

SERFF Tracking Number: AFDL-126734232 State: Arkansas  
Filing Company: American Fidelity Assurance Company State Tracking Number: 46300  
Company Tracking Number: AMDI272.R710, AMDI273.R710 RPU  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: AMDI272.R710, AMDI273.R710 RPU  
Project Name/Number: AMDI272.R710, AMDI273.R710 RPU/AMDI272.R710, AMDI273.R710 RPU

## Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMDI272.R710, AMDI273.R710 SERFF Tr Num: AFDL-126734232 State: Arkansas  
RPU

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved

State Tr Num: 46300

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: AMDI272.R710,  
AMDI273.R710 RPU

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Marie Bennett, Harris  
Shearer

Authors: Shari Vick, Melissa  
Mahanes, Ashlie Snyder, Tonya  
Bittle

Disposition Date: 08/02/2010

Date Submitted: 07/23/2010

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AMDI272.R710, AMDI273.R710 RPU

Status of Filing in Domicile: Pending

Project Number: AMDI272.R710, AMDI273.R710 RPU

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: 08/02/2010

Explanation for Other Group Market Type:

State Status Changed: 08/02/2010

Deemer Date:

Created By: Ashlie Snyder

Submitted By: Ashlie Snyder

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for submission are the above-mentioned forms. These forms will replace forms AMDI272 and AMDI273 previously approved by your department.

The AMDI272 and AMDI273 were never issued. These revised riders will be used with previously approved individual long-term care products. These riders will be offered to customers who wish to convert their policy to a paid up status, and will allow for clean contractual provision in the cases where the offer is accepted. The revisions were made were

<i>SERFF Tracking Number:</i>	<i>AFDL-126734232</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>46300</i>
<i>Company Tracking Number:</i>	<i>AMD1272.R710, AMD1273.R710 RPU</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>AMD1272.R710, AMD1273.R710 RPU</i>		
<i>Project Name/Number:</i>	<i>AMD1272.R710, AMD1273.R710 RPU/AMD1272.R710, AMD1273.R710 RPU</i>		

for clarity and ease of understanding.

The Flesch score of AMD1272.R710 is 51, and AMD1273.R710 is 52. This submission was filed in the state of domicile (Oklahoma) on July 21, 2010.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your State and such forms contain no provisions previously disapproved by the Department.

These forms may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

Thank you for your assistance with this matter. If you have any questions, please feel free to contact me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com

## Company and Contact

### Filing Contact Information

Ashlie Snyder, Compliance Analyst I	ashlie.snyder@af-group.com
2000 Classen	800-654-8489 [Phone] 5255 [Ext]
Oklahoma City, OK 73160	405-523-5793 [FAX]

### Filing Company Information

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code:	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	50.00/rider
Per Company:	No

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Project Name/Number: AMDI272.R710, AMDI273.R710 RPU/AMDI272.R710, AMDI273.R710 RPU

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$100.00	07/23/2010	38243709

SERFF Tracking Number: AFDL-126734232 State: Arkansas  
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Product Name: AMDI272.R710, AMDI273.R710 RPU  
Project Name/Number: AMDI272.R710, AMDI273.R710 RPU/AMDI272.R710, AMDI273.R710 RPU

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	08/02/2010	08/02/2010

*SERFF Tracking Number:*      *AFDL-126734232*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Fidelity Assurance Company*              *State Tracking Number:*      *46300*  
*Company Tracking Number:*      *AMD1272.R710, AMD1273.R710 RPU*  
*TOI:*                      *LTC03I Individual Long Term Care*              *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *AMD1272.R710, AMD1273.R710 RPU*  
*Project Name/Number:*              *AMD1272.R710, AMD1273.R710 RPU/AMD1272.R710, AMD1273.R710 RPU*

## **Disposition**

Disposition Date: 08/02/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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*Filing Company:*              *American Fidelity Assurance Company*              *State Tracking Number:*      *46300*  
*Company Tracking Number:*      *AMDI272.R710, AMDI273.R710 RPU*  
*TOI:*                      *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *AMDI272.R710, AMDI273.R710 RPU*  
*Project Name/Number:*      *AMDI272.R710, AMDI273.R710 RPU/AMDI272.R710, AMDI273.R710 RPU*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Form</b>	Reduced Benefit Period/Paid Up		Yes
	Amendment Rider		
<b>Form</b>	Reduced Benefit Amount/Paid Up		Yes
	Amendment Rider		

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## Form Schedule

### Lead Form Number: AMDI272, AMDI273

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AMDI272.R710	Policy/Cont Reduced Benefit ract/Fratern Period/Paid Up al Amendment Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: AMDI272 Previous Filing #: 05/06/09	51.000	AMDI272.R710.pdf
	AMDI273.R710	Policy/Cont Reduced Benefit ract/Fratern Amount/Paid Up al Amendment Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: AMDI273 Previous Filing #: 05/06/09	52.000	AMDI273.R710.pdf

**AMERICAN FIDELITY ASSURANCE COMPANY**  
(A Stock Company)  
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

**REDUCED BENEFIT PERIOD/PAID UP AMENDMENT RIDER**

**RIDER EFFECTIVE DATE:** \_\_\_\_\_

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider. Information about Your Rider coverage, including its Effective Date and coverage limits is shown on Your Policy Schedule.

The Lifetime Maximum Benefit Period in effect immediately prior to this Reduced Benefit Period/Paid Up Amendment Rider Effective Date under this Policy is replaced by a Reduced Lifetime Maximum Benefit Period and premium payments are waived as of the effective date of this Rider. The Maximum Daily Benefit Amount(s) will be the same daily benefit amounts that were in effect at the time of this Reduced Benefit Period/Paid Up Amendment Rider Effective Date and will not increase or decrease.

The Reduced Lifetime Maximum Benefit Period will be the greater of:

1. thirty (30) days; or
2. the number of days equal to the total premiums for the Policy to which this Rider is attached and all attached riders paid as of this Reduced Benefit Period/Paid Up Amendment Rider's Effective Date divided by the Maximum Daily Benefit Amount in effect at this Rider's Effective Date.

The Reduced Lifetime Maximum Benefit Period is shown on the Policy Schedule.

In no event will benefits paid under the base Policy and any attached riders prior to the effective date of this Rider, plus benefits paid under this Rider, exceed the Reduced Lifetime Maximum Benefit Period.

The Restoration of Benefits provision of the Policy and the Guaranteed Purchase Option, if in effect prior to this Reduced Benefit Period/Paid Up Amendment Rider's Effective Date, will no longer apply.

**TERMINATION:** This Rider and the Policy terminates when the Reduced Lifetime Maximum Benefit Period has been reached.

**This Rider is signed for Us as of its Effective Date.**



**Secretary**

**AMERICAN FIDELITY ASSURANCE COMPANY**  
(A Stock Company)  
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

**REDUCED BENEFIT AMOUNT/PAID UP AMENDMENT RIDER**

**RIDER EFFECTIVE DATE:** \_\_\_\_\_

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider. Information about Your Rider coverage, including its Effective Date and coverage limits is shown on Your Policy Schedule.

The Lifetime Maximum Benefit Amount in effect immediately prior to this Reduced Benefit Amount/Paid Up Amendment Rider Effective Date under this Policy is replaced by a Reduced Lifetime Maximum Benefit Amount and premium payments are waived as of the effective date of this Rider. The Maximum Daily Benefit Amount(s) will be the same daily benefit amounts that were in effect at the time of this Reduced Benefit Amount/Paid Up Amendment Rider's Effective Date and will not increase or decrease.

The Reduced Lifetime Maximum Benefit Amount will be the greater of:

1. thirty (30) times the Maximum Daily Benefit Amount; or
2. the total premiums for the Policy and all attached riders paid as of the effective date of this Reduced Benefit Amount/Paid Up Amendment Rider.

The Reduced Lifetime Maximum Benefit Amount is shown on the Policy Schedule.

In no event will benefits paid under the base Policy and any attached riders prior to the effective date of this Rider, plus benefits paid under this Rider, exceed the Reduced Lifetime Maximum Benefit Amount.

The Restoration of Benefits provision of the Policy and the Guaranteed Purchase Option, if in effect prior to this Reduced Benefit Period/Paid Up Amendment Rider's Effective Date, will no longer apply.

**TERMINATION:** This Rider and the Policy terminates when the Reduced Lifetime Maximum Benefit Amount has been reached.

**This Rider is signed for Us as of its Effective Date.**



**Secretary**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> FleschCert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> n/a <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> n/a <b>Comments:</b>		



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READABILITY CERTIFICATION

I, Shari Vick, hereby certify that forms AMDI272.R710 Reduced Benefit Period/Paid Up Amendment Rider, and AMDI273.R710, Reduced Benefit Amount/Paid Up Amendment Rider meet the minimum reading ease score required by the Insurance Code in your state. The Flesch Score for these forms are 51 and 52, respectively, excluding medical terminology and state mandated language.

For VA: the word count for AMDI272.R710 is 207, and AMDI273.R710 is 194.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', with a long horizontal flourish extending to the right.

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Alex M Bagby, A.S.A., M.A.A.A.  
Senior Vice President & Director of Products  
American Fidelity Assurance Company

July 20, 2010 \_\_\_\_\_  
Date