

SERFF Tracking Number: AFDL-126748264 State: Arkansas
Filing Company: American Public Life Insurance Company State Tracking Number: 46369
Company Tracking Number: LR177.R710
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LR177.R710
Project Name/Number: LR177.R710/LR177.R710

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: LR177.R710

SERFF Tr Num: AFDL-126748264 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 46369

Sub-TOI: L08.000 Life - Other

Co Tr Num: LR177.R710

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

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

Disposition Date: 08/12/2010

Date Submitted: 07/30/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LR177.R710

Status of Filing in Domicile: Authorized

Project Number: LR177.R710

Date Approved in Domicile: 07/28/2010

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: 08/12/2010

Explanation for Other Group Market Type:

State Status Changed: 08/05/2010

Deemer Date:

Created By: Melissa Mahanes

Submitted By: Melissa Mahanes

Corresponding Filing Tracking Number:
LR177.R710

Filing Description:

American Fidelity Assurance Company is filing forms for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

Enclosed for information is the LR177.R710 Accidental Death Benefit Rider. This form was previously approved by your department on DATE (Serff Tracking Number:). We recently noticed an orthographical error in the Rider Benefits section, which we are correcting at this time. The correction is underlined below. The correction, as underlined below,

SERFF Tracking Number: AFDL-126748264 State: Arkansas
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changes the second reference from "injury" to "infirmary." Our company is and has been administering this rider as intended.

RIDER BENEFITS

...

We will pay the rider benefit amount in accordance with the terms of the policy and this rider. The amount will be included in the policy proceeds payable. We must receive proof that the death of the Insured:...

1. resulted from an accidental bodily injury that: was the direct cause of the loss, independent of disease, bodily infirmity or any other cause; and occurred while this rider was in force;

Thank you for your assistance with this matter. If you have any questions, please feel free to contact me at the telephone or fax numbers, or e-mail address listed under Companies and Contacts.

Company and Contact

Filing Contact Information

Melissa Mahanes, Compliance Analyst II melissa.mahanes@af-group.com
 2000 Classen Blvd 800-654-8489 [Phone] 2035 [Ext]
 Oklahoma City, OK 73106 405-523-5793 [FAX]

Filing Company Information

American Public Life Insurance Company CoCode: 60801 State of Domicile: Oklahoma
 2305 Lakeland Drive Group Code: 330 Company Type: LAH
 Flowood, MS 39232 Group Name: State ID Number:
 (601) 936-2157 ext. [Phone] FEIN Number: 64-0349942

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$50.00	07/30/2010	38410190

SERFF Tracking Number: AFDL-126748264 State: Arkansas
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 Project Name/Number: LR177.R710/LR177.R710

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/12/2010	08/12/2010
Approved-Closed	Linda Bird	08/05/2010	08/05/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accidental Death Benefit Rider	Melissa Mahanes	08/11/2010	08/11/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Form number	Note To Filer	Linda Bird	08/11/2010	08/11/2010
Form number	Note To Reviewer	Melissa Mahanes	08/10/2010	08/10/2010

SERFF Tracking Number: AFDL-126748264 State: Arkansas
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Company Tracking Number: LR177.R710
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LR177.R710
Project Name/Number: LR177.R710/LR177.R710

Disposition

Disposition Date: 08/12/2010

Implementation Date:

Status: Approved-Closed

Comment: The company has updated the form number to include the .R710 as listed in their cover letter.

Rate data does NOT apply to filing.

SERFF Tracking Number: AFDL-126748264 State: Arkansas
 Filing Company: American Public Life Insurance Company State Tracking Number: 46369
 Company Tracking Number: LR177.R710
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LR177.R710
 Project Name/Number: LR177.R710/LR177.R710

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	10 Authorization APL		Yes
Supporting Document	Redlines		Yes
Form (<i>revised</i>)	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider	Replaced	Yes

SERFF Tracking Number: AFDL-126748264 State: Arkansas
Filing Company: American Public Life Insurance Company State Tracking Number: 46369
Company Tracking Number: LR177.R710
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LR177.R710
Project Name/Number: LR177.R710/LR177.R710

Disposition

Disposition Date: 08/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AFDL-126748264 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	10 Authorization APL		Yes
Supporting Document	Redlines		Yes
Form (<i>revised</i>)	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider	Replaced	Yes

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 Product Name: LR177.R710
 Project Name/Number: LR177.R710/LR177.R710

Amendment Letter

Submitted Date: 08/11/2010

Comments:

Attached is the LR177.R710. We inadvertently forgot to update the form number as part of our original submission. At this time, we are amending our filing to include the .R710 on the form number. Please excuse our oversight in this matter.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LR177.R710	Policy/Contr	Accidental act/Fraternal Death Certificate: Benefit Rider Amendment, Insert Page, Endorsemen t or Rider	Initial				51.000	LR177.R710. pdf

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Product Name: LR177.R710
Project Name/Number: LR177.R710/LR177.R710

Note To Filer

Created By:

Linda Bird on 08/11/2010 08:29 AM

Last Edited By:

Linda Bird

Submitted On:

08/11/2010 08:30 AM

Subject:

Form number

Comments:

Filing has been reopened in order for correction to be made.

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Product Name: LR177.R710
Project Name/Number: LR177.R710/LR177.R710

Note To Reviewer

Created By:

Melissa Mahanes on 08/10/2010 10:42 AM

Last Edited By:

Melissa Mahanes

Submitted On:

08/10/2010 10:50 AM

Subject:

Form number

Comments:

We inadvertently attached an outdated version of the LR177 to our submission. We would like to update the form number to include the .R710 as listed in our cover letter. Is there any chance we could reopen this filing to update the form number? Thanks!

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 Product Name: LR177.R710
 Project Name/Number: LR177.R710/LR177.R710

Form Schedule

Lead Form Number: LR177.R710

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LR177.R710	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	LR177.R710. pdf



American Public Life Insurance Company

A member of the American Fidelity Group

(a Stock Company)

2305 Lakeland Drive, Flowood, Mississippi 39232

(601) 936-6600 • (800) 256-8606

Accidental Death Benefit Rider

This rider is part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. The effective date of this rider and the rider benefit amount are shown in the Policy Schedule.

RIDER BENEFITS

We agree to provide the benefits described in this rider in return for: your application for this rider; and the payment, in advance, of the first premium for this rider.

We will pay the rider benefit amount in accordance with the terms of the policy and this rider. The amount will be included in the policy proceeds payable. We must receive proof that the death of the Insured:

1. resulted from an accidental bodily injury that: was the direct cause of the loss, independent of disease, bodily infirmity or any other cause; and occurred while this rider was in force;
2. occurred within 90 days from the date of injury; and
3. occurred while the policy and this rider were in force.

LIMITATIONS AND EXCLUSIONS

No benefits will be payable under this rider if the Insured's death results directly or indirectly from any of the following causes:

1. war or any act caused by war while the Insured is in military service (The term "war" includes declared or undeclared war or any conflict between the armed forces of any country or countries);
2. an intentionally self-inflicted injury, while sane or insane;
3. participating in a riot, insurrection or rebellion;
4. participating in a civil commotion, civil disobedience or unlawful assembly, except while acting in a lawful manner within the scope of authority;
5. the voluntary taking of any narcotic except as prescribed by a physician;
6. committing or attempting to commit an illegal act, which would constitute a felony; or
7. air travel, except while riding as a fare-paying passenger on a regularly scheduled commercial airline, or as a passenger for transportation only and not as a pilot or crewmember.

AUTOPSY

We have the right to examine the body of the Insured and to have an autopsy performed, at our expense, if not forbidden by law.

MISSTATEMENT OF AGE

If the age of the Insured has been misstated, any benefits payable under this rider will be those that the premium would have purchased at the correct age. If this rider would have terminated based on the Insured's correct age, no benefit will be paid under this rider. Instead, we will return the premium paid for the time period not covered.

INCONTESTABILITY

This rider is subject to the Incontestability provision of the policy. However, the contestable period for this rider will be measured from the rider effective date shown in the Policy Schedule.

TERMINATION

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

1. the next premium due date on or after we receive your written request to terminate this rider (You must return the policy and this rider for endorsement.);
2. the policy anniversary that follows the Insured's 70th birthday;
3. the date any claim shown to be fraudulent is submitted; or
4. the date the policy terminates, or is placed in force under its reduced paid-up or extended term insurance option.



Vice President

SERFF Tracking Number: AFDL-126748264 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR_Compl.pdf AR_Read.pdf		
Satisfied - Item: 10 Authorization APL Comments: Attachment: Authorization10.pdf		
Satisfied - Item: Redlines Comments: Attachment: July 2010 Info LR177 side by side comparison.pdf		



American Public Life Insurance Company

A member of the American Fidelity Group

STATE OF ARKANSAS

COMPLIANCE CERTIFICATION

Form Number and Name: **LR177.R710 Accidental Death Benefit Rider**

I hereby certify that this filing does not discriminate unfairly between Policyholders and that it meets requirements set forth in Arkansas Rule and Regulation 19. I further certify, that to the best of my knowledge and judgment this filing is complete and accurate, and in compliance with the applicable laws and regulations of the State of Arkansas.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', written over a horizontal line.

Alex M Bagby, ASA, MAAA.
Vice President and Chief Risk Officer

July 30, 2010
Date



American Public Life Insurance Company

A member of the American Fidelity Group

STATE OF ARKANSAS READABILITY CERTIFICATION

This is to certify that the Flesch scores for this filing are as follows:

LR177.R710 Accidental Death Benefit Rider is 51

These forms are printed in not less than ten point type, one point leaded.

The number of words contained in each form is as follows:

LR177.R711 Accidental Death Benefit Rider is 511

The policy has been scored by the Flesch method.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', written over a horizontal line.

Alex M Bagby, A.S.A., M.A.A.A.
Vice President and Chief Risk Officer

July 30, 2010

Date



American Public Life Insurance Company

A member of the American Fidelity Group.

February 2, 2010

NAIC Number: 60801
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA
Vice President & Chief Risk Officer



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(a Stock Company)

2305 Lakeland Drive, Flowood, Mississippi 39232

(601) 936-6600 • (800) 256-8606

Accidental Death Benefit Rider

This rider is part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. The effective date of this rider and the rider benefit amount are shown in the Policy Schedule.

RIDER BENEFITS

We agree to provide the benefits described in this rider in return for: your application for this rider; and the payment, in advance, of the first premium for this rider.

We will pay the rider benefit amount in accordance with the terms of the policy and this rider. The amount will be included in the policy proceeds payable. We must receive proof that the death of the Insured:

1. resulted from an accidental bodily injury that: was the direct cause of the loss, independent of disease, bodily infirmity or any other cause; and occurred while this rider was in force;
2. occurred within 90 days from the date of injury; and
3. occurred while the policy and this rider were in force.

LIMITATIONS AND EXCLUSIONS

No benefits will be payable under this rider if the Insured's death results directly or indirectly from any of the following causes:

1. war or any act caused by war while the Insured is in military service (The term "war" includes declared or undeclared war or any conflict between the armed forces of any country or countries);
2. an intentionally self-inflicted injury, while sane or insane;
3. participating in a riot, insurrection or rebellion;
4. participating in a civil commotion, civil disobedience or unlawful assembly, except while acting in a lawful manner within the scope of authority;
5. the voluntary taking of any narcotic except as prescribed by a physician;
6. committing or attempting to commit an illegal act, which would constitute a felony; or
7. air travel, except while riding as a fare-paying passenger on a regularly scheduled commercial airline, or as a passenger for transportation only and not as a pilot or crewmember.

AUTOPSY

We have the right to examine the body of the Insured and to have an autopsy performed, at our expense, if not forbidden by law.

MISSTATEMENT OF AGE

If the age of the Insured has been misstated, any benefits payable under this rider will be those that the premium would have purchased at the correct age. If this rider would have terminated based on the Insured's correct age, no benefit will be paid under this rider. Instead, we will return the premium paid for the time period not covered.

INCONTESTABILITY

This rider is subject to the Incontestability provision of the policy. However, the contestable period for this rider will be measured from the rider effective date shown in the Policy Schedule.

TERMINATION

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

1. the next premium due date on or after we receive your written request to terminate this rider (You must return the policy and this rider for endorsement.);
2. the policy anniversary that follows the Insured's 70th birthday;
3. the date any claim shown to be fraudulent is submitted; or
4. the date the policy terminates, or is placed in force under its reduced paid-up or extended term insurance option.



Vice President

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 Product Name: LR177.R710
 Project Name/Number: LR177.R710/LR177.R710

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/30/2010	Form	Accidental Death Benefit Rider	08/11/2010	LR177.R710.pdf (Superseded)



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(a Stock Company)

2305 Lakeland Drive, Flowood, Mississippi 39232

(601) 936-6600 • (800) 256-8606

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2. occurred within 90 days from the date of injury; and
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1. war or any act caused by war while the Insured is in military service (The term "war" includes declared or undeclared war or any conflict between the armed forces of any country or countries);
2. an intentionally self-inflicted injury, while sane or insane;
3. participating in a riot, insurrection or rebellion;
4. participating in a civil commotion, civil disobedience or unlawful assembly, except while acting in a lawful manner within the scope of authority;
5. the voluntary taking of any narcotic except as prescribed by a physician;
6. committing or attempting to commit an illegal act, which would constitute a felony; or
7. air travel, except while riding as a fare-paying passenger on a regularly scheduled commercial airline, or as a passenger for transportation only and not as a pilot or crewmember.

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INCONTESTABILITY

This rider is subject to the Incontestability provision of the policy. However, the contestable period for this rider will be measured from the rider effective date shown in the Policy Schedule.

TERMINATION

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

1. the next premium due date on or after we receive your written request to terminate this rider (You must return the policy and this rider for endorsement.);
2. the policy anniversary that follows the Insured's 70th birthday;
3. the date any claim shown to be fraudulent is submitted; or
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Vice President