstatement interest rate shown on page three.

CONVERSION

You may exchange this policy for a new policy without evidence of insurability, provided that: this policy is in force; the conversion period date shown on page five has not passed; and you submit a written application for the conversion. The new policy will be issued: on a level premium whole life plan; for an amount of insurance equal to or less than the insurance provided by this policy on the date of exchange; at a premium according to our rates then in use for the age of the Insured; in the same premium class as this policy. Riders may be included in the new policy only with our consent.

RENEWAL

If this policy is in force at the end of a level premium-paying period, it may be renewed by payment of the renewal premium shown in the premium section of the policy beginning on page four. Renewal will be effective upon payment of that premium within 31 days of its due date. If under the terms of a disability benefit rider attached to this policy, a premium due at the end of a level premium-paying period would be waived, this policy will automatically be renewed.

GENERAL PROVISIONS

The Contract. This policy, including the application, is the entire contract between you and us. Any change must be made in writing by one of our officers. All statements in the application are representations and not warranties. No statement shall be used to void this policy or to defend against a claim unless contained in the application.

Payment of Benefits. All benefits are payable at our Home Office. We may require you to submit this policy before we approve changes or pay benefits. If we do not pay the proceeds within 30 days of the date we receive due proof of the Insured's death, we will pay interest on the proceeds at 8% per annum from the date of death to the date of payment.

Errors in Age and Sex. If the Insured's age or sex is misstated, the benefits under this policy will be those the premium paid would have purchased at the correct age and sex.

Suicide Exclusion. If the Insured commits suicide, while sane or insane, within two years from the policy date, our liability will be limited to the premiums paid.

Incontestability. This policy will be incontestable after it has been in force during the lifetime of the Insured for two years from the Policy Date except for nonpayment of premiums.

PAYMENT OF PROCEEDS

Payment. Any amount payable at the death of the Insured will be paid in one sum, unless you provide otherwise. All or part of this sum may be applied under any Payment Option, subject to the following conditions: (a) No option may be selected unless the proceeds are payable to a natural person in that person's own right. (b) Payments may not be less than \$25.00 each or less than \$120.00 in a year. (c) If you have not elected an option when a Beneficiary becomes entitled to proceeds, the Beneficiary may elect the option. (d) The election must be filed with us in writing. (e) We may require exchange of this policy for a contract covering the election.

Claims of Creditors. So far as permitted by law, the proceeds will not be subject to any claims of the Beneficiary's creditors.

Interest Rate. The interest rate on funds held under all options will be at least 2 1/2% compounded annually.

Withdrawal and Changes. Except as to a life income option if the payee selected the option, this payee with our consent may modify the terms of the option or select another option at any time.

Death of Payee. If the payee dies, the value of any remaining guaranteed payments will be paid to the payee's estate, unless otherwise provided in the election of the option. The value will be based on the guaranteed interest rate.

TERM INSURANCE RIDER

Insured. In this rider, "Insured" means the person who is designated as the Person Insured in the benefit and premium schedule of the policy.

Benefit. We will pay the insurance provided by this rider upon receipt of due proof that the death of the Insured occurred while this rider was in force. The amount of insurance provided by this rider is shown on the term rider data page of the policy.

Renewal. If this rider is in force at the end of a level premium-paying period, it may be renewed by payment of the renewal premium shown on the term rider data page. Renewal will be effective upon payment of that premium within 31 days of its due date. If under the terms of a premium waiver or total disability benefit rider attached to the policy, a premium due at the end of a level premium-paying period would be waived, this rider will automatically be renewed.

Conversion. You may exchange this rider for a new policy without evidence of insurability, provided that: this rider is in force; the conversion period date shown on the term rider data page of the policy has not passed; and you submit a written application for the conversion.

The new policy will be issued: on a level premium whole life plan; for an amount of insurance equal to or less than the insurance provided by this rider on the date of exchange; at a premium according to our rates then in use for the age of the Insured; in the same premium class as this rider. Riders may be included in the new policy only with our consent.

Beneficiary. The beneficiary for insurance under this rider is as stated in the application for this rider, unless changed later by the Owner.

Ownership. The Owner of the insurance provided by this rider will be the owner of the policy.

Suicide Exclusion. If the Insured commits suicide, while sane or insane, within two years from the date of issue of this rider, our liability will be limited to the premiums paid.

Incontestability. This rider will be incontestable, except for non-payment of premiums, after it has been in force during the lifetime of the Insured for two years from its date of issue.

Termination. This rider will terminate: (1) on the expiry date shown on the term rider data page; (2) at the end of the grace period for a premium due and unpaid; (3) on the date that the policy is terminated; (4) 31 days after the death of the person insured under the policy; or (5) upon your request.

General Provisions.

1. This rider is made a part of the policy to which it is attached.
2. This benefit is subject to all the provisions of this rider and the policy.
3. The effective date of this rider is the date of issue shown on the term rider data page of the policy.
4. The premium for this rider is shown in the benefit and premium schedule of the policy.
5. Any cash value under the policy will be the same as if this rider were not part of the policy.

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Sarry Hutchison
Secretary

Anthony L. McWhorter
Chief Executive Officer

SPOUSE TERM INSURANCE RIDER

Insured. In this rider, "Insured Spouse" means the person who is designated as the Person Insured in the spouse term rider data page of the policy.

Benefit. We will pay the insurance provided by this rider upon receipt of due proof that the death of the Insured Spouse occurred while this rider was in force. The amount of insurance provided by this rider is shown on the spouse term rider data page of the policy.

Renewal. If this rider is in force at the end of a level premium-paying period, it may be renewed by payment of the renewal premium shown on the spouse term rider data page. Renewal will be effective upon payment of that premium within 31 days of its due date. If under the terms of a premium waiver or total disability benefit rider attached to the policy, a premium due at the end of a level premium-paying period would be waived, this rider will automatically be renewed.

Conversion. You may exchange this rider for a new policy without evidence of insurability, provided that: (1) this rider is in force; (2) the conversion period date shown on the spouse term rider data page of the policy has not passed; and (3) you submit a written application for the conversion.

The new policy will be issued: (1) on a level premium whole life plan; (2) for an amount of insurance equal to or less than the insurance provided by this rider on the date of exchange; (3) at a premium according to our rates then in use for the age of the Insured Spouse; (4) in the same premium class as this rider.

Riders may be included in the new policy only with our consent.

Beneficiary. The insured named in the policy shall be the beneficiary of this rider on the effective date. A change of beneficiary may be made in the manner outlined in the

policy. If no designated beneficiary survives the insured spouse and it is not otherwise specifically provided, the proceeds of this rider will be paid to the estate of the insured spouse.

Ownership. The Owner of the insurance provided by this rider will be the owner of the policy.

Suicide Exclusion. If the Insured Spouse commits suicide, while sane or insane, within two years from the date of issue of this rider, our liability will be limited to the premiums paid.

Incontestability. This rider will be incontestable, except for non-payment of premiums, after it has been in force during the lifetime of the Insured Spouse for two years from its date of issue.

Termination. This rider will terminate: (1) on the expiry date shown on the spouse term rider data page; (2) at the end of the grace period for a premium due and unpaid; (3) on the date that the policy is terminated; (4) 31 days after the death of the person insured under the policy; or (5) upon your request.

General Provisions.

1. This rider is made a part of the policy to which it is attached.
2. This benefit is subject to all the provisions of this rider and the policy.
3. The effective date of this rider is the date of issue shown on the spouse term rider data page of the policy.
4. The premium for this rider is shown in the benefit and premium schedule of the policy.
5. Any cash value under the policy will be the same as if this rider were not part of the policy.

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Sanny Hutchison
Secretary

Anthony L. McWhorter
Chief Executive Officer

LIBERTY NATIONAL LIFE INSURANCE COMPANY

TERMINAL ILLNESS ACCELERATED BENEFIT RIDER

forming a part of any Policy to which it is attached

Effective on the Policy Date, we have issued this Rider on your Policy. Any benefits under this Rider are subject to the provisions of this Rider and the Policy. In case of conflict between this Rider and the Policy, the provisions of this Rider will control. We will pay the Accelerated Benefit provided by this Rider to the Owner of the Policy. The Accelerated Benefit will be paid upon receipt of due proof that the Insured has a Terminal Illness, subject to the provisions of this Rider.

ANY ACCELERATED BENEFIT PAID UNDER THIS RIDER MAY BE TAXABLE. A PERSONAL TAX ADVISOR SHOULD BE CONSULTED.

INSURED - "Insured" as used in this Rider means the Insured shown on the Policy Data page.

TERMINAL ILLNESS - The Insured has been diagnosed to have a non-correctable medical condition that with reasonable medical certainty, will result in the death of the Insured within twelve (12) months from the date of the physician's statement.

ACCELERATED BENEFIT - We will pay the Accelerated Benefit upon receiving due proof that the Insured has a Terminal Illness if:

1. The Terminal Illness results from an injury which occurs on or after the Policy Date or from a sickness which first manifests itself on or after 30 days from the Policy Date; and
2. The Policy is in force at the time of such occurrence, except we will not pay the Accelerated Benefit if the Policy is in force under the Extended Term Insurance or Reduced Paid-Up Insurance Nonforfeiture Options. There is no administrative fee or charge associated with the election to receive the Accelerated Benefit.

AMOUNT OF BENEFIT - The amount of the Accelerated Benefit will be based on the Amount of Insurance of the Policy as of the date the Accelerated Benefit is paid. The amount of the Accelerated Benefit will be equal to:

1. Fifty percent (50%) of the Amount of Insurance as of the date the Accelerated Benefit is paid; less
2. Fifty percent (50%) of any outstanding Policy loan and loan interest on that date; less
3. The overdue premium if a claim occurs during the grace period of an unpaid premium.

The Accelerated Benefit provided is payable only once regardless of the subsequent occurrence of the same or a different condition which would otherwise be covered. No Accelerated Benefit will be provided if the Terminal Illness results from or is contributed by self-inflicted injuries, alcoholism, alcohol abuse, drug dependency or drug abuse.

EFFECT ON POLICY BENEFITS - On the date the Accelerated Benefit is paid, policy death benefit schedule will be reduced by fifty percent (50%). On the date the Accelerated Benefit is paid, the cash value, the remaining policy loan, and loan interest, if any, will also be reduced by fifty percent (50%) of their respective amounts.

We will furnish new Policy Data pages reflecting the reduced policy benefits to be paid as of the date of death of the Insured, and the reduced cash values, if any, to be paid as of the date of surrender.

PROOF OF LOSS - Written proof of the Insured's Terminal Illness must be received by us within 91 days after the date of diagnosis. This proof must include a properly completed Claim Form and a

written physician's statement, signed by the physician, in a form acceptable to us. We may request additional medical information from the physician submitting the statement.

We reserve the right to obtain a second medical opinion. Should the physician we choose disagree with the Insured's physician, we reserve the right to rely solely on our physician's opinion for claim purposes.

PAYMENT OF BENEFITS - The Accelerated Benefit will be paid to the Owner unless instructed otherwise. Such instruction must be in writing to us and signed by the Owner. We must receive written consent for the payment of the Accelerated Benefit from all irrevocable beneficiaries, if any. We also reserve the right to require the written consent of any other person who may have a claim to policy benefits.

The Accelerated Benefit will be paid in one sum at our Administrative Offices. So far as the law allows, no payment of benefits that we make will be subject to the claims of creditors.

INCONTESTABILITY - We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from the Policy Date, except for nonpayment of premium.

APPLICABILITY TO BASE POLICY AND PRIMARY INSURED TERM RIDER ONLY - Amounts referred to in this Rider apply to the Base Policy and Primary Insured Term Rider only, and do not include amounts for any other attached Rider, which includes, but is not limited to: Spouse Term Rider, Children's Insurance Rider, Waiver of Premium Rider, Accidental Death Benefit Rider, etc. This Rider is only available to the Insured who qualifies as a standard risk pursuant the underwriting guidelines of the Company.

TERMINATION - This Rider will terminate on the earlier of:

1. the date that the Policy is converted, terminated or exchanged;
2. the date that the Accelerated Benefit is paid; or
3. the date we receive your written request to terminate this Rider.

Signed for Liberty National Life Insurance Company at Birmingham, Alabama.

Jerry Hutchison
Secretary

Anthony L. McWhorter
Chief Executive Officer

**THIS IS A TERM LIFE INSURANCE POLICY.
THE INSURANCE AND PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 4.
THE POLICY IS CONVERTIBLE FOR THE PERIODS SHOWN ON PAGE 3.
NON-PARTICIPATING POLICY - NO DIVIDENDS ARE PAID.**

POLICY DATA

BENEFICIARY: AS STATED IN THE APPLICATION, UNLESS
SUBSEQUENTLY CHANGED BY THE OWNER

POLICY OWNER: THE INSURED

TERM PERIOD: [15 YEARS]

REINSTATEMENT INTEREST RATE: [6.00%]

INSURED: [JOHN DOE]

POLICY NUMBER: [12345678]

POLICY DATE: [SEPTEMBER 1, 2010]

ISSUE AGE AND SEX: [35 MALE]

PREMIUM CLASS: [NON-TOBACCO]

INITIAL AMOUNT OF INSURANCE: [\$20,000]

PLAN: [LEV PREMIUM DECREASING TERM]

[JOHN DOE]
 [12345678]

BENEFIT AND PREMIUM SCHEDULE

DESCRIPTION OF BENEFITS	INITIAL AMOUNT	INITIAL ANNUAL PREMIUM	EXPIRY/ MATURITY DATE
[LEV PREM DECREASING TERM]	[\$20,000 **]	[\$127.80 **]	[09-01-2025]
[LEV PREM DECREASING TERM] [SPOUSE RIDER]	[\$20,000 **]	[\$ 74.00 **]	[09-01-2025]
TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER FOR BASIC POLICY			[09-01-2025]

** SEE SCHEDULES FOR PREMIUMS AND AMOUNT OF INSURANCE FOR SUBSEQUENT YEARS.

- - - - - TOTAL PREMIUM SCHEDULE - - - - -

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
[2010]	35	\$201.80	\$18.16
2011	36	201.80	18.16
2012	37	201.80	18.16
2013	38	201.80	18.16
2014	39	201.80	18.16]

(CONTINUED ON NEXT PAGE)

FOR PAYMENT OTHER THAN ANNUAL, THE ANNUAL PREMIUM IS MULTIPLIED BY .5250 FOR SEMI-ANNUAL, .2650 FOR QUARTERLY, .0950 FOR MONTHLY NOTICE, AND .0900 FOR MONTHLY BANK BUDGET.

----- TOTAL PREMIUM SCHEDULE -----

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
2015	40	\$201.80	\$18.16
2016	41	201.80	18.16
2017	42	201.80	18.16
2018	43	201.80	18.16
2019	44	201.80	18.16
2020	45	201.80	18.16
2021	46	201.80	18.16
2022	47	201.80	18.16
2023	48	201.80	18.16
2024	49	201.80	18.16

[2025] POLICY TERMINATES

- - - - - AMOUNTS OF INSURANCE AND ANNUAL PREMIUMS - - - - -
FOR BASIC POLICY

PERSON INSURED: [JOHN DOE]
 PLAN: [LEV PREM DECREASING TERM]
 END OF CONVERSION PERIOD: [SEP 1, 2025]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
2010	\$20,000	\$127.80	
2011	19,280	127.80	
2012	18,500	127.80	
2013	17,660	127.80	
2014	16,740	127.80	
2015	15,760	127.80	
2016	14,680	127.80	
2017	13,520	127.80	
2018	12,260	127.80	
2019	10,900	127.80	
2020	9,420	127.80	
2021	7,820	127.80	
2022	6,100	127.80	
2023	4,220	127.80	
2024	4,000	127.80	

[2025] POLICY TERMINATES

POLICY DATA

BENEFICIARY: AS STATED IN THE APPLICATION, UNLESS
SUBSEQUENTLY CHANGED BY THE OWNER

POLICY OWNER: THE INSURED

TERM PERIOD: [30 YEARS]

REINSTATEMENT INTEREST RATE: [6.00%]

INSURED: [JOHN DOE]

POLICY NUMBER: [12345678]

POLICY DATE: [SEPTEMBER 1, 2010]

ISSUE AGE AND SEX: [35 MALE]

PREMIUM CLASS: [NON-TOBACCO]

INITIAL AMOUNT OF INSURANCE: [\$20,000]

PLAN: [20 YEAR RENEWABLE TERM]

JOHN DOE
12345678

BENEFIT AND PREMIUM SCHEDULE

DESCRIPTION OF BENEFITS	INITIAL AMOUNT	INITIAL ANNUAL PREMIUM	EXPIRY/ MATURITY DATE
20 YEAR RENEWABLE AND CONVERTIBLE TERM	\$20,000 **	\$147.40 **	09-01-2040
20 YEAR RENEWABLE TERM SPOUSE RIDER	\$20,000 **	\$ 91.60 **	09-01-2040
TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER FOR BASIC POLICY			09-01-2040

** SEE SCHEDULES FOR PREMIUMS AND AMOUNT OF INSURANCE FOR SUBSEQUENT YEARS.

----- TOTAL PREMIUM SCHEDULE -----

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
2010	35	\$239.00	\$21.51
2011	36	239.00	21.51
2012	37	239.00	21.51
2013	38	239.00	21.51
2014	39	239.00	21.51

(CONTINUED ON NEXT PAGE)

FOR PAYMENT OTHER THAN ANNUAL, THE ANNUAL PREMIUM IS MULTIPLIED BY .5250 FOR SEMI-ANNUAL, .2650 FOR QUARTERLY, .0950 FOR MONTHLY NOTICE, AND .0900 FOR MONTHLY BANK BUDGET.

----- TOTAL PREMIUM SCHEDULE -----

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
2015	40	\$239.00	\$21.51
2016	41	239.00	21.51
2017	42	239.00	21.51
2018	43	239.00	21.51
2019	44	239.00	21.51
2020	45	239.00	21.51
2021	46	239.00	21.51
2022	47	239.00	21.51
2023	48	239.00	21.51
2024	49	239.00	21.51
2025	50	239.00	21.51
2026	51	239.00	21.51
2027	52	239.00	21.51
2028	53	239.00	21.51
2029	54	239.00	21.51
2030	55	935.40	84.18
2031	56	935.40	84.18
2032	57	935.40	84.18
2033	58	935.40	84.18
2034	59	935.40	84.18
2035	60	935.40	84.18
2036	61	935.40	84.18
2037	62	935.40	84.18
2038	63	935.40	84.18
2039	64	935.40	84.18

[2040] POLICY TERMINATES

- - - - - AMOUNTS OF INSURANCE AND ANNUAL PREMIUMS - - - - -
FOR BASIC POLICY

PERSON INSURED: [JOHN DOE]
 PLAN: [20 YEAR RENEWABLE AND CONVERTIBLE TERM]
 END OF CONVERSION PERIOD: [SEP 1, 2040]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
2010	\$20,000	\$147.40	
2011	20,000	147.40	
2012	20,000	147.40	
2013	20,000	147.40	
2014	20,000	147.40	
2015	20,000	147.40	
2016	20,000	147.40	
2017	20,000	147.40	
2018	20,000	147.40	
2019	20,000	147.40	
2020	20,000	147.40	
2021	20,000	147.40	
2022	20,000	147.40	
2023	20,000	147.40	
2024	20,000	147.40	
2025	20,000	147.40	
2026	20,000	147.40	
2027	20,000	147.40	
2028	20,000	147.40	
2029	20,000	147.40	
2030	20,000	577.60	
2031	20,000	577.60	
2032	20,000	577.60	
2033	20,000	577.60	
2034	20,000	577.60	

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- - - - - AMOUNTS OF INSURANCE AND ANNUAL PREMIUMS - - - - -
FOR BASIC POLICY

PERSON INSURED: [JOHN DOE]
PLAN: [20 YEAR RENEWABLE AND
CONVERTIBLE TERM]
END OF CONVERSION PERIOD: [SEP 1, 2040]

BEGINNING SEP 1	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
[2035	\$20,000	\$577.60	
2036	20,000	577.60	
2037	20,000	577.60	
2038	20,000	577.60	
2039	20,000	577.60	

[2040] POLICY TERMINATES

SPOUSE TERM RIDER DATA

PERSON INSURED: [JANE DOE] ISSUE AGE: [35]
 POLICY NUMBER: [12345678] DATE OF ISSUE: [SEP 1, 2010]
 INITIAL RIDER FACE AMOUNT: [\$20,000] RIDER EXPIRY DATE: [SEP 1, 2040]
 PREMIUM CLASS: [NON-TOBACCO] SEX: [FEMALE]
 PLAN: [20 YEAR RENEWABLE AND CONVERTIBLE TERM]
 END OF CONVERSION PERIOD: [SEP 1, 2040]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
2030	\$20,000	\$357.80	
2031	20,000	357.80	
2032	20,000	357.80	
2033	20,000	357.80	
2034	20,000	357.80	
2035	20,000	357.80	
2036	20,000	357.80	
2037	20,000	357.80	
2038	20,000	357.80	
2039	20,000	357.80	

[2040] RIDER TERMINATES

POLICY DATA

BENEFICIARY: AS STATED IN THE APPLICATION, UNLESS
SUBSEQUENTLY CHANGED BY THE OWNER

POLICY OWNER: THE INSURED

TERM PERIOD: [30 YEARS]

REINSTATEMENT INTEREST RATE: [6.00%]

INSURED: [JOHN DOE]

POLICY NUMBER: [12345678]

POLICY DATE: [SEPTEMBER 1, 2010]

ISSUE AGE AND SEX: [35 MALE]

PREMIUM CLASS: [NON-TOBACCO]

INITIAL AMOUNT OF INSURANCE: [\$20,000]

PLAN: [LEV PREMIUM DECREASING TERM]

JOHN DOE
12345678

BENEFIT AND PREMIUM SCHEDULE

DESCRIPTION OF BENEFITS	INITIAL AMOUNT	INITIAL ANNUAL PREMIUM	EXPIRY/ MATURITY DATE
LEV PREM DECREASING TERM	[\$20,000 **]	[\$144.20 **]	[09-01-2040]
LEV PREM DECREASING TERM SPOUSE RIDER	[\$20,000 **]	[\$ 90.40 **]	[09-01-2040]
TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER FOR BASIC POLICY			[09-01-2040]

** SEE SCHEDULES FOR PREMIUMS AND AMOUNT OF INSURANCE FOR SUBSEQUENT YEARS.

----- TOTAL PREMIUM SCHEDULE -----

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
2010	35	\$234.60	\$21.12
2011	36	234.60	21.12
2012	37	234.60	21.12
2013	38	234.60	21.12
2014	39	234.60	21.12

(CONTINUED ON NEXT PAGE)

FOR PAYMENT OTHER THAN ANNUAL, THE ANNUAL PREMIUM IS MULTIPLIED BY .5250 FOR SEMI-ANNUAL, .2650 FOR QUARTERLY, .0950 FOR MONTHLY NOTICE, AND .0900 FOR MONTHLY BANK BUDGET.

----- TOTAL PREMIUM SCHEDULE -----

METHOD OF PAYMENT ELECTED: MONTHLY BANK BUDGET

BEGINNING [SEP 1]	INSURED'S ATTAINED AGE	ANNUAL PREMIUMS	BANK BUDGET PREMIUMS
2015	40	\$234.60	21.12
2016	41	234.60	21.12
2017	42	234.60	21.12
2018	43	234.60	21.12
2019	44	234.60	21.12
2020	45	234.60	21.12
2021	46	234.60	21.12
2022	47	234.60	21.12
2023	48	234.60	21.12
2024	49	234.60	21.12
2025	50	234.60	21.12
2026	51	234.60	21.12
2027	52	234.60	21.12
2028	53	234.60	21.12
2029	54	234.60	21.12
2030	55	234.60	21.12
2031	56	234.60	21.12
2032	57	234.60	21.12
2033	58	234.60	21.12
2034	59	234.60	21.12
2035	60	234.60	21.12
2036	61	234.60	21.12
2037	62	234.60	21.12
2038	63	234.60	21.12
2039	64	234.60	21.12

[2040] POLICY TERMINATES

- - - - - AMOUNTS OF INSURANCE AND ANNUAL PREMIUMS - - - - -
FOR BASIC POLICY

PERSON INSURED: [JOHN DOE]
 PLAN: [LEV PREM DECREASING TERM]
 END OF CONVERSION PERIOD: [SEP 1, 2040]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
2010	\$20,000	\$144.20	
2011	19,840	144.20	
2012	19,660	144.20	
2013	19,460	144.20	
2014	19,240	144.20	
2015	19,020	144.20	
2016	18,760	144.20	
2017	18,500	144.20	
2018	18,200	144.20	
2019	17,880	144.20	
2020	17,540	144.20	
2021	17,180	144.20	
2022	16,780	144.20	
2023	16,340	144.20	
2024	15,860	144.20	
2025	15,360	144.20	
2026	14,800	144.20	
2027	14,200	144.20	
2028	13,560	144.20	
2029	12,860	144.20	
2030	12,100	144.20	
2031	11,280	144.20	
2032	10,380	144.20	
2033	9,420	144.20	
2034	8,360	144.20	

(CONTINUED ON NEXT PAGE)

- - - - - AMOUNTS OF INSURANCE AND ANNUAL PREMIUMS - - - - -
FOR BASIC POLICY

PERSON INSURED: [JOHN DOE]
 PLAN: [LEV PREM DECREASING TERM]
 END OF CONVERSION PERIOD: [SEP 1, 2040]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
[2035	\$7,240	\$144.20	
2036	6,020	144.20	
2037	4,680	144.20	
2038	4,000	144.20	
2039	4,000	144.20	

[2040] POLICY TERMINATES

SPOUSE TERM RIDER DATA

PERSON INSURED: [JANE DOE] **ISSUE AGE:** [35]
POLICY NUMBER: [12345678] **DATE OF ISSUE:** [SEP 1, 2010]
INITIAL RIDER FACE AMOUNT: [\$20,000] **RIDER EXPIRY DATE:** [SEP 1, 2040]
PREMIUM CLASS: [NON-TOBACCO] **SEX:** [FEMALE]
PLAN: [LEV PREM DECREASING TERM]
END OF CONVERSION PERIOD: [SEP 1, 2040]

BEGINNING [SEP 1]	AMOUNT OF INSURANCE	ANNUAL PREMIUMS	WAIVER OF PREMIUM
2030	\$ 12,100	\$ 90.40	
2031	11,280	90.40	
2032	10,380	90.40	
2033	9,420	90.40	
2034	8,360	90.40	
2035	7,240	90.40	
2036	6,020	90.40	
2037	4,680	90.40	
2038	4,000	90.40	
2039	4,000	90.40	

[2040] RIDER TERMINATES

Liberty National Life Insurance Company
Terminal Illness Accelerated Death Benefit
Disclosure Statement

This Disclosure Statement provides a brief explanation of the Terminal Illness Accelerated Death Benefit Rider. The Policy contains a more detailed explanation of the benefits provided by the Rider. When you receive your Policy, **PLEASE READ IT CAREFULLY.**

NOTICE: This Rider provides for accelerated payment of the Policy proceeds. It is not intended or designed to provide health, nursing home, or long-term care insurance. **IF ACCELERATED BENEFITS ARE ADVANCED UNDER THE TERMS OF THIS RIDER, FUTURE BENEFITS AND CASH VALUES OF THE POLICY, IF ANY, WILL BE REDUCED.**

The Terminal Illness Accelerated Death Benefit Rider allows the Owner to request accelerated payment of 50% of the Policy Death Benefit, less 50% of any outstanding Policy Loan and loan interest, less any overdue premium, if the Insured is diagnosed as having a terminal illness expected to cause death within twelve months. Generally, a terminal illness is a noncorrectable medical condition which a Physician certifies with reasonable certainty will cause the Insured's death within 12 months. Such Physician's Statement must be supported by medical tests and other evidence. Liberty National Life Insurance Company may require a second Physician's opinion, at our expense.

The Terminal Illness Accelerated Death Benefit Rider terminates when the Policy is converted, terminated, or exchanged, or following the election to exercise the acceleration, or upon your written request to terminate the Rider. On the date an Accelerated Death Benefit is advanced, you will be provided with a benefit statement which describes the effect of the payment on your policy.

The acceleration-of-life-insurance benefits offered under this Rider are intended to qualify for favorable tax treatment under the Internal Revenue Code. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

Receipt of acceleration-of-life-insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect your, your spouse and your family's eligibility for public assistance.

I have read and understand this Disclosure Statement.

Owner's Signature

Date

Applicant's Signature, if other than Owner

Date

Witness - Agent's Signature

Date

SERFF Tracking Number: AMLC-126714962 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 46235
 Company Tracking Number: TRM
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: TRM - Term Life Insurance Policy
 Project Name/Number: TRM - Term Life Insurance Policy/TRM

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachment: AR Readability & Compliance Certification.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Application</p> <p>Comments: A-250, Ed. 3-06 approvedn 4/12/06.</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Statement of Variability</p> <p>Comments: See Attached</p> <p>Attachment: LNL-TRM SOV.pdf</p>		

STATE OF ARKANSAS
READABILITY CERTIFICATION

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>SCORE</u>	<u>SCORED SEPARATELY</u>
TRM	Term Life Insurance Policy	60	X
9429	Term Insurance Rider	63	X
9429S	Term Spouse Insurance	63	X
LTAR	Terminal Illness Accelerated Death Benefit Rider	52	X

This is to certify that the above listed forms have achieved the Flesch Ease Score indicated, and that to the best of my knowledge and belief comply with the requirements to **Ark. Stat. Ann. Sec. 66-3251** through **66.3258**, cited as the Life and Disability Insurance Policy Language Simplification Act.



Cathy C. Pilcher
Second Vice President, Compliance
Liberty National Life Insurance Company

7/16/2010
Date

Statement of Variability

Liberty National Forms TRM, 9429, 9429S

Available Values for bracketed/variable sections of this form:

Page 1

Address

Insurer's Home Office and Administrative Office address

Telephone

Insurer's Customer Service telephone number

Email

Insurer's email address

Website

Insurer's website address

Officers

Officers of the Company

Insured

Insured's name as stated on the application

Policy Number

Alpha-numerical policy number

Policy Date

The Date the coverage begins

Issue Age and Sex

a.) Issue Age: Age of the insured at the time the coverage begins (18-65)

b.) Sex: Male or Female

Premium Class

Non-Tobacco or Tobacco

Initial Death Benefit

Amount of Coverage for first policy year. (\$1,000 - \$2,000,000)

Branch - Agency

Alpha-numerical identification of agent's branch number

Plan

"10 Year Renewable Term" used for 10 Year R&C product

"20 Year Renewable Term" used for 20 Year R&C product

"Lev Prem Decreasing Term" used for 15 and 30 Year Decreasing Term products

Page 3

Beneficiary

"As stated in the application, unless subsequently changed by the owner"

or, if changed by the owner after application date, the actual name of the beneficiary

Policy Owner

"The Insured", or the name of the owner if not the insured.

Term Period

The number of years from policy issue date to policy expiration
10 Yr R&C will expire when insured reaches attained age 70
20 Yr R&C will expire when insured reaches attained age 65
15 Yr Decreasing Term will expire 15 years after issue
30 Yr Decreasing Term will expire 30 years after issue

Reinstatement Interest Rate

1%-6%

Insured

Insured's name as stated on the application

Policy Number

Alpha-numerical policy number

Policy Date

The Date the coverage begins

Issue Age and Sex

a.) Issue Age: Age of the insured at the time the coverage begins (18-65)

b.) Sex: Male or Female

Premium Class

Non-Tobacco or Tobacco

Initial Amount of Insurance

Amount of Coverage for first policy year. (\$1,000 - \$2,000,000)

Plan

"10 Year Renewable Term" used for 10 Year R&C product

"20 Year Renewable Term" used for 20 Year R&C product

"Lev Prem Decreasing Term" used for 15 and 30 Year Decreasing Term products

Page 4

Insured Name and Policy Number (top right hand corner)

Insured's name as stated on application and alpha numeric policy number

Description of Benefits

List of all coverages (base & riders) selected by the applicant

Initial Amount

The amount of coverage applied for policy year 1 for each coverage

Initial Annual Premium

The amount of premium required for policy year 1 for each coverage

Expiry/Maturity Date

The date each coverage will expire

Total Premium Schedule

List of premiums (for all coverages) due for each policy year & attained age

Annual Mode and the Selected Mode are displayed

Modes that may be selected: Annual, Semi-Annual, Quarterly, Monthly, Bank Budget

Policy Terminates

The year the policy expires

Page 5

Person Insured

Insured's name as stated on the application for the base policy

Plan

"10 Year Renewable and Convertible" for the 10 R&C product

"20 Year Renewable and Convertible" for the 20 R&C product

"Lev Prem Decreasing Term" for the Decreasing Term Products

End of Conversion Period

Date of the first occurrence of attained age 80, or policy expiration

Amounts of Insurance and Annual Premiums

List of amount of insurance, annual premiums and waiver of premium rider premiums for each policy year (for the base life insurance only)

Policy Terminates

The year the policy expires

Page 5S

Person Insured

Insured's spouse, who is covered by the spouse term rider

Policy Number

Alpha-numerical policy number

Initial Rider Face Amount

Amount of Coverage on the spouse for first policy year. (\$1,000 - \$2,000,000)

Premium Class

Premium Class of the Spouse (Non-Tobacco or Tobacco)

Plan

"10 Year Renewable and Convertible" for the 10 R&C product
"20 Year Renewable and Convertible" for the 20 R&C product
"Lev Prem Decreasing Term" for the Decreasing Term Products

Issue Age

a.) Issue Age: Age of the spouse at the time the coverage begins (18-65)

Date of Issue

The date the spouse rider coverage begins

Rider Expiry Date :

The date the spouse rider coverage terminates
10 Yr R&C will expire at the first of primary insured or spouse reaches attained age 70
20 Yr R&C will expire at the first of primary insured or spouse reaches attained age 65
15 Yr Decreasing Term will expire 15 years after issue
30 Yr Decreasing Term will expire 30 years after issue

Sex :

Gender of the spouse

End of Conversion Period

Date of the first occurrence of spouse's attained age 80, or rider expiration

Amounts of Insurance and Annual Premiums

List of amount of insurance, annual premiums and waiver of premium rider premiums for each policy year (for the spouse rider insurance only)

Rider Terminates

The year the spouse rider expires