

SERFF Tracking Number: ALSB-127102296 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 48358
 Company Tracking Number: UL23AF AB CORRECTION SERIES
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UL23AF AB CORRECTION SERIES
 Project Name/Number: UL23AF AB CORRECTION SERIES /UL23AF AB CORRECTION SERIES

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: UL23AF AB CORRECTION SERIES SERFF Tr Num: ALSB-127102296 State: Arkansas

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 48358
 Adjustable Life Closed

Sub-TOI: L09I.001 Single Life Co Tr Num: UL23AF AB CORRECTION SERIES State Status: Pending Additional Fees

Filing Type: Form

Author: Karen Creevy
 Date Submitted: 03/29/2011
 Reviewer(s): Linda Bird
 Disposition Date: 03/30/2011
 Disposition Status: Approved-Closed

Implementation Date Requested:
 State Filing Description:

Implementation Date:

General Information

Project Name: UL23AF AB CORRECTION SERIES
 Project Number: UL23AF AB CORRECTION SERIES
 Requested Filing Mode: Informational
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 03/30/2011
 State Status Changed: 03/29/2011
 Created By: Karen Creevy
 Corresponding Filing Tracking Number: ALSB-126939095

Deemer Date:
 Submitted By: Karen Creevy

Filing Description:
 RE: American Heritage Life Insurance Company, NAIC No. 60534

Informational Filing

Form # Form Title
 RULBTI Accelerated Benefit Rider for Terminal Illness

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RULBPC Accelerated Benefit Rider for Permanent Confinement
RULBCI Accelerated Benefit Rider for Critical Illness

We submit the above forms for information only. The purpose of this submission is to correct an error in the original versions of these forms, which were approved by your Department on 1/28/2011, under SERFF Tracking No. ALSB-126939095. We have not marketed or sold any of these riders in your state.

It has come to our attention that a subset of the cost of insurance rates that was provided within the previously approved rider forms was inaccurate. The error was confined to the "When Expiry Date is Insured's Attained Age 70" section of each rider form. We have made the necessary corrections and have amended the riders accordingly. We have included for your records the corrected versions of the riders.

Please note that the original cost of insurance rates provided in the riders had been bracketed. The accompanying statements of variability highlighted the fact that we could, at a future date, update those rates as appropriate, for new business going forward.

There are no other changes being made to the rider forms other than described above.

These forms have been generated by our home office computer system. These forms may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected.

If you have any questions, please feel free to contact me at the address, phone, or e-mail provided. Thank you for your consideration of this matter.

Sincerely,
Karen R. Creevy
Senior Product & Financial Analyst
Contract Development and Filing

Company and Contact

Filing Contact Information

Karen Creevy, krobq@allstate.com
3100 Sanders Rd, Suite M2A 847-402-8531 [Phone]
Northbrook, IL 60062

Filing Company Information

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 American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida
 1776 American Heritage Dr Group Code: 8 Company Type:
 Jacksonville, FL 32224-6688 Group Name: State ID Number:
 (800) 880-1370 ext. [Phone] FEIN Number: 59-0781901

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$50.00	03/29/2011	46055428
American Heritage Life Insurance Company	\$100.00	03/29/2011	46061395

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/30/2011	03/30/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/29/2011	03/29/2011	Karen Creevy	03/29/2011	03/29/2011

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Disposition

Disposition Date: 03/30/2011

Implementation Date:

Status: Approved-Closed

Comment: Company has submitted this filing to correct error in the original filing which was approved on 1/28/11 under SERFF Tracking number ALSB-126939095 recorded under State Tracking number 47665.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Form	Accelerated Benefit Rider for Terminal Illness		Yes
Form	Accelerated Benefit Rider for Permanent Confinement		Yes
Form	Accelerated Benefit Rider for Critical Illness		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/29/2011
Submitted Date 03/29/2011
Respond By Date 04/29/2011

Dear Karen Creevy,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/29/2011
Submitted Date 03/29/2011

Dear Linda Bird,

Comments:

Response 1

Comments: Additional fees have been submitted.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Karen Creevy

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Form Schedule

Lead Form Number: RULBTI

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	RULBTI	Policy/Cont Accelerated Benefit ract/Fratern Rider for Terminal al Illness Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: RULBTI Previous Filing #: ALSB-126939095	50.000	RULBTI_Accele rated_Death _Benefit_for_ Terminal Illness_Rider 3-16-11.pdf
	RULBPC	Policy/Cont Accelerated Benefit ract/Fratern Rider for Permanent al Confinement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: RULBPC Previous Filing #: ALSB-126939095	46.000	RULBPC_Acc elerated_Deat h_Benefit_for _Permanent Confinement 3-16-11.pdf
	RULBCI	Policy/Cont Accelerated Benefit ract/Fratern Rider for Critical al Illness Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: RULBCI Previous Filing #: ALSB-126939095	47.000	RULBCI_Acc elerated_Deat h_Benefit_for _Critical Illness 3-16- 11.pdf

AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

THE DEATH BENEFIT AMOUNT, SPECIFIED AMOUNT, FUND VALUE, SURRENDER VALUE, SURRENDER CHARGE AND ANY OUTSTANDING POLICY DEBT OF THE POLICY WILL BE REDUCED IF A DEATH BENEFIT ADVANCE IS PAID. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE, AND YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is attached to and made part of the policy. This rider has no cash value or loan value. It does not affect any net single premium referred to in the policy.

BENEFIT

This rider provides for the advance of a portion of the death benefit amount due to a terminal illness. We will pay you the benefit provided by this rider upon due proof that the insured has been diagnosed with a terminal illness, subject to the terms and conditions of the policy and this rider.

DEFINITIONS

Death Benefit Advance. The advance during the insured's lifetime of the accelerated death benefit amount reduced by a pro rata amount of any policy debt.

Immediate Family. The spouse, children, parents, grandparents, grandchildren, siblings or corresponding in-laws of you or the insured.

Physician: A person performing tasks that are within the limits of his or her medical license and who is either licensed to practice medicine and prescribe and administer drugs or to perform surgery; or a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in. Physician does not include you, the insured, or a member of the insured's or your immediate family.

Physician's Statement. A written statement acceptable to us, signed by a physician, which gives the physician's diagnosis of the insured's terminal illness.

Policy. The policy to which this rider is attached.

Rider Date. The effective date of this rider. The rider date is the policy date unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

Terminal Illness. A medical condition of the insured that, notwithstanding appropriate medical care, will result in a life expectancy of 24 months or less from the date of the physician's statement.

COST OF INSURANCE

The charge for this rider is deducted from the policy's fund value on each monthly date. The following table shows the monthly cost of insurance rate per \$1,000 of specified amount.

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
18	0.0179	0.0355	18	0.0179	0.0355
19	0.0179	0.0355	19	0.0179	0.0355
20	0.0179	0.0355	20	0.0179	0.0355
21	0.0179	0.0355	21	0.0179	0.0355
22	0.0179	0.0355	22	0.0179	0.0355
23	0.0179	0.0355	23	0.0179	0.0355
24	0.0179	0.0355	24	0.0179	0.0355
25	0.0179	0.0355	25	0.0179	0.0355
26	0.0195	0.0389	26	0.0189	0.0372
27	0.0212	0.0423	27	0.0199	0.0388

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
28	0.0229	0.0456	28	0.0209	0.0405
29	0.0246	0.0490	29	0.0219	0.0421
30	0.0262	0.0524	30	0.0229	0.0438
31	0.0291	0.0577	31	0.0239	0.0459
32	0.0320	0.0631	32	0.0250	0.0481
33	0.0349	0.0684	33	0.0261	0.0502
34	0.0378	0.0738	34	0.0271	0.0524
35	0.0407	0.0791	35	0.0282	0.0545
36	0.0450	0.0862	36	0.0294	0.0571
37	0.0493	0.0933	37	0.0307	0.0596
38	0.0536	0.1003	38	0.0319	0.0622
39	0.0579	0.1074	39	0.0332	0.0648
40	0.0622	0.1145	40	0.0344	0.0673
41	0.0666	0.1209	41	0.0358	0.0702
42	0.0710	0.1272	42	0.0372	0.0731
43	0.0753	0.1336	43	0.0387	0.0760
44	0.0797	0.1400	44	0.0401	0.0789
45	0.0841	0.1464	45	0.0415	0.0817
46	0.0887	0.1534	46	0.0435	0.0857
47	0.0934	0.1604	47	0.0455	0.0897
48	0.0981	0.1674	48	0.0474	0.0937
49	0.1027	0.1744	49	0.0494	0.0977
50	0.1074	0.1814	50	0.0514	0.1016
51	0.1132	0.1908	51	0.0543	0.1082
52	0.1190	0.2003	52	0.0571	0.1148
53	0.1248	0.2098	53	0.0599	0.1214
54	0.1306	0.2193	54	0.0627	0.1280
55	0.1364	0.2288	55	0.0656	0.1346
56	0.1442	0.2425	56	0.0707	0.1466
57	0.1519	0.2563	57	0.0758	0.1586
58	0.1596	0.2701	58	0.0809	0.1706
59	0.1674	0.2838	59	0.0860	0.1826
60	0.1751	0.2976	60	0.0910	0.1946
61	0.1852	0.3160			
62	0.1952	0.3343			
63	0.2053	0.3527			
64	0.2154	0.3710			
65	0.2254	0.3894			
66	0.2405	0.4184			
67	0.2555	0.4474			
68	0.2706	0.4764			
69	0.2856	0.5055			
70	0.3007	0.5345			

CONDITIONS OF PAYMENT

While the policy and this rider are in force, we will pay you the death benefit advance, subject to the following conditions:

1. The terminal illness first manifests itself on or after the policy date; and
2. Proof of terminal illness is received by us. This proof will include a properly completed claim form, a physician's statement and any additional information from the physician we deem necessary. We may require, at our expense, an additional examination by a physician of our choice; and
3. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us.

This rider provides for the advance of a portion of the death benefit amount and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

ACCELERATED DEATH BENEFIT AMOUNT

The accelerated death benefit amount is subject to the following:

1. The minimum amount you may accelerate is the lesser of \$5,000 or the total remaining death benefit amount; and
2. The total sum of all accelerated death benefit amount payments made under all riders attached to the policy cannot exceed the maximum amount for acceleration, which is shown on the policy specification pages.

EFFECT ON POLICY WHEN DEATH BENEFIT AMOUNT IS ACCELERATED

After a death benefit advance is made, the death benefit amount, specified amount, fund value, surrender value, surrender charge, and any policy debt will be reduced on a pro rata basis. Future values will be calculated according to the methods described in the policy using the reduced amounts.

Premium will no longer be accepted for the policy after the death benefit advance is paid, and all monthly deductions will cease on the monthly date following the payment of the benefit. Payments to repay outstanding policy debt will continue to be accepted after the death benefit advance is paid.

We will send to you, for attachment to your policy, an endorsement showing the decrease in policy values resulting from the death benefit advance.

TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. The date the policy matures, expires or otherwise terminates; or
2. The date the policy is surrendered; or
3. The next monthly date after your written request to terminate this rider; or
4. The date the maximum accelerated death benefit amount is paid; or
5. The expiry date of this rider as shown on the policy specification pages.

REINSTATEMENT

If this rider lapses at the time the policy does, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

PAYMENT OF CLAIMS

Claim forms may be received by notifying us. We will pay the death benefit advance as a lump sum to the owner unless instructed otherwise.

Signed for American Heritage Life Insurance Company at its Home Office.

{   }

{Secretary} {President}

AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

ACCELERATED BENEFIT RIDER FOR PERMANENT CONFINEMENT

THE DEATH BENEFIT AMOUNT, SPECIFIED AMOUNT, FUND VALUE, SURRENDER VALUE, SURRENDER CHARGE AND ANY OUTSTANDING POLICY DEBT OF THE POLICY WILL BE REDUCED IF A DEATH BENEFIT ADVANCE IS PAID. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE, AND YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is attached to and made part of the policy. This rider has no cash value or loan value. It does not affect any net single premium referred to in the policy.

BENEFIT

This rider provides for the advance of a portion of the death benefit amount as provided by the Eligibility for Payment section of this rider.

DEFINITIONS

Activities of Daily Living. Activities of Daily Living are:

1. **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower with or without the aid of equipment.
2. **Continence:** The ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag), with or without the aid of equipment.
3. **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. **Toileting:** Getting to and from the toilet, getting on and off of the toilet, and performing associated personal hygiene.
6. **Transferring:** Moving into or out of a bed, chair or wheelchair.

Chronically Ill Individual. Any individual who has been certified within the previous 90 days by a licensed health care practitioner as:

1. Being unable to perform, without substantial assistance from another individual, at least two activities of daily living for a period of at least 90 consecutive days due to loss of functional capacity; or
2. Requiring substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment.

Assisted Living Facility. A facility that is primarily engaged in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

1. It is licensed by the appropriate licensing agency, if the state in which it operates licenses such facilities; and
2. It provides 24 hour a day care and services sufficient to support needs resulting from being chronically ill; and
3. It has a trained and ready to respond employee on duty at all times to provide care; and
4. It provides 3 meals a day and accommodates special dietary needs; and
5. It has formal arrangements for the services of a physician or nurse to furnish medical care in case of an emergency; and
6. It has appropriate methods and procedures for handling and administering drugs and biologicals.

Death Benefit Advance. The advance, during the insured's lifetime, of the accelerated death benefit amount reduced by a pro rata amount of any policy debt.

Hands-On Assistance. The physical assistance of another person without which the insured would be unable to perform the activity of daily living.

Hospital. An institution or facility that is licensed as a hospital by the proper authority of the state in which it is located; or accredited as a Hospital by the Joint Commission on Accreditation of Hospitals (JCAH).

Immediate Family. The spouse, children, parents, grandparents, grandchildren, siblings or corresponding in-laws of you or the insured.

Licensed Health Care Practitioner. A physician or any registered professional nurse, licensed social worker, or other individual who meets such requirements as described by the Secretary of Health and Human Services. The licensed health care practitioner must not be a member of your or the insured's immediate family.

Licensed Social Worker. A duly licensed social worker acting within the scope of his or her license at the time the treatment or service is performed.

Nursing Care Facility. A place which:

1. Is licensed by the state in which it is located; and
2. Is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
3. Provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
4. Its primary function is to provide nursing care, and room and board; and the facility charges for these services. The care must be performed under the direction of a licensed physician, or a licensed graduate nurse (R.N.), or licensed practical nurse (L.P.N.); and
5. Is not, other than incidentally, a hospital, a home for the aged, a retirement home, a rest home, a community living center, or a place mainly for the treatment of alcoholism, mental illness or drug abuse.

Physician. A person performing tasks that are within the limits of his or her medical license and who is either licensed to practice medicine and prescribe and administer drugs or to perform surgery; or a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in. Physician does not include you, the insured, or a member of the insured's or your immediate family. This exclusion does not apply in those areas in which the immediate family member is the only physician within a 50-mile radius and acting within the scope of his or her normal employment.

Policy. The policy to which this rider is attached.

Registered Nurse (R.N.). A duly licensed nurse acting within the scope of his or her license at the time the treatment or service is performed.

Rider Date. The effective date of this rider. The rider date is the policy date unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

Severe Cognitive Impairment. The deterioration or loss of the insured's intellectual capacity which requires substantial supervision by another person to protect the insured or others. It is measured by clinical evidence and standardized tests which reliably measure the insured's impairment in:

1. Short or long term memory;
2. Orientation as to people, places or time; and
3. Deductive or abstract reasoning.

A severe cognitive impairment includes Alzheimer's disease and similar forms of irreversible dementia.

Stand-By Assistance. The presence of another person within arm's reach of the insured that is necessary to prevent, by physical intervention, injury to the insured while they are performing the activity of daily living.

Substantial Assistance. Hands-on or stand-by assistance.

Substantial Supervision. Continual supervision by another person is necessary to protect the insured from threats to his or her health or safety. Such supervision may include cueing by verbal prompting, gestures or other demonstrations.

COST OF INSURANCE

The charge for this rider is deducted from the policy's fund value on each monthly date. The following table shows the monthly cost of insurance rate per \$1,000 of specified amount.

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
18	0.0050	0.0086	18	0.0050	0.0076
19	0.0050	0.0086	19	0.0050	0.0076
20	0.0050	0.0086	20	0.0050	0.0076
21	0.0050	0.0086	21	0.0050	0.0076
22	0.0050	0.0086	22	0.0050	0.0076
23	0.0050	0.0086	23	0.0050	0.0076
24	0.0050	0.0086	24	0.0050	0.0076
25	0.0050	0.0086	25	0.0050	0.0076
26	0.0059	0.0104	26	0.0051	0.0080
27	0.0068	0.0122	27	0.0052	0.0084
28	0.0076	0.0141	28	0.0053	0.0088
29	0.0085	0.0159	29	0.0054	0.0092
30	0.0094	0.0178	30	0.0055	0.0096
31	0.0112	0.0214	31	0.0057	0.0100
32	0.0129	0.0250	32	0.0059	0.0104
33	0.0147	0.0286	33	0.0062	0.0108
34	0.0165	0.0323	34	0.0064	0.0112
35	0.0182	0.0359	35	0.0066	0.0116
36	0.0217	0.0420	36	0.0069	0.0121
37	0.0251	0.0481	37	0.0072	0.0126
38	0.0286	0.0541	38	0.0074	0.0131
39	0.0320	0.0602	39	0.0077	0.0136
40	0.0354	0.0663	40	0.0080	0.0141
41	0.0396	0.0726	41	0.0084	0.0149
42	0.0438	0.0790	42	0.0087	0.0156
43	0.0479	0.0853	43	0.0091	0.0163
44	0.0521	0.0916	44	0.0094	0.0170
45	0.0563	0.0979	45	0.0098	0.0178
46	0.0604	0.1039	46	0.0104	0.0187
47	0.0646	0.1098	47	0.0110	0.0197
48	0.0687	0.1158	48	0.0116	0.0206
49	0.0729	0.1217	49	0.0122	0.0216
50	0.0770	0.1277	50	0.0128	0.0225
51	0.0820	0.1355	51	0.0137	0.0238
52	0.0871	0.1434	52	0.0145	0.0250
53	0.0921	0.1512	53	0.0153	0.0263
54	0.0972	0.1591	54	0.0161	0.0276
55	0.1022	0.1669	55	0.0169	0.0288
56	0.1099	0.1795	56	0.0186	0.0315
57	0.1175	0.1920	57	0.0203	0.0342
58	0.1251	0.2046	58	0.0219	0.0369
59	0.1328	0.2172	59	0.0236	0.0396
60	0.1404	0.2297	60	0.0253	0.0423
61	0.1521	0.2505			
62	0.1638	0.2713			
63	0.1755	0.2920			
64	0.1872	0.3128			
65	0.1989	0.3336			
66	0.2171	0.3691			
67	0.2353	0.4046			
68	0.2535	0.4401			
69	0.2717	0.4755			
70	0.2899	0.5110			

ELIGIBILITY FOR PAYMENT

The owner will be eligible for payment of the death benefit advance if:

1. The insured has been confined to a nursing care facility or assisted living facility for at least 90 consecutive days and is expected to remain there for the rest of his or her life; and
2. Within the previous 90 days, the insured has been certified by a licensed health care practitioner as a chronically ill individual.

CONDITIONS OF PAYMENT

While the policy and this rider are in force, we will pay you the death benefit advance subject to the following conditions:

1. The insured satisfies the Eligibility for Payment provision; and
2. Satisfactory proof of claim is received by us. This proof will include a properly completed claim form and a statement from a licensed health care practitioner certifying that the insured satisfies the Eligibility for Payment provision.
3. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us; and
4. The request for payment is made after the rider has been in force for 90 days.

This rider provides for the advance of a portion of the death benefit amount and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

ACCELERATED DEATH BENEFIT AMOUNT

The accelerated death benefit amount is subject to the following:

1. The minimum amount you may accelerate is the lesser of \$5,000 or the total remaining death benefit amount; and
2. The total sum of all accelerated death benefit amount payments made under all riders attached to the policy cannot exceed the maximum amount for acceleration, which is shown on the policy specification pages.

EFFECT ON POLICY WHEN DEATH BENEFIT AMOUNT IS ACCELERATED

After a death benefit advance is made, the death benefit amount, specified amount, fund value, surrender value, surrender charge, and any policy debt will be reduced on a pro rata basis. Future values will be calculated according to the methods described in the policy using the reduced amounts.

Premium will no longer be accepted for the policy after the death benefit advance is paid, and all monthly deductions will cease on the monthly date following the payment of the benefit. Payments to repay outstanding policy debt will continue to be accepted after the death benefit advance is paid.

We will send to you, for attachment to your policy, an endorsement showing the decrease in policy values resulting from the death benefit advance.

TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. The date the policy matures, expires or otherwise terminates; or
2. The date the policy is surrendered; or
3. The next monthly date after your written request to terminate this rider; or
4. The date the maximum accelerated death benefit amount is paid; or
5. The expiry date of this rider as shown on the policy specification pages.

REINSTATEMENT

If this rider lapses at the time the policy does, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687}

ACCELERATED BENEFIT RIDER FOR CRITICAL ILLNESS

THE DEATH BENEFIT AMOUNT, SPECIFIED AMOUNT, FUND VALUE, SURRENDER VALUE, SURRENDER CHARGE, AND ANY OUTSTANDING POLICY DEBT OF THE POLICY WILL BE REDUCED IF A DEATH BENEFIT ADVANCE IS PAID. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE, AND YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider. This rider is attached to and made part of the policy. This rider has no cash value or loan value. It does not affect any net single premium referred to in the policy.

BENEFIT

This rider provides for the advance of a portion of the death benefit amount due to a covered illness. We will pay you the benefit provided by this rider upon due proof that the insured has been diagnosed with a critical illness, subject to the terms and conditions of the policy and this rider.

DEFINITIONS

Critical illness. One of the following medical conditions of the insured, which in the absence of extensive or extraordinary medical treatment or intervention, would result in a drastically limited life span for the insured.

This rider only pays benefits for the following medical conditions:

1. **Cancer.** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

The following are included: Leukemia and Hodgkin's disease.

The following are excluded:

- a. non-invasive cancer in situ.
- b. tumors in the presence of any human immunodeficiency virus.
- c. tumors histologically described as pre-malignant.
- d. skin cancer other than malignant melanoma.

2. **Coma.** A state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 14 days, and for which period the Glasgow coma score must be 4 or less.

The following are excluded:

- a. medically induced coma.
- b. a coma that results directly from alcohol or drug use.
- c. a diagnosis of brain death.

3. **End stage renal failure.** The chronic irreversible failure of both kidneys to function, with the insured undergoing dialysis on at least a weekly basis.

4. **Heart Attack.** The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The heart attack must be positively diagnosed by a physician based on generally accepted diagnostic criteria.

Diagnostic criteria generally considers the presence of the following:

- a. typical chest symptoms associated with heart attack; and
- b. electrocardiogram showing indications of heart attack; and
- c. elevation of cardiac enzymes above laboratory standards of normal.

5. **Major Organ Transplant.** The undergoing of a transplant to the insured from another person of one of the following human organs: heart, lung, liver, pancreas, kidney, or bone marrow.

6. **Paralysis/Paraplegia.** The total, irrecoverable, and permanent loss of use of 1 or more limbs through neurological damage, which exists for a continuous period of at least 14 days. The loss of use must be to the complete arm (directly below the shoulder) or complete leg (directly below the hip).

7. **Stroke.** Any cerebrovascular incident producing neurological sequela lasting more than 24 hours. The stroke must be positively diagnosed by a physician based on generally accepted diagnostic criteria and must include the presence of one or more of the following which results in evidence of permanent neurological deficit:
- infarction of brain tissue; or
 - hemorrhage; or
 - embolisation from extra-cranial source.

Death Benefit Advance. The advance, during the insured's lifetime, of the accelerated death benefit amount reduced by a pro rata amount of any policy debt.

Immediate Family. The spouse, children, parents, grandparents, grandchildren siblings or corresponding in-laws of you or the insured.

Physician. A person performing tasks that are within the limits of his or her medical license and who is either licensed to practice medicine and prescribe and administer drugs or to perform surgery; or a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in. Physician does not include you, the insured, or a member of the insured's or your immediate family.

Physician's Statement. A written statement acceptable to us, signed by a physician, which gives the physician's diagnosis of the insured's critical illness.

Policy. The policy to which this rider is attached.

Rider Date. The effective date of this rider. The rider date is the policy date unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

COST OF INSURANCE

The charge for this rider is deducted from the policy's fund value on each monthly date. The following table shows the monthly cost of insurance rate per \$1,000 of specified amount.

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
18	0.3562	0.6304	18	0.3562	0.6243
19	0.3562	0.6304	19	0.3562	0.6243
20	0.3562	0.6304	20	0.3562	0.6243
21	0.3562	0.6304	21	0.3562	0.6243
22	0.3562	0.6304	22	0.3562	0.6243
23	0.3562	0.6304	23	0.3562	0.6243
24	0.3562	0.6304	24	0.3562	0.6243
25	0.3562	0.6304	25	0.3562	0.6243
26	0.3785	0.6743	26	0.3770	0.6510
27	0.4009	0.7181	27	0.3979	0.6777
28	0.4232	0.7620	28	0.4187	0.7043
29	0.4455	0.8058	29	0.4396	0.7310
30	0.4679	0.8496	30	0.4604	0.7577
31	0.4931	0.8979	31	0.4792	0.7920
32	0.5183	0.9461	32	0.4979	0.8264
33	0.5435	0.9943	33	0.5167	0.8607
34	0.5687	1.0426	34	0.5354	0.8951
35	0.5939	1.0908	35	0.5542	0.9294
36	0.6208	1.1441	36	0.5777	0.9744
37	0.6478	1.1975	37	0.6012	1.0194
38	0.6747	1.2508	38	0.6248	1.0644
39	0.7016	1.3042	39	0.6483	1.1094

When Expiry Date is Insured's Life			When Expiry Date is Insured's Attained Age 70		
Issue Age	Non-Tobacco	Tobacco	Issue Age	Non-Tobacco	Tobacco
40	0.7286	1.3575	40	0.6718	1.1544
41	0.7589	1.4228	41	0.7026	1.2175
42	0.7892	1.4880	42	0.7333	1.2806
43	0.8195	1.5532	43	0.7640	1.3437
44	0.8498	1.6184	44	0.7947	1.4068
45	0.8801	1.6837	45	0.8255	1.4700
46	0.9147	1.7642	46	0.8642	1.5524
47	0.9494	1.8447	47	0.9028	1.6349
48	0.9840	1.9252	48	0.9415	1.7174
49	1.0187	2.0057	49	0.9802	1.7998
50	1.0533	2.0863	50	1.0189	1.8823
51	1.0936	2.1883	51	1.0685	1.9954
52	1.1339	2.2904	52	1.1180	2.1084
53	1.1742	2.3925	53	1.1676	2.2214
54	1.2145	2.4946	54	1.2172	2.3344
55	1.2548	2.5967	55	1.2668	2.4475
56	1.3003	2.7223	56	1.3319	2.6074
57	1.3458	2.8479	57	1.3971	2.7673
58	1.3914	2.9735	58	1.4623	2.9272
59	1.4369	3.0991	59	1.5275	3.0871
60	1.4824	3.2247	60	1.5926	3.2470
61	1.5325	3.3697			
62	1.5825	3.5148			
63	1.6326	3.6598			
64	1.6826	3.8049			
65	1.7327	3.9499			
66	1.7839	4.0867			
67	1.8351	4.2236			
68	1.8864	4.3604			
69	1.9376	4.4973			
70	1.9888	4.6341			

CONDITIONS OF PAYMENT

While the policy and this rider are in force, we will pay you the death benefit advance, subject to the following conditions:

1. The insured has a critical illness covered by this rider; and
2. The critical illness first manifests itself on or after the rider date; and
3. Proof of critical illness is received by us. This proof will include a properly completed claim form, a physician's statement and any additional information from the physician we deem necessary. We may require, at our expense, an additional examination by a physician of our choice; and
4. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us.

This rider provides for the advance of a portion of the death benefit amount and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

ACCELERATED DEATH BENEFIT AMOUNT

The accelerated death benefit amount is subject to the following:

1. The minimum amount you may accelerate is the lesser of \$5,000 or the total remaining death benefit amount; and
2. The total sum of all accelerated death benefit amount payments made under all riders attached to the policy cannot exceed the maximum amount for acceleration, which is shown on the policy specification pages.

EFFECT ON POLICY WHEN DEATH BENEFIT AMOUNT IS ACCELERATED

After a death benefit advance is made, the death benefit amount, specified amount, fund value, surrender value, surrender charge, and any policy debt will be reduced on a pro rata basis. Future values will be calculated according to the methods described in the policy using the reduced amounts.

Premium will no longer be accepted for the policy after the death benefit advance is paid, and all monthly deductions will cease on the monthly date following the payment of the benefit. Payments to repay outstanding policy debt will continue to be accepted after the death benefit advance is paid.

We will send to you, for attachment to your policy, an endorsement showing the decrease in policy values resulting from the death benefit advance.

TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. The date the policy matures, expires or otherwise terminates; or
2. The date the policy is surrendered; or
3. The next monthly date after your written request to terminate this rider; or
4. The date the maximum accelerated death benefit amount is paid; or
5. The expiry date of this rider as shown on the policy specification pages.

REINSTATEMENT

If this rider lapses at the time the policy does, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

PAYMENT OF CLAIMS

Claim forms may be received by notifying us. We will pay the death benefit advance as a lump sum to the owner unless instructed otherwise.

Signed for American Heritage Life Insurance Company at its Home Office.

{  {Secretary}  {President} }

SERFF Tracking Number: ALSB-127102296 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 48358
Company Tracking Number: UL23AF AB CORRECTION SERIES
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UL23AF AB CORRECTION SERIES
Project Name/Number: UL23AF AB CORRECTION SERIES /UL23AF AB CORRECTION SERIES

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification
Comments:
Attachment:
CW Readability Certification - Rider Corr Filing.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability
Comments:
Attachment:
CW SOV_GFL2 - correction series.pdf

CERTIFICATION OF READABILITY

I, Sheryl McDaniel, Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
RULBTI	50
RULBPC.....	46
RULBCI	47

Sheryl McDaniel
Vice President

January 5, 2011
Date

Statement of Variability
Forms RULBCI, RULBTI and RULBPC

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment.

Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

Rider Forms RULBCI, RULBTI, RULBPC,

Pages	Bracketed Items	Range of Variability
1 and last page	a. Company address, Officers	Company location, Zip Codes, and Company Officers may vary over time
1-3	Table of Guaranteed Maximum Monthly Cost of Insurance Rates	The rates are variable, so that if we do change the cost of insurance rates for this rider, we may revise them. Such a change would only impact new business.