

SERFF Tracking Number: MWSG-127723792 State: Arkansas
 Filing Company: Liberty Life Insurance Company State Tracking Number: 50060
 Company Tracking Number: CFE3002NMC(02-12)
 TOI: ML02 Multi-Line - Other Sub-TOI: ML02.000 Multi-Line - Other
 Product Name: Endorsement of Change of Company Name and Statutory Home Office Address Change
 Project Name/Number: /

Filing at a Glance

Company: Liberty Life Insurance Company
 Product Name: Endorsement of Change of
 Company Name and Statutory Home Office
 Address Change

SERFF Tr Num: MWSG-127723792 State: Arkansas

TOI: ML02 Multi-Line - Other

SERFF Status: Closed-Approved-
 Closed State Tr Num: 50060

Sub-TOI: ML02.000 Multi-Line - Other
 Filing Type: Form

Co Tr Num: CFE3002NMC(02-12) State Status: Approved-Closed
 Reviewer(s): Linda Bird

Authors: June Stracener, Vickie
 McCarron, Amanda Bryant Disposition Date: 10/26/2011

Date Submitted: 10/18/2011 Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/26/2011

State Status Changed: 10/26/2011

Created By: June Stracener

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: June Stracener

Filing Description:

LIBERTY LIFE INSURANCE COMPANY

NAIC # 61492; FEIN # 44-0188050

- Endorsement of Change of Company Name and Statutory Home Office Address Change (Form No. CFE3002NMC(02-12))

On behalf of our client, Liberty Life Insurance Company ("Liberty Life" or "Company"), a licensed insurer in your state, we are enclosing the above-referenced form for your review and approval. Liberty Life will change its name to Athene

SERFF Tracking Number: MWSG-127723792 State: Arkansas
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Project Name/Number: /

Annuity & Life Assurance Company ("Athene") effective February 1, 2012. Also, the Company redomesticated from South Carolina to Delaware on September 30, 2011 thus changing its Statutory Home Office address from Greenville, South Carolina to Wilmington, Delaware.

We are submitting the enclosed endorsement to Delaware, the domestic state, simultaneously under separate cover. This endorsement will be sent to all existing policyholders of Liberty Life as appropriate.

For your information, the Company submitted an application concerning the name and Statutory Home Office changes to your Department's Corporate Division using the electronic UCAA Corporate Amendments Application on October 13, 2011.

Finally, we note that the listing of all presently approved forms attached to the Certification may need to be supplemented at a later date. Such supplemental listing, if any, would include forms that are the subject of filings currently pending with your Department and that become approved before February 1, 2012 or filings which may be submitted and approved between now and February 1, 2012.

Company and Contact

Filing Contact Information

Doak Foster, Attorney dfoster@mwlaw.com
425 West Capitol Avenue 501-688-8841 [Phone]
Suite 1800 501-688-8807 [FAX]
Little Rock, AR 72201-3525

Filing Company Information

(This filing was made by a third party - MWSGW01)

Liberty Life Insurance Company CoCode: 61492 State of Domicile: South Carolina
2000 Wade Hampton Blvd. Group Code: 4734 Company Type: Life Insurer
Greenville, SC 29615 Group Name: Athene Holding Ltd. State ID Number:
(800) 551-8354 ext. [Phone] FEIN Number: 44-0188050

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Arkansas charges \$ 50 for this form.

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Insurance Company	\$50.00	10/18/2011	52959939

SERFF Tracking Number: MWSG-127723792 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/26/2011	10/26/2011

SERFF Tracking Number: MWSG-127723792 State: Arkansas
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Project Name/Number: /

Disposition

Disposition Date: 10/26/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MWSG-127723792 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Name Change Endorsement		Yes
Supporting Document	Address Change Endorsement		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Flesch Score Certification		Yes
Supporting Document	List of Forms for Future Use and Accompanying Certification		Yes
Supporting Document	Cover Letter dated 10-18-11		Yes
Supporting Document	Certification of Compliance		Yes
Form	Endorsement of Change of Company Name and Statutory Home Office Address Change		Yes

SERFF Tracking Number: MWSG-127723792 State: Arkansas
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Form Schedule

Lead Form Number: CFE3002NMC(02-12)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	CFE3002NMC(02-12)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.100	Endorsement CFE3002NMC(02-12).pdf

IMPORTANT NOTICE

This Endorsement attaches to and forms part of your policy, contract or certificate with us. You should attach the Endorsement to your policy, contract or certificate.

ENDORSEMENT OF CHANGE OF COMPANY NAME and STATUTORY HOME OFFICE ADDRESS CHANGE

This Is to Certify That

LIBERTY LIFE INSURANCE COMPANY
STATUTORY HOME OFFICE: GREENVILLE, SOUTH CAROLINA
MAIN ADMINISTRATIVE OFFICE: GREENVILLE, SOUTH CAROLINA

has changed its name and Statutory Home Office address. The new name and addresses of the Company are as follows:

ATHENE ANNUITY & LIFE ASSURANCE COMPANY
STATUTORY HOME OFFICE: WILMINGTON, DELAWARE
MAIN ADMINISTRATIVE OFFICE: GREENVILLE, SOUTH CAROLINA

As of the Effective Date stated below Liberty Life Insurance Company changed its name to Athene Annuity & Life Assurance Company. Whenever in your policy, certificate or contract the name Liberty Life Insurance Company is used, the name Athene Annuity & Life Assurance Company is hereby substituted. Also, effective September 30, 2011, the Company changed its Statutory Home Office address to Wilmington, Delaware.

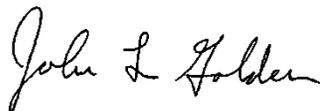
The Main Administrative Office address, stated below, has not changed. Nor do these changes affect the addresses and phone numbers you are currently using to contact the Company regarding any questions, premium payments, and claims. You should continue to use the addresses and phone numbers you are currently using for any questions, premium payments and claims.

All benefits remain the same under the Company's new name. All liabilities of the Company in the former name will be honored, and the status and terms of the policy, contract or certificate will not be changed as a result of the name change. Other than the change in Company name and Statutory Home Office address, all other provisions of the policy, contract or certificate remain unchanged.

In Witness, Athene Annuity & Life Assurance Company has caused this Endorsement to be executed, effective February 1, 2012 ("Effective Date").

Athene Annuity & Life Assurance Company, Wilmington Delaware
Main Administrative Office: 2000 Wade Hampton Boulevard
Greenville, SC 29615

Signed for us at our Main Administrative Office



Secretary

SERFF Tracking Number: MWSG-127723792 State: Arkansas
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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Name Change Endorsement

Comments:

This combination endorsement is attached to the Forms Schedule for your review.

Item Status: **Status**
Date:

Satisfied - Item: Address Change Endorsement

Comments:

This combination endorsement is attached to the Forms Schedule for your review.

Item Status: **Status**
Date:

Satisfied - Item: Authorization Letter

Comments:

Attachment:

Authorization Letter.pdf

Item Status: **Status**
Date:

Satisfied - Item: Flesch Score Certification

Comments:

Attachment:

Flesch Score Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: List of Forms for Future Use and
Accompanying Certification

Comments:

Attachments:

SERFF Tracking Number: MWSG-127723792 State: Arkansas
Filing Company: Liberty Life Insurance Company State Tracking Number: 50060
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TOI: ML02 Multi-Line - Other Sub-TOI: ML02.000 Multi-Line - Other
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Project Name/Number: /

Certification to Accompany Lists.pdf
AR Annuity List.pdf
AR Life List.pdf
AR Health List.pdf

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter dated 10-18-11
Comments:
Attachment:
AR Cover Letter dated 10-18-11.PDF

Item Status: **Status**
Date:

Satisfied - Item: Certification of Compliance
Comments:
Attachment:
AR Certificate of Compliance.pdf



October 11, 2011

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent Liberty Life Insurance Company (the "Company"), an insurer licensed to do business in your state, in any matters related to the submission of a name change/change in home office address endorsement.

Very truly yours,

A handwritten signature in cursive script that reads 'Mark S. Wessel'. The signature is written in dark ink and is positioned above the printed name.

Mark S. Wessel
Compliance Officer

LIBERTY LIFE INSURANCE COMPANY

FLESCH SCORE CERTIFICATION

Form Number

Flesch Score

CFE3002NMC(02-12)

51.1

I certify that the machine scored Flesch Readability score for the above mentioned form is accurate.



Mark S. Wessel
Compliance Officer

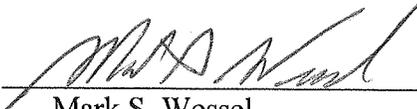
October 18, 2011

CERTIFICATION

I hereby certify that, with regard to the forms designated on the attached listing, in issuing the forms by and under the name of Athene Annuity & Life Assurance Company on and after the February 1, 2012 effective date of the name change of Liberty Life Insurance Company to Athene Annuity & Life Assurance Company, no changes will be made to these forms from the form in which they were previously filed and approved in your state, except for the following items as applicable:

- Company name
- Company logo
- Statutory home office references and address
- Administrative office references and address

LIBERTY LIFE INSURANCE COMPANY

By 
Mark S. Wessel
Compliance Officer

Dated 10/14/11

Arkansas

ANNUITY Forms Previously Approved for LIBERTY LIFE INSURANCE COMPANY to be Marketed Under the Name of
ATHENE ANNUITY & LIFE ASSURANCE Company After Company Name Change

Individual Fixed Annuity			
Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
SPDA (Enh Ch 8) w/ Index Benefit	AN3021	8/22/2006	
SPDA (Ch 10) w/ Index Benefit	AN3022	8/22/2006	
SPDA (Enh Ch 12) w/ Index Benefit	AN3023	8/22/2006	
SPDA (7 MYG)	AN3015	4/16/2006	
Guaranteed Lifetime Withdrawal Benefit Rider	AN3025(12-08)	1/12/2009	LBLI-125974923
Enhanced Guaranteed Lifetime Withdrawal Benefit Rider	AN3026(12-08)	1/12/2009	LBLI-125974923
Annual Point-to-Point Crediting Method Endorsement	ANR3001ptp(12-09)	1/15/2010	SKML-126451883
Monthly Additive Credit Method Endorsement	ANR3001mae(05-09)	6/25/2009	LBLI-126166304
Application Supplement	A1051 (06-09)	6/25/2009	LBLI-126166304
Individual Retirement Annuity Endorsement	AN3310 (01-08)	4/14/2008	LBLI-125596533
Roth Individual Retirement Annuity Endorsement	AN3311(01-08)	4/14/2008	LBLI-125596533
Annuity Application	A1024	01/08/02	
Amendment to Application	CFAMDA(03-07)	5/4/2007	
Supp to App GLWB	A1041 (12-08)	1/12/2009	LBLI-125974923
Annuity App Supp for IL/VT	A1031 (04-06)	8/22/2006	
Health Supplemental Application	A1017E	06/02/98	
Reinstatement Application	A1022D	10/20/00	

Arkansas

LIFE INSURANCE Forms Previously approved for LIBERTY LIFE INSURANCE COMPANY Which May be Used Under the Name of
 ATHENE ANNUITY & LIFE ASSURANCE COMPANY After Company Name Change

Individual Life			
Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
Whole Life	FPWL(02-07)	4/11/2007	
Accidental Death Benefit Rider	FP-ADB(02-07)	4/11/2007	
Insured Spouse Accidental Death Benefit Rider	FP-SADB(02-07)	4/11/2007	
Children's Insurance Benefit Rider	FP-CR(02-07)	4/11/2007	
Disability Waiver of Premium Benefit Rider	FP-WP(02-07)	4/11/2007	
Level Term Life Insurance Benefit Rider	FP-LTR(02-07)	4/11/2007	
Insured Spouse Level Term Life Insurance Benefit Rider	FP-SLTR (02-07)	4/11/2007	
Accidental Death and Loss of Eyesight or Limbs Benefit	60 (1-88)	11/6/1987	
Insured Spouse Accidental Death and Loss of Eyesight or Limbs Benefit	61 (1-88)	11/6/1987	
15-Year Level Term Rider	62 (1-88)	11/6/1987	
Insured Spouse 15-Year Level Term Rider	63 (1-88)	11/6/1987	
Term to Age 65 Rider	64 (1-88)	11/6/1987	
Insured Spouse Term to Age 65 Rider	65 (1-88)	11/6/1987	
Added Protection Guarantee	66(1-88)	11/6/1987	
Children's Insurance Benefit Rider	67 (1-88)	11/6/1987	
Disability Waiver of Monthly Deduction Rider	69 (1-88)	12/28/1987	
Disability Waiver of Premium Benefit Rider	LT-DIS(06-04)	4-6-04 11/5/2007	CSO CSO FILING: LBLI-125291100
Children's Insurance Benefit Rider	LT-CR(06-04)	4-6-04 11/5/2007	CSO CSO FILING: LBLI-125291100
Accidental Death Benefit Rider	LT-AD(06-04)	4-6-04 11/5/2007	CSO CSO FILING: LBLI-125291100
Accidental Death Benefit	21(1-84)	12/18/1980	
Waiver of Premium	37(1-87)WP	9/25/1986	
Disability Waiver of Premium Rider	22(2-81)	12/18/1980	
Other Insured Accidental Benefit	23(2-82)	3/31/1982	

Arkansas

LIFE INSURANCE Forms Previously approved for LIBERTY LIFE INSURANCE COMPANY Which May be Used Under the Name of
 ATHENE ANNUITY & LIFE ASSURANCE COMPANY After Company Name Change

Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
Automatic Increase Rider	24(10-83)	6/20/1983	
Other Insured Automatic Increase Rider	25(10-83)	6/20/1983	
Other Insured Rider	27(2-82)	2/2/1982	
Children's Insurance Benefit Rider	28(2-81)	12/18/1980	
Insured Spouse Adjustable Life Rider	26(5-85)	2/12/1985	
Children's Insurance Benefit Rider	30R(9-85)	9/19/1985	
5 Year Renewable Term	29 RC(1-83)	9/21/1982	
5 Year Renewable Term	29R-E (1-83)	9/21/1982	
Other Insured Rider	33(8-85)	4/29/1985	
Other Insured Rider	34(8-85)	4/29/1985	
Other Insured Rider	35(8-85)	4/29/1985	
Other Insured Rider	36(8-85)	4/29/1985	
Flexible Premium Annuity Rider	40(6-80)	5/29/1980	
10 Year Level Term Rider	51R(1-83)	9/21/1982	
15 Year Level Term Rider	52R(1-83)	9/21/1982	
Level Term Rider	54(10-81)	9/10/1981	
UL Annuity Rider	55(10-81)	8/18/1981	
UL Term Rider	56(5-86)	1/21/1986	
Children's Insurance Benefit Rider	57 (5-88)	3/1/1988	
Other Insured Benefit Rider	59(5-88)	3/1/1988	
Disability Waiver of Premium Rider	DIST11(01-01)	3/30/2001	
Accidental Death Benefit Rider	T-AD(01-03)	1-8-03 7/16/2008	CSO CSO FILING: LBLI-125712470
Children's Insurance Benefit Rider	T-CR(01-03)	1-8-03 7/16/2008	CSO CSO FILING: LBLI-125712470
Disability Waiver of Premium	LTR3001WP2(06-09)	11/18/2009	LBLI-126188211
Critical Illness Rider	LTR3004CI(10-09)AR	10/22/2009	LBLI-126342587
Accidental Only Disability Rider	LTR3004AOD(10-09)	10/22/2009	LBLI-126341916
Disability Waiver of Premium	LTR3000WP1(06-09)	11/18/2009	LBLI-126177253
Disability Waiver of Premium	LTR3003WP4(10-09)	12/1/2009	LBLI-126335266

Arkansas

LIFE INSURANCE Forms Previously approved for LIBERTY LIFE INSURANCE COMPANY Which May be Used Under the Name of
 ATHENE ANNUITY & LIFE ASSURANCE COMPANY After Company Name Change

Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
Disability Waiver of Premium	LTR3002WP3(10-09)	11/18/2009	LBLI-126332010
WL 2000 ADB Rider	L6525	2/27/1992	
WL 2000 Children's Term Rider	L5937	2/15/1995	
WL 2000 FPO Rider w/o Waiver	L6528	2/27/1992	
WL 2000 Spouse Rider	L5951	2/15/1995	
WL 2000 Spouse Rider	L5962	2/15/1995	
WL 2000 FPO Rider w/ Waiver	L6526	2/27/1992	
Accidental Death Benefit Rider	IUL-AD(12-06)	3/12/2007	
Children's Insurance Benefit Rider	IUL-CR(12-06)	3/12/2007	
Disability Waiver of Monthly Deduction	IUL-DWD(12-06)	3/12/2007	
Other Insured Adjustable Life Benefit Rider	IUL-OIR(12-06)	3/12/2007	
Primary Insured Term Rider	IUL-PIT(12-06)	3/12/2007	
Policy, Change or Reinstatement Application	CFA3001PCR(07-10)	6/30/2010	LBLI-126683916
Reinstatement Application	0721-45 R1 (1-90)	1/23/1990	
Amendment to Application	CFAMDA(03-07)	5/4/2007	
Conversion Application	072-449i (09-03)AR	12/1/2003	
Good Health Statement	CFGHS(01-07)	4/13/2007	
Tobacco Questionnaire	048-1172i 0302	8-18-03 Life	
Application Part 2	App-P2(06-04)	4/12/2004	

Variable Life

Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
Children's Term Insurance Rider	VL60	06/02/98	
Business Covered Insured Rider	VL61	06/02/98	
Primary Insured Rider	VL63	06/02/98	
Waiver of Monthly Deduction	VL64	06/02/98	

Arkansas

LIFE INSURANCE Forms Previously approved for LIBERTY LIFE INSURANCE COMPANY Which May be Used Under the Name of
ATHENE ANNUITY & LIFE ASSURANCE COMPANY After Company Name Change

Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
Waiver of Planned Premium	VL65	06/02/98	
Guaranteed Minimum Death Benefit Rider	VL67	06/02/98	
Future Purchase Option Rider	VL68	06/02/98	
VUL Amend Rider	VL74	10/19/00	
Term Insurance Rider	VL75	10/19/00	
Family Covered Insured Rider	VL76	03/04/03	
Waiver of Monthly Deduction	VL77	03/04/03	
Policy, Change or Reinstatement Application	CFA3001PCR(07-10)	6/30/2010	LBLI-126683916
Reinstatement Application	0721-45 R1 (1-90)	1/23/1990	
Amendment to Application	CFAMDA(03-07)	5/4/2007	
Conversion Application	072-449i (09-03)AR	12/1/2003	
Good Health Statement	CFGHS(01-07)	4/13/2007	
Tobacco Questionnaire	048-1172i 0302	8-18-03 Life	
Application Part 2	App-P2(06-04)	4/12/2004	

Group Life

Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
Spouse Term Life	SPR(7-00)	8/21/2000	
Accidental Death Benefit Rider	ADR(7-00)	8/21/2000	
Spouse Accidental Death Rider	SPADR(7-00)	8/21/2000	
Children's Insurance Benefit Rider	CIBR(7-00)	8/21/2000	
Policy, Change or Reinstatement Application	CFA3001PCR(07-10)	6/30/2010	LBLI-126683916
Amendment to Application	CFAMDA(03-07)	5/4/2007	
Good Health Statement	CFGHS(01-07)	4/13/2007	
Tobacco Questionnaire	048-1172i 0302	8-18-03 Life	

Arkansas

HEALTH INSURANCE Forms Previously Approved for Liberty Life Insurance Company Which May be Used Under the Name of
 ATHENE ANNUITY & LIFE ASSURANCE COMPANY After Company Name Change

Health			
Product	Form No.	Approval / Exemption Date	SERFF Tracking No. If Applicable
Policy, Change or Reinstatement Application	CFA3001PCR(07-10)	6/30/2010	LBLI-126683916
Reinstatement Application	0721-45 R1 (1-90)	1/23/1990	
Amendment to Application	CFAMDA(03-07)	5/4/2007	
Good Health Statement	CFGHS(01-07)	4/13/2007	
Tobacco Questionnaire	048-1172i 0302	11-7-03 Health	
Application Part 2	App-P2(06-04)	4/12/2004	
Life Threatening Cancer Reinstatement App	RE-APP-C(10-03)	5/5/2004	

MITCHELL || WILLIAMS

Doak Foster
Direct Dial: 501-688-8841
Fax: 501-918-7841
E-mail: dfoster@mwlaw.com

425 West Capitol Avenue, Suite 1800
Little Rock, Arkansas 72201-3525
Telephone: 501-688-8800
Fax: 501-688-8807

October 18, 2011

The Honorable Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attention: Mr. Dan Honey
Insurance Deputy Commissioner, Life and Health

RE: **LIBERTY LIFE INSURANCE COMPANY**

NAIC # 61492; FEIN # 44-0188050

- Endorsement of Change of Company Name and Statutory Home Office Address Change (Form No. CFE3002NMC(02-12))

SERFF Tracking No. MWSG-127723792

Dear Commissioner Bradford:

On behalf of our client, Liberty Life Insurance Company (“Liberty Life” or “Company”), a licensed insurer in your state, we are enclosing the above-referenced form for your review and approval. Liberty Life will change its name to Athene Annuity & Life Assurance Company (“Athene”) effective February 1, 2012. Also, the Company redomesticated from South Carolina to Delaware on September 30, 2011 thus changing its Statutory Home Office address from Greenville, South Carolina to Wilmington, Delaware.

Accordingly, in addition to the above-referenced endorsement form, we are enclosing the following:

1. The Company’s letter authorizing Mitchell, Williams, Selig, Gates and Woodyard, P.L.L.C., to make this filing on the Company’s behalf.
2. A Flesch score certification.
3. A listing of all presently approved forms that will be marketed after February 1, 2012 in the name of Athene together with a Certification attached to the list stating that there are no changes to the presently approved forms other than as set forth in the Certification. Note that these are all annuity forms.

We are also attaching a listing of presently approved life and health forms which may be used after the name change. Although the Company will no longer

The Honorable Jay Bradford

October 18, 2011

Page 2

market these forms, these forms are being identified for the benefit of the Company to be able to add riders to, or request conversions of, presently existing business in the future.

4. An executed Certification of Compliance.
5. A filing fee in the amount of \$ 50.00 is being submitted via EFT.

We are submitting the enclosed endorsement to Delaware, the domestic state, simultaneously under separate cover. This endorsement will be sent to all existing policyholders of Liberty Life as appropriate.

For your information, the Company submitted an application concerning the name and Statutory Home Office changes to your Department's Corporate Division using the electronic UCAA Corporate Amendments Application on October 13, 2011.

Finally, we note that the listing of all presently approved forms attached to the Certification may need to be supplemented at a later date. Such supplemental listing, if any, would include forms that are the subject of filings currently pending with your Department and that become approved before February 1, 2012 or filings which may be submitted and approved between now and February 1, 2012.

To the best of the Company's knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contains no provisions presently disapproved by your Department.

This form is in final print. The Company reserves the right to change the appearance and pagination but not the text of this form to comply with future changes in print systems. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of the paper on which this form is printed and to correct typographical errors without refileing.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8841 or my paralegal, June Stracener, in our Rogers office at (479) 464-5668. Thank you for your assistance in this matter.

Very truly yours,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.



By:

Doak Foster

Enclosure

CERTIFICATION

I, Mark S. Wessel, Compliance Officer of Liberty Life Insurance Company, do hereby certify that the form identified below complies with:

- Arkansas Rule and Regulation 19;
- Arkansas Rule and Regulation 49; and
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 11-88.

LIBERTY LIFE INSURANCE COMPANY



Mark S. Wessel
Compliance Officer

Date: 10-18-11

Form Number: CFE3002NMC(02-12)