Filing at a Glance

Company: American-Amicable Life Insurance Company of Texas

Product Name: Whole Life Insurance to Age 100 Policy - 11-9905	SERFF Tr Num: AAMC-126998782	State: Arkansas
TOI: L07I Individual Life - Whole	SERFF Status: Closed-Approved-Closed	State Tr Num: 47895
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Traci Baty	Disposition Date: 02/16/2011
	Date Submitted: 02/03/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Traci Baty
Filing Description:
Cover Letter under Supporting Documentation.

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 01/21/2011
Domicile Status Comments: Approved in Texas, our State of Domicile.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 02/16/2011
State Status Changed: 02/16/2011
Created By: Traci Baty
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

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Waco, TX 76701
254-297-2138 [FAX]

Filing Company Information

American-Amicable Life Insurance Company of Texas
CoCode: 68594
State of Domicile: Texas
425 Austin Avenue
Group Code: 1327
Company Type: LAH
Waco, TX 76701
Group Name:
State ID Number:
(254) 297-2777 ext. [Phone]
FEIN Number: 74-2179909

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American-Amicable Life Insurance Company of Texas	$100.00	02/03/2011	44378211

SERFF Tracking Number:	*AAMC-126998782*	*State:*	*Arkansas*
Filing Company:	*American-Amicable Life Insurance Company of Texas*	*State Tracking Number:*	*47895*
Company Tracking Number:			
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance to Age 100 Policy - 11-9905*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/16/2011	02/16/2011

SERFF Tracking Number:	*AAMC-126998782*	*State:*	*Arkansas*
Filing Company:	*American-Amicable Life Insurance Company of Texas*	*State Tracking Number:*	*47895*
Company Tracking Number:			
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance to Age 100 Policy - 11-9905*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 02/16/2011
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AAMC-126998782*	*State:*	*Arkansas*
Filing Company:	*American-Amicable Life Insurance Company of Texas*	*State Tracking Number:*	*47895*
Company Tracking Number:			
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance to Age 100 Policy - 11-9905*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Endowment Insurance to Age 100 Policy		Yes
Form	Children's Insurance Agreement		Yes

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form No. AA11-AR-9905	Policy/Contract/Fraternal Certificate	Endowment Insurance to Age 100 Policy	Initial		54.300	AR AA11-9905 - Endowment Insurance to Age 100 Policy.pdf
	Form No. AA9910	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Children's Insurance Agreement	Initial		50.000	STD AA9910 - Children's Insurance Agreement.pdf

American-Amicable Life
Insurance Company of Texas
P.O. Box 2549 / Waco, Texas 76702-2549 / (254) 297-2777

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Insured dies while this Policy is in force. Payment will be made after we receive due proof of the Insured's death, and will be subject to the terms of this Policy.

This Policy is a legal contract between the Owner and the Company. The consideration for this contract is the application and payment of the first premium. The first premium must be paid on or before delivery of this Policy.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.

Joe W. Dunlap — Secretary

Lanny Peavy — President

CANCELLATION DURING FIRST 30 DAYS

You may return this Policy within 30 days after delivery if you are not satisfied with it for any reason. The Policy may be returned to us or to the agent through whom it was purchased. Upon surrender of the Policy within the 30 day period, it will be void from the beginning, and we will refund any premium paid.

ENDOWMENT INSURANCE TO AGE 100 POLICY
PREMIUMS PAYABLE FOR PERIOD SPECIFIED ON PAGE THREE
NON-PARTICIPATING

READ YOUR POLICY CAREFULLY

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DEFINITIONS

Where used in this Policy:

"American-Amicable of Texas", *"we", "our", "us"*, or *"the Company"* means American-Amicable Life Insurance Company of Texas.

"You" or *"Your"* means the Owner of this Policy as defined.

"Net Cash Value" is the Cash Value less any Indebtedness on this Policy.

"Due Proof of Death" means those documents and written instruments required by the Company to verify the death of the Insured, as well as the documents and written instruments necessary to establish the right of the person or persons claiming the benefits to receive those benefits claimed.

"Recorded by the Company" or *"Recorded"* means actual receipt and modification of the Company's records according to normal Company procedures.

"Indebtedness" means the principal of any outstanding policy loan on this Policy, together with due and accrued policy loan interest.

"Policy Anniversary Date" means the same day and month as the Date of Issue shown on Page 3 for each succeeding year.

"Home Office" means American-Amicable Life Insurance Company of Texas, located in Waco, Texas.

"Maturity Date" means the policy anniversary following the Insured's 100th birthday. If the Policy is in force on the Maturity Date, we will pay any Net Cash Value then due You and the Policy will terminate.

BENEFIT DESCRIPTION PAGE		ANNUAL PREMIUM
ENDOWMENT INSURANCE TO AGE 100		$ 251.80 TO AGE 100
$5,000 CHILDREN'S INSURANCE AGREEMENT LEVEL TERM RIDER - 2 COVERED CHILDREN		$ 24.00 TO AGE 25
TOTAL ANNUAL PREMIUM		$ 275.80
ISSUED METHOD OF PAYMENT – ANNUAL		$ 275.80
OTHER METHODS OF PAYMENT	SEMIANNUAL	$ 143.14
	QUARTERLY	$ 72.26
	MONTHLY	$ 24.27

PREMIUM CLASS: NON-TOBACCO

INSURED:	JOHN DOE	FACE AMOUNT:	$10,000
AGE:	35	DATE OF ISSUE:	JANUARY 12, 2011
POLICY NUMBER: XXXXXXXXXX		MATURITY DATE:	JANUARY 12, 2076

INSURED:	JOHN DOE	FACE AMOUNT:	$10,000
AGE:	35	DATE OF ISSUE:	JANUARY 12, 2011
POLICY NUMBER: XXXXXXXXXX		MATURITY DATE:	JANUARY 12, 2076

TABLE OF GUARANTEED VALUES

ENDOWMENT INSURANCE TO AGE 100

END OF POLICY YEAR	CASH VALUE	EXTENDED TERM INSURANCE YEARS	DAYS
01	0	0	0
02	0	0	0
03	34.10	2	242
04	119.00	7	281
05	207.50	11	269
06	299.50	14	266
07	395.00	16	323
08	493.80	18	206
09	596.10	19	297
10	701.70	20	274
11	810.70	21	182
12	923.30	22	39
13	1,040.20	22	216
14	1,161.90	22	349
15	1,288.50	23	73
16	1,419.60	23	129
17	1,555.10	23	157
18	1,694.60	23	162
19	1,838.10	23	145
20	1,984.80	23	107
END OF AGE			
60	2,770.90	22	43
62	3,110.00	21	160
65	3,631.90	20	100
70	4,546.50	18	17

NONFORFEITURE FACTOR: 91.75
NONFORFEITURE INTEREST RATE: 5.0%
NONFORFEITURE TABLE: 2001 CSO ALB MALE, NONSMOKER
REINSTATEMENT INTEREST RATE: 6% ANNUAL RATE

GENERAL PROVISIONS

CONFORMITY WITH STATE STATUTES AND REGULATIONS. Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time that the application for this Policy is approved for issue by the Company at its Home Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

CONTRACT. This Policy is a legal contract that you have entered into with us. You have paid the first premium and have submitted an application. We have relied on the statements made in the application for this Policy. These statements, in the absence of fraud, are considered representations and not warranties. A copy of such application is attached to this Policy. In return, we promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

1. The basic Policy; and
2. The riders that add benefits to the basic Policy, if any; and
3. Endorsements, if any; and
4. The attached copy of your application, and any amendments or supplemental applications.

DATE OF ISSUE - EFFECTIVE DATE. The Date of Issue, which is the effective date of this Policy, is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and premium due dates are determined.

OWNER. The Owner of this Policy will be the Insured unless another person is designated Owner in the application for this Policy. During the Insured's lifetime, the Owner may exercise every right the Policy confers or we allow (subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights).

BENEFICIARY. The Beneficiary as named in the application, or later changed by the Owner, will receive the Death Benefit Proceeds upon the death of the Insured. There may be different classes of Beneficiaries, such as primary and contingent. These classes set the order of payment. There may be more than one Beneficiary in a class. Unless otherwise instructed by the Owner, if there is more than one Beneficiary, any proceeds payable will be distributed equally among the Beneficiaries of the class receiving the Proceeds. Unless the Owner has stated otherwise, in writing, to the Home Office of the Company:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will terminate.
2. If no Beneficiary survives the Insured, Proceeds will be paid to the Owner, if then living; otherwise to the estate of the Owner.

CHANGE OF OWNERSHIP OR BENEFICIARY. The Owner, or someone authorized to act for the Owner by valid court order, may change the Ownership or the Beneficiary at any time during the lifetime of the Insured, unless a previous designation provides otherwise. Applicable law may require a Beneficiary or a Successor Owner to have an insurable interest in the life of the Insured. To make a change, the Owner must send a written request to our Home Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation or ownership change.

COMMON DISASTER. If we cannot determine whether a Beneficiary or the Insured died first in a common disaster, we will assume that the Beneficiary died first, unless applicable law or an endorsement to this Policy provides otherwise.

ASSIGNING THE POLICY. During the lifetime of the Insured and while this Policy is in force, the Owner may assign this Policy as security for an obligation, subject to the written consent of any irrevocable beneficiary. We will not be bound by an assignment unless it is received in writing at our Home Office in a form acceptable to us. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

NON-PARTICIPATION. This Policy will not pay dividends. It will not participate in any of our surplus or earnings.

INCONTESTABILITY. We will not contest the validity of this Policy after this Policy has been in force during the Insured's life for 2 years from the Date of issue.

If the Owner reinstates this Policy as provided by the Reinstatement provision, this Policy will be incontestable as to material misstatements made in the reinstatement application after 2 years from the effective date of the reinstatement.

This incontestability provision does not apply to any Disability or Accidental Death Benefit.

SUICIDE. If the Insured dies as a result of suicide, within 2 years from the Date of Issue, we will limit the Death Benefit Proceeds to the premiums paid less any Indebtedness on this Policy.

AGE OR SEX INCORRECTLY STATED. If the Insured's age or sex has been incorrectly stated in the application, we will adjust the Death Benefit Proceeds. The Proceeds payable will be that which the premium would have purchased at the Date of Issue for the correct age and sex. However, if the correct age on the Date of Issue would have caused a policy not to have been issued, the Proceeds payable will be limited to a return of premiums paid plus interest. The rate of interest will not be less than the rate, as determined by the company, applicable to proceeds of life insurance left on deposit with the Company. By age we mean age last birthday as of the Date of Issue.

PAYMENTS. All payments of benefits under this Policy will be made from our Home Office.

WHEN THIS POLICY TERMINATES. This Policy will terminate if:

1. The Owner requests that this Policy be terminated; or
2. The Insured dies; or
3. The Policy matures; or
4. The premium is in default at the end of the grace period, except as otherwise provided in the Guaranteed Values provisions. The date of default will be the due date of the premium in default.

REINSTATEMENT. This Policy may be reinstated at any time within 5 years after default unless this Policy was surrendered for cash, if the following requirements are met:

1. Evidence of insurability, satisfactory to the Company, must be furnished; and
2. All past due premiums with compound interest at the reinstatement interest rate of 6% a year must be paid; and
3. Any Indebtedness with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement, must be paid or reinstated.

The effective date of reinstatement will be the date we approve the application for reinstatement.

If a rider is attached to this Policy, its coverage will be reinstated according to the Reinstatement provision of this Policy, unless such provision conflicts with the express provision of the rider.

CHANGING THE TERMS OF THE POLICY. Any change in the Policy must be approved in writing at our Home Office by one of our officers. Any approved change will be endorsed on the Policy. No agent has the authority to make any changes or waive any of the terms of the Policy.

PREMIUMS

PAYMENT OF PREMIUMS. Premiums are payable for the number of years shown on Page 3 or until the Insured's earlier death. Premiums are payable in advance at our Home Office. A premium receipt signed by an Officer of the Company will be furnished upon request.

Premiums may be paid annually, semi-annually, quarterly or monthly. The Owner may change the frequency of payment provided a premium payment will become due on each policy anniversary. A premium paid by check will be considered paid only after the bank has credited Our account with collected funds.

GRACE PERIOD. The grace period is a period of 31 days following the due date of each premium after the first. The Owner may pay the premium at any time during the grace period without interest. During the grace period, the Policy will remain in force, but the premium will be in default. The date of default is the date the unpaid premium is due. If the premium is not paid by the end of the grace period, this Policy will terminate, as of the date of default, except as provided in the Guaranteed Values provisions. If death occurs during the grace period, the premium for the policy month in which death occurred will be deducted from the Death Benefit Proceeds.

DEATH BENEFIT PROCEEDS

The Company will pay the Proceeds of this Policy on the death of the Insured while this Policy is in full force. Payment will be made to the named Beneficiary when the Home Office of the Company receives Due Proof of the Insured's Death, subject to the terms of this Policy. The Proceeds will be:

1. The Face Amount shown on Page 3; plus
2. Any insurance on the life of the Insured provided by an additional agreement attached to and made a part of this Policy; plus
3. The portion of any premium paid which applies to a period beyond the month of death of the Insured; less
4. The portion of a premium due and unpaid which applies to a period prior to the date of death of the Insured; less
5. Any Indebtedness on this Policy.

If Proceeds under this Policy, including the refund of any unearned premiums, are not paid within 30 days after Due Proof of Death of the Insured has been furnished the Company, we will pay interest on such Proceeds at the rate of 8% per year from the date Due Proof of Death is furnished to the date such Proceeds are paid.

GUARANTEED VALUES PROVISIONS

CASH VALUE. The Owner may surrender this Policy for its Net Cash Value as defined on Page 2. If all premiums have been paid, the guaranteed cash value is as shown in the Table of Guaranteed Values on Page 3A of the Policy. The Table shows values at the end of the policy years. The Cash Value is:

1. The Guaranteed Cash Value; plus
2. Any part of a premium paid for coverage beyond the policy month in which the Owner surrenders this Policy.

AUTOMATIC PREMIUM LOAN OPTION. If a premium on this Policy is not paid by cash by the end of the grace period, a policy loan will be made to pay such premium if the following conditions are met:

1. The Owner must have elected the Automatic Premium Loan Option while no premium was in default. (the election, if not made in the application for this Policy, may be made later by sending written notice to our Home Office); and
2. The Loan Value must be enough to pay the premium in default with interest to the next policy anniversary.

This provision may be revoked by filing a written request with the Company.

If the Loan Value is not sufficient to cover the entire amount of any premium due, no automatic loan will be made and the premium will be in default. The Net Cash Value will then be used under Option 2 of the "Options Upon Default of Payment of Premium" provision below. Interest on a premium loan will be charged from the premium due date. Otherwise the terms of the Policy Loan provision will apply.

OPTIONS UPON DEFAULT OF PAYMENT OF PREMIUM. The Owner may elect one of the following options, effective on the default in the payment of premium. Election must be made by written request to the Company at its Home Office no later than 60 days after the unpaid premium was due. If the Automatic Premium Loan or other election is not made, Option 2 of this section will be effective.

Option 1 -- Surrender this policy for the Net Cash Value. The Net Cash Value within 60 days of default is the Net Cash Value on that date. The Company may defer payment of the Net Cash Value for a period of up to 6 months from the date of request.

Option 2 -- Continue this Policy as Extended Term Insurance. The amount of insurance will be the face amount of this Policy less any Indebtedness. The term of Extended Term Insurance will begin on the date the unpaid premium was due. It will continue for such term as the Net Cash Value will purchase at the net single premium rates. Extended Term Insurance may be surrendered for its Net Cash Value as of the date of surrender.

BASIS OF VALUES. Guaranteed values and net single premiums are based on the mortality tables and interest rate shown on Page 3A. All net single premiums are at the then attained age of the Insured. The Cash Values are calculated by the Standard Nonforfeiture Value Method using the mortality table and interest rate shown on Page 3A. Computations assume that premiums are paid annually and the deaths occur at the end of a policy year.

The Cash Value within a policy year is adjusted for lapse of time and premiums paid for any portion of the policy year. Within 31 days after any policy anniversary, and in the absence of a policy loan, the Cash Value will not be less than the Cash Value on such anniversary. Any additional agreement which is part of this Policy will not increase the Cash Value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of any state in which this Policy is delivered. The detailed method of calculation of values is on file at the insurance department in the state in which this Policy is delivered.

When continued as Extended Term Insurance, this Policy's Cash Value is the present value of future benefits.

POLICY LOAN PROVISIONS

You may take a policy loan at any time while this Policy is in force. You may borrow an amount which is equal to or less than the Policy's Loan Value. The Loan Value will be the Cash Value less:

1. Any prior outstanding loan, plus interest accrued; and
2. Interest on the amount to be borrowed to the next policy anniversary.

LOAN INTEREST. The Annual Policy Loan Interest Rate is 7.4% payable in advance. On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

HOW YOU MAY REPAY A POLICY LOAN. You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this Policy is in force and prior to the death of the Insured; and
2. A partial repayment must be at least $10.00.

Any Indebtedness will be deducted from any settlement of this Policy.

At any time your policy loan exceeds the Cash Value, this Policy will lapse. However, at least 31 days prior notice must be mailed by Us to your last known address and to any assignee of record, if any.

WE CAN DELAY PAYMENT. We can delay loaning you money for up to 6 months, or the period allowed by law, whichever is less. However, we cannot delay loaning you money if the amount is to be used to pay a premium to Us.

OBTAINING A LOAN. You may obtain a policy loan by written request and assignment of the Policy as sole security for the loan.

SETTLEMENT OPTIONS

ELECTION OF A SETTLEMENT OPTION. The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

PAYEE. The Payee is the person or persons entitled to receive payments under a Settlement Option.

AVAILABILITY OF OPTIONS. The Company may pay the then balance of the Proceeds in one sum if:

1. The Proceeds are less than $5,000; or
2. The amount on deposit under Option 1 or 2 below becomes less than $2,000; or
3. Periodic payments are, or become, less than $100; or
4. The Payee is not the person first entitled to payment; or
5. The Payee is an assignee, estate, trustee, partnership, corporation or association.

EFFECTIVE DATE OF SETTLEMENT OPTION. If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, or 6 below, will be paid by the Company upon receipt of Due Proof of the Death of the Insured.

BASIS OF PAYMENT OPTIONS. The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

LIFE INCOME AND AGE. When Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

OPTION 1 -- DEPOSIT -- Left on deposit with interest to accumulate. Interest is compounded annually. Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

OPTION 2 -- INTEREST INCOME -- Left on deposit, with interest payable periodically. Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

OPTION 3 -- INSTALLMENTS OF SPECIFIED AMOUNT -- Paid as an income of a specified amount mutually agreed upon, until the Proceeds and interest are exhausted.

OPTION 4 -- INSTALLMENTS FOR SPECIFIED PERIOD -- Paid as an income for a specified period mutually agreed upon.

OPTION 5 -- LIFE INCOME WITH GUARANTEED PERIOD -- Paid as an income for life. Payments are guaranteed for 120 months.

OPTION 6 -- LIFE INCOME WITHOUT GUARANTEED PERIOD -- Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

DEATH OF PAYEE. After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

PROTECTION AGAINST CREDITOR. To the extent permitted by law, Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

These tables illustrate amounts for each $1,000 of proceeds applied under the Options listed.

OPTION 2
INTEREST INCOME

Payable	Interest Payable
Monthly	$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

OPTION 4
INSTALLMENTS

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	$1,000.00	$84.47	11	$104.93	$8.86	21	$62.98	$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

OPTIONS 5 AND 6
MONTHLY LIFE INCOMES

	Option 5 120 Installments Guaranteed		Option 6 Life Only			Option 5 120 Installments Guaranteed		Option 6 Life Only	
Age	Male	Female	Male	Female	Age	Male	Female	Male	Female
25	$3.08	$2.99	$3.08	$2.99	65	$5.48	$5.07	$5.69	$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

American-Amicable Life Insurance Company of Texas

P.O. Box 2549 / Waco, Texas 76702-2549 / (254) 297-2777

ENDOWMENT INSURANCE TO AGE 100 POLICY

PREMIUMS PAYABLE FOR PERIOD SPECIFIED ON PAGE THREE

NON-PARTICIPATING

READ YOUR POLICY CAREFULLY

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
WACO, TEXAS

CHILDREN'S INSURANCE AGREEMENT

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS has issued this supplemental agreement (the "Agreement") as a part of the policy (the "Policy") to which it is attached. The provisions of the Policy apply to this Agreement except where such provisions conflict with the express provisions hereof, in which event the provisions of the Agreement will control. Terms defined in the Policy which are used herein shall have the meaning specified in the Policy. The term "Insured", as used herein means the person who is insured under the policy to which this Agreement is attached.

THE COMPANY WILL PAY the amount of Children's Insurance shown on page 3 of the Policy upon receipt of due proof that the death of a Covered Child occurred: (a) while this Agreement is in force; and (b) prior to the policy anniversary nearest the child's 25th birthday.

COVERED CHILD means a child, stepchild, legally adopted child, grandchild, step grandchild, legally adopted grandchild, great grandchild, step great grandchild, or legally adopted great grandchild of the Insured, who is 15 or more days old, but has not reached the policy anniversary nearest that child's 25th birthday. Such child must be named in the application for this Agreement and not have reached his or her 16th birthday on the date of such application.

EXPIRATION OF COVERAGE FOR A COVERED CHILD occurs when a Covered Child reaches the policy anniversary nearest such child's 25th birthday.

BENEFICIARIES. The Beneficiary as named in the application or later changed by the Owner of the Policy, will receive the amount payable upon the death of the Covered Child. The Company will require a Beneficiary to have an insurable interest in the life of the Covered Child. If the named Beneficiary is not living at the time of death of the Covered Child, the benefit will be paid to the child's then legal guardian; otherwise to the estate of the child.

CHANGE OF BENEFICIARY. The Owner of the Policy, or someone authorized to act for the Owner by valid court order, may change the Beneficiary at any time during the lifetime of a Covered Child, unless a previous designation provides otherwise. The Company will require a Beneficiary to have an insurable interest in the life of the Covered Child. To make a change, the Owner must send a written request to our Home Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation.

NO PREMIUMS AFTER DEATH OF INSURED. On the death of the Insured, except as provided in the Suicide paragraph below or except when less than 100% of the face amount is paid on the Policy to which this Agreement is attached, any insurance under this Agreement on the life of a Covered Child will continue in force, without further payment of premiums, to the earlier of: (a) the Termination Date of the Agreement; or (b) the policy anniversary nearest such child's 25th birthday.

CONVERSION OF INSURANCE ON COVERED CHILDREN. If the insurance on a Covered Child expires while this Agreement is in force, such insurance may be converted, without evidence of insurability, subject to the following:

1. Proper written application for the converted policy must be made to the Company at its Home Office. Such application must be received by the Company no later than the date when insurance under this Agreement would expire; however, in the event of the Insured's death, such application must be made within 31 days after such death. The date of issue of the converted policy will be the date when the insurance of a Covered Child would expire;
2. The converted policy shall become binding upon the Company only upon payment of the first premium for such policy. The Company must receive the first premium: (a) no later than 31 days after the date when insurance of a Covered Child would expire; and (b) while the person to be insured under such policy is living;
3. The converted policy will be for an amount up to five times the amount of insurance under this Agreement on such child, to a maximum of $25,000 per child;
4. The converted policy will be on any plan of Life or Endowment insurance then issued by the Company, except Term insurance. The policy will be subject to the Company's rules regarding minimum policy amounts. Conversion may not be made for an amount or plan of insurance prohibited by law. Premium rates for the converted policy will be based on: (a) the then attained age of such child; and (b) the same mortality classification as this Agreement; and

5. The converted policy shall not provide for Accidental Death or Waiver of Premium Disability Benefits unless such benefits are: (a) agreed to by the Company; and (b) subject to the requirements the Company may make at the time of conversion.

If death of a Covered Child occurs within 31 days after the insurance upon the life of such child expires but prior to the application for conversion, the Company will pay a death benefit equal to the amount of insurance expiring on the life of such person. Such benefit will be paid as if the insurance had not expired.

THE ADDITIONAL BENEFITS that this Agreement provides shall not be considered when policy loan and nonforfeiture values are determined. Unless expressly stated, nothing contained in this Agreement will change, waive, or extend the terms of the Policy.

REINSTATEMENT. When a premium is not paid before the end of its grace period, this Agreement can be reinstated:

1. subject to all the provisions of the Policy to which this Agreement is attached relating to reinstatement;
2. with evidence of insurability acceptable to the Company of all persons to be insured; and
3. upon concurrent reinstatement of the Policy to which this Agreement is attached.

Upon reinstatement, no benefit will be paid because of the death of any Covered Child formerly insured under this Agreement if such death occurred: (a) after the end of the grace period; and (b) prior to the date of reinstatement.

TERMINATION. Unless otherwise specified in this Agreement, this Agreement shall terminate upon the earlier of:

1. on the date the youngest Covered Child reaches the policy anniversary nearest that child's 25th birthday;
2. the maturity of the Policy;
3. upon the due date of a premium for this Agreement which is not paid before the grace period for the payment of such premium expires as provided in the Policy; or
4. when the Policy is surrendered, cancelled or otherwise terminated.

This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.

SUICIDE. If the Insured dies by suicide within two years from the Agreement Date, the liability of the Company under this Agreement will be limited to the amount of premiums paid for this Agreement. If a Covered Child dies by suicide within two years from the Agreement Date, the liability of the Company under this Agreement will be limited to the amount of premiums paid on the deceased Covered Child for this Agreement. When the laws of the state in which this Policy is delivered require less than this two year period, the period will be as stated in such laws. The coverage of all Covered Children shall terminate on the date of the suicide of the Insured.

INCONTESTABILITY. This Agreement will be incontestable after it has been in force two years from the Agreement Date. The terms and conditions of the incontestability provisions of the Policy shall apply to this Agreement in that such provisions also relate to any insured Covered Child.

CONSIDERATION. This Agreement is issued in consideration of: (a) the application, a copy of which is attached to the Policy; and (b) payment of the premium for this Agreement shown on page 3 of the Policy. Such premium is payable: (a) until the Agreement is terminated; or (b) for the period stated in the Policy, if such period is shorter. If a premium is paid after coverage under this Agreement has ceased, the Company's acceptance of the premium shall not be deemed a waiver of the termination of coverage. The Company will refund such premiums.

The effective date of this Agreement (the "Agreement Date") is the Date of Issue of the Policy, unless a different date is shown below.

SIGNED at the Home Office of the Company as of the Agreement Date.

Joe W. Dunlap

Secretary

Lenny Peavy

President

Date _____

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR AA11-9905 Readability Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Form No. AA9466-AR(Rev.7/09) - July 28, 2009

Attachment:

AR AA9466(Rev.7-09) Life Insurance Application.pdf

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Cover Letter attached.

Attachment:

AR AA11-9905 Cover Letter.pdf

ARKANSAS

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

CERTIFICATION

This is to certify that the attached Endowment Insurance to Age 100 Policy and Children's Insurance Agreement, Form Number(s) AA11-AR-9905 and AA9910 have achieved Flesch Reading Ease Scores of 54.3 and 50 and comply with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.

Signature

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

February 3, 2011

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2549, WACO, TX 76702-2549 • (254) 297-2777

LIFE INSURANCE APPLICATION (Please print in black ink) **Telephone Case No:**_____

Proposed Insured _____ (First) (Middle) (Last)
Address (No. & Street)_____
City State Zip Code

Telephone interview completed ☐ Yes ☐ No
_____ Phone _____ Best time to call ☐ am ☐ pm
E-mail Address

☐ Male ☐ Female	Date of Birth / /	Age	State of Birth	Social Security Number / /	Height ft in	Weight lbs

Owner: Name_____ Relationship_____ SS#_____/____/_____
Address City/State/Zip

Primary Beneficiary	Relationship	Contingent Beneficiary	Relationship

Plan: ☐ Immediate Death Benefit ☐ Graded Death Benefit (Percentage of Face Amount)
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? ☐ Yes ☐ No
Face Amount of Insurance $

Rider: ☐ Grandchild/Great Grandchild Coverage (Indicate Number of Children Applying) _____
☐ Child Rider_____ Units ☐ ADB Amt $
Automatic Premium Loan Elected? ☐ Yes ☐ No

Mode: ☐ Bank Draft ☐ Draft 1st Prem on Req. Date ☐ Other Modal Prem $
CWA: ☐ E-Check Immediate 1st Prem ☐ Collected $
Mail Policy To: ☐ Agent ☐ Insured ☐ Owner
Requested Policy Date: / /

A. Do you have existing life insurance or an annuity contract? ☐ Yes ☐ No
B. Will you replace an existing life insurance policy or an annuity? ☐ Yes ☐ No
Company
Policy # Amount of Coverage $

Physician Name: City/State: Phone:

HEALTH INFORMATION

1. Are you currently hospitalized, confined to a bed or nursing facility, confined to a wheelchair due to chronic illness or disease, or using oxygen equipment to assist in breathing, or receiving Hospice Care? ☐ Yes ☐ No
2. Have you had or been medically advised to have an organ transplant, or have you been medically diagnosed as having metastatic cancer, Alzheimer's, dementia, mental incapacity, or have you been diagnosed, treated (including dialysis) or taken medication for renal insufficiency, kidney failure, liver failure, or respiratory failure? ☐ Yes ☐ No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No
4. Have you been medically diagnosed with diabetes combined with a medical history of any of the following: stroke, TIA, heart disease, heart attack, coronary artery bypass, angioplasty, circulatory disease, or peripheral vascular disease? ☐ Yes ☐ No
5. Have you taken insulin shots prior to age 50 or been treated for insulin shock or diabetic coma? ☐ Yes ☐ No
6. Have you ever been medically diagnosed, treated, or taken medication for congestive heart failure, cardiomyopathy, Lou Gehrig's disease, Huntington's disease, had an amputation caused by disease, or more than one occurrence of cancer (excluding basal or squamous cell skin cancer) in your lifetime? ☐ Yes ☐ No
7. Within the past 12 months have you:
   a. been medically diagnosed or treated for angina (chest pain), stroke or TIA, cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing? ☐ Yes ☐ No
   b. had a heart attack, aneurysm, heart valve surgery, coronary artery bypass surgery, angioplasty, or stent implant or had or been medically advised to have surgery for brain or heart disorders (including, but not limited to catheterization, a pacemaker insertion, defibrillator placement), or any procedure to improve circulation? ☐ Yes ☐ No
   c. been medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma, leukemia, or systemic lupus (SLE)? ☐ Yes ☐ No
   d. had any diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received? ☐ Yes ☐ No
   e. used illegal drugs or abused alcohol or drugs, or had or been recommended to have treatment or counseling for alcohol or drug use, or been convicted of any felony or driving under the influence of alcohol or drugs? ☐ Yes ☐ No

If any answer to questions 1 through 7 is answered "Yes" the Proposed Insured is not eligible for any coverage.

8. Within the past 24 months have you been medically diagnosed or treated, or hospitalized for:
   a. stroke, angina (chest pain), heart attack, aneurysm, heart or circulatory surgery or any procedure to improve circulation? ☐ Yes ☐ No
   b. or taken medication for internal cancer, leukemia, melanoma, emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), ulcerative colitis, cirrhosis, Hepatitis C, liver disease? ☐ Yes ☐ No
   c. paralysis of two or more extremeties or any neuro-muscular disease (including, but not limited to cerebral palsy, multiple sclerosis, seizures, or Parkinson's disease)? ☐ Yes ☐ No

If any answer to question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit Plan.

If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.

Form No. AA9466-AR(Rev.7/09)

NOTICE
Printed in compliance with Public Law 91-508

Thank you for considering American-Amicable Life Insurance Company of Texas for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. American-Amicable Life Insurance Company of Texas, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American-Amicable Life Insurance Company of Texas, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

CHILD, GRANDCHILD, AND GREAT GRANDCHILD COVERAGE - Children Proposed for Insurance (list additional children on a separate sheet):

Proposed Insured Name	Sex	Birthdate	Relationship	Proposed Insured Name	Sex	Birthdate	Relationship

PROPOSED CHILDREN'S HEALTH STATEMENT—To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down's Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months. List the names of children that are exceptions to PROPOSED CHILDREN'S HEALTH STATEMENT.

Children listed as an exception are excluded from the appropriate Child Rider Coverage. Exceptions are:_____

AGREEMENT—I agree with American-Amicable Life Insurance Company of Texas (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the Medical Information Bureau or other organization that has knowledge or records of me and my health to give such information to: (a) American-Amicable Life Insurance Company of Texas; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the Medical Information Bureau, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize American-Amicable Life Insurance Company of Texas to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the Medical Information Bureau; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice, the MIB Pre-Notice, the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Signed at _____ (CITY) _____ (STATE) Date of Application _____ (MONTH) _____ (DAY) _____ (YEAR)

_____ SIGNATURE OF PROPOSED INSURED _____ SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

AGENT'S REPORT

Does the proposed insured have any existing life insurance or annuity contract? ☐ Yes ☐ No

Is the proposed insurance intended to replace or change any existing life insurance or annuity? ☐ Yes ☐ No

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature.

I certify that the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable. AGENT'S REMARKS:_____

_____ AGENT'S PRINTED NAME _____ DATE _____ AGENT'S PRINTED NAME _____ DATE

Agent _____ SIGNATURE No: _____%_____ Agent _____ SIGNATURE No: _____%_____

PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured_____ Account Holder_____

Financial Institution_____ Address_____

Transit/ABA Number_____ Account Number_____ ☐ Checking ☐ Savings Requested Draft Day (1st-28th)_____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of American-Amicable Life Insurance Company of Texas, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

_____ SIGNATURE (AS ON FINANCIAL INSTITUTION RECORDS) _____ DATE

Form No. AA9466-AR(Rev.7/09)

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2549, WACO, TX 76702-2549

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

ALL PREMIUM CHECKS MUST BE PAYABLE TO THE COMPANY
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK

Received of_____ the sum of $_____ as first payment on this application.

Date_____ Agent_____

If (1) an amount equal to the first full premium is submitted; and if (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; and (3) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, or (b) the date of the latest medical exam required by the Company. THE AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED $30,000.00 (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met, the liability of the Company shall be limited to the return of any amount paid.

American-Amicable Life
Insurance Company of Texas
P.O. Box 2549 • Waco, Texas 76702-2549 • 254-297-2777

February 3, 2011

NAIC No. 68594

Mr. Joe Musgrove
Policy and Other Form Filings
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904
Attention: Compliance - Life and Health

Re: Form No. AA11-AR-9905 - Endowment Insurance to Age 100 Policy
Form No. AA9910 – Children's Insurance Agreement

Dear Mr. Musgrove:

The above referenced form is being submitted for your consideration and approval. This form is new and will not replace any form previously approved by your department.

Form No. AA11-AR-9905 is an individual non-participating Endowment Insurance to Age 100 Policy. The Flesch readability score is 54.3. The Actuarial Memorandum is enclosed. Issue Ages for this product are 0-85.

Form No. AA9910, Children's Insurance Agreement, provides level coverage on the lives of covered children. This form may be added to this policy. The Flesh readability score is 50. A copy of the Actuarial Memorandum is enclosed.

The application, Form No. AA9466-AR(Rev.7/09), that will be used when applying for this product was approved by your department on July 28, 2009.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

The Company is providing, at time of delivery of the policy, the Arkansas Life and Disability Insurance Guaranty Association disclaimer document as provided in Rule and Regulation 49 (Appendix A).

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216 or ckeel@aatx.com.

Sincerely,

Clara Keel

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

CJK:tad
Enc.

"Faithful Protection"