

SERFF Tracking Number: EWLE-127898298 State: Arkansas
Filing Company: American Home Life Insurance Company State Tracking Number: 50482
Company Tracking Number:
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
Product Name: Graded Benefit Life
Project Name/Number: /

Filing at a Glance

Company: American Home Life Insurance Company

Product Name: Graded Benefit Life

SERFF Tr Num: EWLE-127898298 State: Arkansas

TOI: L031 Individual Life - Special

SERFF Status: Closed-Approved-
Closed State Tr Num: 50482

Sub-TOI: L031.000 Individual Life - Special

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Suzanne Heasley

Disposition Date: 01/03/2012

Date Submitted: 12/14/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 01/03/2012

State Status Changed: 01/03/2012

Deemer Date:

Created By: Suzanne Heasley

Submitted By: Suzanne Heasley

Corresponding Filing Tracking Number:

Filing Description:

See attached submission letter

Company and Contact

Filing Contact Information

Suzanne Heasley, Compliance

sheasley@lewisellis.com

2325 Havard Oak Drive

972-398-3733 [Phone]

Plano, TX 75074

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

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 Product Name: Graded Benefit Life
 Project Name/Number: /
 American Home Life Insurance Company CoCode: 83860 State of Domicile: Arkansas
 1920 North Main Street Group Code: Company Type:
 North Little Rock, AR 72114 Group Name: State ID Number:
 (501) 758-1778 ext. [Phone] FEIN Number: 71-0359418

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Home Life Insurance Company	\$200.00	12/14/2011	54544304

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/03/2012	01/03/2012

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	12/27/2011	12/27/2011	Suzanne Heasley	12/30/2011	12/30/2011

SERFF Tracking Number: EWLE-127898298 *State:* Arkansas
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Disposition

Disposition Date: 01/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Submission Letter		Yes
Supporting Document	Authorization to file		Yes
Supporting Document	Compliance Certification		Yes
Form	Graded Benefit Life Insurance Policy		Yes
Form	Schedule pages for 5 yr premium period		Yes
Form	Schedule pages for 10 yr premium period		Yes
Form	Application		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/27/2011
Submitted Date 12/27/2011
Respond By Date 01/27/2012

Dear Suzanne Heasley,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please advise you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/30/2011
Submitted Date 12/30/2011

Dear Linda Bird,

Comments:

Response 1

Comments:

Attached is the required certification for both issues.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please advise you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Compliance Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Suzanne Heasley

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	209-1-12	Policy/Cont	Graded Benefit Life ract/Fratern Insurance Policy al Certificate	Initial			Policy 208-2-10 001.pdf
	209-1-12	Schedule Pages	Schedule pages for 5 yr premium period	Initial			Schedule pages 5 years 001.pdf
	209-1-12	Schedule Pages	Schedule pages for 10 yr premium period	Initial			Schedule pages 10 years 001.pdf
	A-106.25 12/2011	Application/ Enrollment Form	Application	Initial			Am.HomeLife_Applicationfo rLifeIns..pdf

AMERICAN HOME LIFE INSURANCE COMPANY
1920 North Main Street
North Little Rock, Arkansas 72114

Graded Benefit Life Insurance Policy

AMERICAN HOME LIFE INSURANCE COMPANY, hereinafter called the Company, will pay the death benefit of this policy upon the death of the Insured. Such payment and all other rights, options and benefits are subject to the terms of this policy.

Ten Day Right to Cancel Policy

WITHIN 10 days after this policy is first received, it may be cancelled for any reason by returning it to the agent through whom it was purchased or to the Company's Home Office. The return of this policy will void it from the beginning. The Company will refund all payments made for this policy within ten days after it receives the returned policy and request for cancellation.

This policy is a legal contract between the policy Owner and the Company.

Read your policy carefully.

Premium payable for the period shown on page 3. Death Benefit payable upon death of Insured. Nonparticipating -- No annual dividends.

SIGNED for the Company at its Home Office on the date of issue.


President


Secretary

GUIDE TO POLICY PROVISIONS

Provision	Page
Benefits and Premium Schedule	3
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Default or Surrender Options	7
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Premiums	5
Settlement Options	9
Table of Policy Values	4

PAGE 2

DEFINITIONS

In the event of an inconsistency between these definitions and other provisions of this policy, the other provisions shall control.

Policy Date. The date from which policy anniversaries and policy years are measured. Policy values are computed using the policy date shown on page 3.

Company. American Home Life Insurance Company.

Contestability. The legal ability of the Company to contest the validity of the policy and not pay proceeds.

Date of Issue. The date this policy was signed by the Company. Contestability and suicide periods are measured using the date of issue shown on page 3.

Home Office. Home Office of the Company, located at 1920 North Main Street, North Little Rock, Arkansas 72114.

Indebtedness. Any indebtedness secured by this policy. Indebtedness equals the principal of any outstanding loan under this policy with interest due or accrued on the loan.

Irrevocable Beneficiary. A type of beneficiary whose written consent is required if the Policy Owner wants to change the beneficiary or to exercise other rights and options of the policy.

Net Cash Value. The Cash Value of this policy less any indebtedness against it. This amount is payable upon policy surrender.

Payee. The person or institution to whom payments are made.

Written Request. Information given to the Company in writing in a form satisfactory to the Company. A written request takes effect when the Company receives it at the Home Office.

PREMIUMS

The initial premium is due on the policy date. It is payable on or before delivery of the policy. Each succeeding premium is due and payable at the end of the period for which the last premium was paid. Premiums are payable for the period shown on page 3.

Premiums are payable at the Company's Home Office in United States currency. Premium may be paid to an authorized Company agent, who will provide a receipt. The receipt must be signed by the President or Secretary of the Company. The receipt must be countersigned by the agent who receives the payment.

Premiums may be paid annually, semiannually, quarterly or monthly. The method of payment may be changed at the beginning of any policy year, upon approval of the Company.

Grace Period. A grace period of 31 days is allowed for each premium payment after the first. A policy will continue in force during this 31-day period. If the premium is not paid by the end of the grace period and is not paid by automatic premium loan, this policy will terminate as provided by the Default or Surrender Options provision.

Reinstatement. This policy may be reinstated at any time within five years after default in premium payment, but not if the policy was surrendered for cash. Requirements for reinstatement are: a. written request for reinstatement; b. presentation of evidence of insurability satisfactory to the Company; c. payment of all overdue premiums; d. payment or reinstatement of indebtedness; and e. payment of interest on all overdue premiums and indebtedness at the rate of 6% per year compounded annually.

DEATH BENEFIT

The Company will pay the death benefit to the beneficiary in one payment. This payment will be made when the Company receives proof satisfactory to it that the Insured died while this policy was in force. If the Company does not pay the proceeds including premium refunds due at death, within 30 days following receipt of proof of death, interest will be paid on proceeds as required by State law. The Company will refund to the beneficiary all premiums paid for any period beyond the end of the policy month in which the insured died.

The death benefit equals: a. the Insurance Amount on the day the Insured dies; plus b. any insurance on the Insured's life provided by riders; less c. any indebtedness; and less d. any premium due if the Insured dies during the grace period.

The Insurance Amount will equal the Face Amount then in force, as shown in the Table of Policy Values on page 4.

Beneficiary. The beneficiary shall be the person or persons the Owner names in the application for the policy, or changes by written request, signed while the Insured is living. The beneficiary will receive the proceeds of this policy upon the death of the Insured. The consent of any beneficiary other than an irrevocable beneficiary is not required to change the beneficiary designation.

A beneficiary designation or change shall become effective on the date it is signed by the Owner. However, the Company will not be liable for any action taken or payment made before it records notice of the change of beneficiary at its Home Office.

If the Owner designates more than one person as beneficiary, the interest of the beneficiaries shall be equal unless the beneficiary designation expressly provides otherwise. The share of any beneficiary who predeceases the Insured shall be distributed equally among the remaining beneficiaries unless the beneficiary designation expressly provides otherwise.

If the Insured dies and no designated beneficiary lives to receive payment, proceeds will be paid to the Owner, or to the Owner's estate.

CASH VALUE

The Cash Values are shown in the Table of Policy Values on page 4. Each value shown in the Table assumes: a. all premiums have been paid to the end of the policy year shown; and b. there is no indebtedness.

The net cash value of this policy equals the Cash Value of the policy less its indebtedness. This policy may be surrendered for its net cash value at any time prior to termination of coverage under this policy upon receipt of: a. written request from the Owner; and b. the policy by the Company at its Home Office.

Basis of Policy Values. The mortality table, interest rate and method of computation of guaranteed nonforfeiture values is shown on Page 3. All guaranteed values are at least equal to those required by the state in which this Policy is delivered. A detailed statement of the method of computing guaranteed nonforfeiture values for this Policy has been filed with the Insurance Department of the state in which this Policy is delivered.

The guaranteed nonforfeiture values of this Policy are shown in the Table of Policy Values on Page 4. The Company will furnish any policy values not shown in the table upon request. Allowance will be made for elapsed time and premiums paid when calculating values between policy anniversaries.

DEFAULT OR SURRENDER OPTIONS

A premium will be in default if not paid by the end of its grace period. The default date will be the premium due date. Default will terminate this policy except as provided by the options below. The Owner may elect an option by written request. The election must be within 60 days after the date of default, and while the Insured is alive. If such election is not made, the paid-up insurance option will be automatic.

Option 1. Paid-Up Insurance. This policy may be continued as nonparticipating paid-up life insurance from the date of default.

The paid-up insurance will be an amount of insurance determined by dividing the net cash value on the date of default by the net single premium.

The guaranteed paid-up insurance amounts, assuming no indebtedness, are shown on page 4.

Option 2. Surrender for Cash. This policy may be surrendered for its net cash value as of the default date. The net cash value as of a policy anniversary will be paid when the policy is surrendered within 31 days of the anniversary if: a. the policy is paid-up because premium payments have been completed; or b. the policy is continued under Option 1.

The Company must receive the policy at its Home Office before it can be surrendered.

POLICY LOANS

The Owner may obtain a policy loan from the Company on the sole security of the policy, if: a. the Owner makes written request for a loan; b. the policy has a loan value; c. the policy is in force.

The loan value on any date equals: a. this policy's Cash Value as of the next policy anniversary; less b. any outstanding policy loan; and c. any loan interest to the next policy anniversary.

Interest, payable in advance, will be charged on a loan from the loan date. Interest is due and payable on each policy anniversary. The effective interest rate will be 8% per year, i.e., 7.41% in advance. Interest not paid when due will be added to the existing loan. Such interest will bear interest at the same rate.

A policy will terminate any time its indebtedness equals or exceeds the Cash Value.

All or part of a loan may be repaid at any time. The Insured must then be alive. The policy must then be in force. Any partial payment must be at least \$25.

Automatic Premium Loan. Any premium not paid before the end of its grace period will be automatically paid by charging the premium due, with interest, as a policy loan against this policy, if: a. automatic premium loan has been elected in the application or by written request received before the end of the grace period of the unpaid premium; and b. the resulting indebtedness does not exceed the loan amount available.

Interest will be charged on the automatic premium loan from the premium due date to the next following policy anniversary. Such loan shall be subject to the same conditions as other policy loans.

If the premium due cannot be paid by automatic premium loan, the Default or Surrender Options provision will apply.

Election of the automatic premium loan provision may be cancelled at any time by written request.

GENERAL PROVISIONS

Age-Sex. The Insured's issue age is the age at last birthday on the policy date. If the age or sex of the Insured has been misstated, any benefits and Cash Values will be those the premiums paid would have provided for the correct age and sex.

Assignment. This policy may be assigned by the Owner. An assignment will be binding on the Company only if it is in writing and only when it is received at the Company's Home Office. The Company is not responsible for the validity or sufficiency of an assignment. All rights, options and benefits of the Owner and any beneficiary are subject to any assignment.

Change in Policy. Any change in the terms of this policy must be made in writing. Only the President or Secretary of the Company is authorized to change or waive the terms of the policy. The Company will not be bound by any promises or representations made by any agent or other person.

Contestability. All statements made in the applications shall be considered representations and not warranties. Statements may be used in defense of a claim or of the validity of this policy only if they are contained in the application. Except for nonpayment of premiums, this policy will not be contestable after it has been in force during the lifetime of the Insured for 2 years from the Date of Issue.

Deferment. A policy loan or the payment of cash on partial or complete surrender of the policy may be postponed by the Company for not more than six months from the date the request for loan or surrender is received at its Home Office. If payment of cash on surrender of any policy is postponed more than 30 days, interest at a rate of at least 4-1/2% per year on the then Net Cash Value will be paid from the date of surrender to the date of payment.

Entire Contract. This policy is issued in consideration of the application, and payment of the initial premium. All of the pages of this policy, the application, a copy of which is attached at issue, and all endorsements and riders which are imprinted or attached make up the entire contract.

This policy describes the benefits provided to the Owner.

Nonparticipating. This policy provides nonparticipating insurance. It does not pay dividends or participate in the divisible surplus of the Company.

Owner. The Owner of this policy is as named in the application or as changed by written request. The Owner, by written request signed while the Insured is living, may exercise every right and option and receive every benefit provided by this policy. If an Owner other than the Insured dies while the Insured is living, all rights and options of that Owner shall belong to the Owner's executors or administrators unless otherwise provided.

Suicide. If the Insured commits suicide within 2 years from the Date of Issue, the liability of the Company under this policy will be limited to the premiums actually paid less any indebtedness.

SETTLEMENT OPTIONS

Instead of one payment, all or part of the policy proceeds may be paid by one or more of the settlement options in this provision if the rules below are followed.

The Owner may, by written request, make, change or revoke a settlement option election while the Insured is alive and before the proceeds are paid by the Company. Following the death of the Insured, and before the proceeds are paid by the Company, the beneficiary may elect an option by written request if the Owner did not do so or may change an election only if permission was given in the Owner's election. A change in beneficiary automatically cancels a previous settlement option election.

Proceeds payable under any settlement option must be at least \$2,000, and periodic payments to any payee must be at least \$25. Withdrawal of proceeds may be made in amounts of at least \$100 under Option 1.

An assignee's portion of proceeds must be paid in one payment. The balance of proceeds may be paid by settlement options. If proceeds are payable to an administrator, association, corporation, executor, partnership or trustee, one payment will be made unless the Company agrees to payment under settlement options.

No part of any settlement option payments may be alienated, anticipated, assigned, commuted, encumbered or withdrawn, unless allowed in the settlement option election.

1. **Interest Options** a. Interest is compounded annually on the proceeds held by the Company. Both principal and total interest are paid at the end of an agreed upon period, or at the time such principal and interest being held by the Company becomes less than \$2,000, if earlier. b. Interest is paid at the end of each month on the proceeds held by the Company. The principal and any unpaid accrued interest are paid at the end of an agreed upon period or at the time such principal and interest being held by the Company become less than \$2,000, if earlier.

2 **Installment Options** a. Installments are paid at the beginning of each month in an amount agreed upon until the proceeds and compounded interest are all paid out. b. Installments are paid at the beginning of each month over the time period agreed upon. Whenever installments payable are or become less than \$25, the balance of proceeds and interest will be paid at that time.

3. **Life Income Options** a. Installments at the beginning of each month are paid during the annuitant's lifetime, but are continued during the balance of the period certain. The monthly installment is found in the table below based upon the annuitant's age last birthday when installments begin. b. Installments at the beginning of each month are paid during the lifetime and end at the death of the annuitant. The monthly installment will be determined by the amount that the proceeds would provide using the Company's annuity rates in effect for the annuitant's age last birthday when installments begin.

Under this option, evidence of the annuitant's age satisfactory to the Company is required before the first installment is made. Also, the Company may require proof each time an installment is to be made that the annuitant is then alive.

4. **Other Options.** Any other options agreed to by the Company may be elected. The guaranteed effective annual interest rate under Options 1 and 2 is 2-1/2%. Interest in excess of 2-1/2% may be declared by the Company, at its sole discretion, to be payable under Options 1 and 2, and during the period certain under Option 3 (a).

Upon written request before payments begin, any option paying monthly installments may be changed to make quarterly, semiannual or annual installments.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF NET PROCEEDS

Option 2 (b)

No. of Years Specified	Each Monthly Payment	No. of Years Specified	Each Monthly Payment
1	\$84.28	16	\$6.30
2	42.66	17	6.00
3	28.79	18	5.73
4	21.86	19	5.49
5	17.70	20	5.27
6	14.93	21	5.08
7	12.95	22	4.90
8	11.47	23	4.74
9	10.32	24	4.60
10	9.39	25	4.46
11	8.64	26	4.34
12	8.02	27	4.22
13	7.49	28	4.12
14	7.03	29	4.02
15	6.64	30	3.93

Option 3 (a) Monthly Life Income with Payments Certain

Age of Beneficiary		Age of Beneficiary		Age of Beneficiary		Age of Beneficiary		Age of Beneficiary		Age of Beneficiary		Age of Beneficiary		Age of Beneficiary	
Male	Female	10 Years	20 Years	Male	Female	10 Years	20 Years	Male	Female	10 Years	20 Years	Male	Female	10 Years	20 Years
5*	10*	\$2.62	\$2.60	25	30	\$3.07	\$3.05	45	50	\$4.09	\$3.90	65	70	\$6.30	\$4.98
6	11	2.63	2.61	26	31	3.11	3.08	46	51	4.17	3.95	66	71	6.45	5.02
7	12	2.65	2.63	27	32	3.14	3.11	47	52	4.25	4.01	67	72	6.60	5.05
8	13	2.68	2.64	28	33	3.18	3.15	48	53	4.33	4.07	68	73	6.76	5.09
9	14	2.68	2.66	29	34	3.22	3.18	49	54	4.42	4.12	69	74	6.91	5.12
10	15	2.70	2.68	30	35	3.28	3.22	50	55	4.50	4.18	70	75	7.07	5.14
11	16	2.72	2.70	31	36	3.30	3.25	51	56	4.60	4.24	71	76	7.23	5.17
12	17	2.73	2.71	32	37	3.34	3.29	52	57	4.69	4.30	72	77	7.38	5.19
13	18	2.75	2.73	33	38	3.39	3.33	53	58	4.79	4.36	73	78	7.54	5.20
14	19	2.77	2.75	34	39	3.43	3.37	54	59	4.90	4.41	74	79	7.69	5.22
15	20	2.80	2.78	35	40	3.48	3.41	55	60	5.01	4.47	75	80	7.84	5.23
16	21	2.82	2.80	36	41	3.53	3.45	56	61	5.12	4.53	76	81	7.98	5.24
17	22	2.85	2.83	37	42	3.59	3.50	57	62	5.23	4.59	77	82	8.13	5.25
18	23	2.87	2.85	38	43	3.64	3.54	58	63	5.35	4.64	78	83	8.26	5.26
19	24	2.90	2.88	39	44	3.70	3.59	59	64	5.48	4.70	79	84	8.39	5.26
20	25	2.92	2.90	40	45	3.76	3.64	60	65	5.61	4.75	80†	85†	8.51	5.27
21	26	2.95	2.93	41	46	3.82	3.69	61	66	5.74	4.80				
22	27	2.98	2.96	42	47	3.88	3.74	62	67	5.87	4.85				
23	28	3.01	2.99	43	48	3.95	3.79	63	68	6.01	4.90				
24	29	3.04	3.02	44	49	4.02	3.84	64	69	6.16	4.94				

* and under
† and over

BENEFITS AND PREMIUMS

INITIAL AMOUNT AND BENEFIT	ANNUAL PREMIUM	PREMIUM PERIOD
[\$1,650 LIFE INSURANCE]	[\$920.52]	5 YEARS

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

Interest Rate:	5%
Mortality Table:	1980 CSO ALB Sex-Distinct
Values Method:	Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE	Policy Number:	033999
Initial Face Amount: \$1,650	Issue Age:	51
Premium Class: STANDARD	Policy Date:	12/12/11
Annual Premium: \$920.52	Date of Issue:	12/12/11

TABLE OF POLICY VALUES

POLICY YEAR	INSURANCE AMOUNT	CASH VALUE	PAID-UP INSURANCE
1	1,650.00	197.95	561
2	3,850.00	794.15	2,162
3	5,500.00	1,420.65	3,735
4	5,637.50	2,079.83	5,286
5	5,777.93	2,774.31	6,226
6	5,921.43	2,872.93	PAID-UP
7	6,069.03	2,972.15	PAID-UP
8	6,220.73	3,071.59	PAID-UP
9	6,375.50	3,170.75	PAID-UP
10	6,534.38	3,268.76	PAID-UP
11	6,534.38	3,367.93	PAID-UP
12	6,534.38	3,467.92	PAID-UP
13	6,534.38	3,568.40	PAID-UP
14	6,534.38	3,669.16	PAID-UP
15	6,534.38	3,770.14	PAID-UP
16	6,534.38	3,871.34	PAID-UP
17	6,534.38	3,972.87	PAID-UP
18	6,534.38	4,074.68	PAID-UP
19	6,534.38	4,176.65	PAID-UP
20	6,534.38	4,278.29	PAID-UP
21	6,534.38	4,379.10	PAID-UP
22	6,534.38	4,478.38	PAID-UP
23	6,534.38	4,575.34	PAID-UP
24	6,534.38	4,669.78	PAID-UP
25	6,534.38	4,761.52	PAID-UP

Coverage increases as shown under insurance amount. Subsequent increases may be approved by The Company Board of Directors.

BENEFITS AND PREMIUMS

INITIAL AMOUNT AND BENEFIT	ANNUAL PREMIUM	PREMIUM PERIOD
[\$1,650 LIFE INSURANCE]	[\$511.08]	10 YEARS

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

Interest Rate:	5%
Mortality Table:	1980 CSO ALB Sex-Distinct
Values Method:	Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE	Policy Number: 033995
Initial Face Amount: \$1,650	Issue Age: 51
Premium Class: STANDARD	Policy Date: 12/12/11
Annual Premium: \$511.08	Date of Issue: 12/12/11

TABLE OF POLICY VALUES

POLICY YEAR	INSURANCE AMOUNT	CASH VALUE	PAID-UP INSURANCE
1	1,650.00	.00	0
2	3,850.00	240.46	655
3	5,500.00	564.69	1,485
4	5,637.50	902.50	2,294
5	5,777.93	1,254.61	3,086
6	5,921.43	1,622.12	3,867
7	6,069.03	2,006.02	4,626
8	6,220.73	2,407.57	5,385
9	6,375.50	2,828.05	6,127
10	6,534.38	3,268.76	6,870
11	6,534.38	3,367.93	PAID-UP
12	6,534.38	3,467.92	PAID-UP
13	6,534.38	3,568.40	PAID-UP
14	6,534.38	3,669.16	PAID-UP
15	6,534.38	3,770.14	PAID-UP
16	6,534.38	3,871.34	PAID-UP
17	6,534.38	3,972.87	PAID-UP
18	6,534.38	4,074.68	PAID-UP
19	6,534.38	4,176.65	PAID-UP
20	6,534.38	4,278.29	PAID-UP
21	6,534.38	4,379.10	PAID-UP
22	6,534.38	4,478.38	PAID-UP
23	6,534.38	4,575.34	PAID-UP
24	6,534.38	4,669.78	PAID-UP
25	6,534.38	4,761.52	PAID-UP

Coverage increases as shown under insurance amount. Subsequent increases may be approved by The Company Board of Directors.

AMERICAN HOME LIFE INSURANCE COMPANY

APPLICATION FOR LIFE INSURANCE

1920 NORTH MAIN STREET, P. O. BOX 715

PHONE: _____ (Home)

NORTH LITTLE ROCK, AR 72115

CONTROL NUMBER _____

PHONE: _____ (Work)

(501) 758-1778

POLICY NUMBER _____

1. FULL NAME OF PROPOSED INSURED First, Middle, Last (Please Print)	Social Security Number	Sex	Height	Weight	State of Birth	Birthdate Mo Day Yr	Age	Requested Insurance Amount	Mode Premium

2. Occupation Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Employment _____	3. Residence Address (No. & St., City, State, Zip Code) _____ _____
---	---

4. Plan of insurance INCREASING FACE Limited Pay Policy	<input type="checkbox"/> Paid-up at age 65 <input type="checkbox"/> 10-Year <input type="checkbox"/> Lifetime	<input type="checkbox"/> Single Premium <input type="checkbox"/> 5-Year	Graded Death Benefit <input type="checkbox"/> 5-Year <input type="checkbox"/> 10-Year	<input type="checkbox"/> Annuity _____ years
---	---	--	--	---

5. Premium Period Selected <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Bank Deduction <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly Direct	6. Amount tendered for first premium \$ _____
---	--

7. BENEFICIARIES (Print full name and relationship to Proposed Insured)					
Primary Beneficiary	Full Name	Relationship To Insured	Contingent Beneficiary	Full Name	Relationship To Insured

THE FOLLOWING HEALTH QUESTIONS NEED NOT BE ANSWERED IF APPLYING FOR AN ANNUITY

8. In the past ten (10) years, has the proposed insured:	Yes	No
a. been hospitalized, home confined or in a nursing facility? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
b. ever had any symptoms of or been afflicted with diabetes, cancer, or any disorder of the blood, heart, kidney, lung, brain or circulatory system? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
c. ever had symptoms of or been afflicted with any serious illness or injury not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
d. ever been declined, postponed or offered a policy other than as applied for?	<input type="checkbox"/>	<input type="checkbox"/>
e. used intravenous drugs, cocaine, barbiturates, hallucinogens, sought advice or treatment for alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
f. ever had or been told you had Acquired Immune Deficiency Syndrome (AIDS), Aids-related Complex (ARC) or had a positive test for antibodies to AIDS?	<input type="checkbox"/>	<input type="checkbox"/>

9. Will the insurance replace any existing insurance? Yes No

10. Name and address of usual medical advisor? _____
Date and reason of last visit? _____
List current medication prescriptions _____

If any question above is answered "Yes", give full details as to dates, names of physicians and hospitals, illness or injury and results in the space provided below. Use back of application, if necessary.

I DECLARE that all answers to the questions above and the appropriate details are complete, true and accurately recorded. I understand and agree that no one has authority to permit me to withhold information or to answer any question falsely and that any policy which may be issued by the Company on this Application shall be accepted subject to its terms. I expressly authorize any physician, hospital or the Medical Information Bureau (MIB), or consumer reporting agency to disclose any information acquired by examination or treatment of me or any member of my family. A copy of this authorization shall be as valid as the original. I expressly waive all statutory rights governing such disclosure. I understand and agree that no insurance coverage shall be effective until this Application is approved by the Company, the first full premium is paid, and the policy is delivered during the continued good health of the Proposed Insured. I acknowledge receipt of (1) "Notice Of Information Practices" required by Public Law 91-508 and other information practices statutes and (2) MIB Pre-Notice.

(Notice: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison).

Signed at _____ State of _____, this _____ day of _____ 20____

Signature of Agent _____

Signature of Proposed Insured (if age 16 or over) _____

Owner (Print Name) _____

Social Security Number _____

Signature of Owner and Relationship (If other than Proposed Insured) _____

SERFF Tracking Number: EWLE-127898298 State: Arkansas
 Filing Company: American Home Life Insurance Company State Tracking Number: 50482
 Company Tracking Number:
 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
 Product Name: Graded Benefit Life
 Project Name/Number: /

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification 001.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Application is being submitted under the forms tab.

Item Status: **Status Date:**

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachment:

1007201103Form209-1-12IDBGradedSOM.pdf

Item Status: **Status Date:**

Satisfied - Item: Submission Letter

Comments:

Attachment:

Submission Letter.pdf

Item Status: **Status Date:**

Satisfied - Item: Authorization to file

Comments:

Attachment:

SERFF Tracking Number: EWLE-127898298 State: Arkansas
Filing Company: American Home Life Insurance Company State Tracking Number: 50482
Company Tracking Number:
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
Product Name: Graded Benefit Life
Project Name/Number: /
AHLICAuthorization.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Compliance Certification

Comments:

Attachment:
Certification.pdf

Readability Certification

Insurance Company: American Home Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
209-1-12	Graded Benefit Life Insurance Policy	54.0

I hereby certify that the above referenced form complies with the readability requirements of this State.



Authorized Signature

Anne Powell Black

Name

President

Title

December 13, 2011

Date

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
Steven D. Bryson, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Sarah A. Hoover, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert E. Gove, A.S.A.
J. Finn Knox-Seith, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Christopher H. Davis, F.S.A.
Thomas L. Handley, F.S.A.
Anthony G. Proulx, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

December 14, 2011

Arkansas Department of Insurance

RE: American Home Life Insurance Company NAIC # 83860

209-1-12 Graded Benefit Life Insurance Policy
A-106.25 12/2011 Application

Dear Sir or Madam:

This filing is being submitted on behalf of American Home Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

Form 209-1-12 is a graded benefit life insurance policy providing a death benefit of 30% of the policy face amount in the first policy year; 70% of the policy face amount in the second policy year and 100% of the policy face amount in the third policy year. Thereafter, the face amount increases in the fourth policy year through the tenth policy year and then remains level thereafter. Premium payments are payable for either 5 years or 10 years. Attached are two versions of the schedule pages (page 3 and 4) – one for the 5 premium payment period and one for the 10 premium payment period. The two schedules are being submitted via SERFF under separate documents.

The readability score for the policy is 54.0. Form ARK-NOT, the required complaint notice approved by your office on June 22, 2010 will be used with the policy when approved.

Form A-106.25 12/2011 is an application to be used with form 209-1-12 as well as with the following forms previously approved by your office as indicated below:

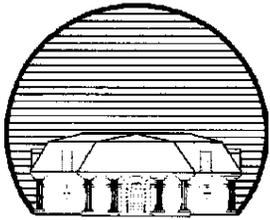
Form Number	Form Description	Approval Date
208-2-10	Increasing Death Benefit Life Insurance Policy	June 22, 2010
FA 100-3-08	Annuity	April 9, 2008

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist





American Home Life Insurance Company

May 14, 2010

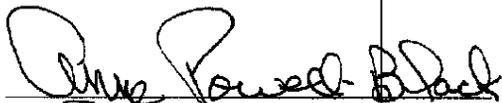
Re: Filing Authorization
Lewis & Ellis, Inc.
PO Box 851857
Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representatives of L&E to submit state filings of insurance forms/rates/products on behalf of American Home Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of American Home Life Insurance Company.


President

Compliance Certification

Insurance Company: American Home Life Insurance Company

Form Number

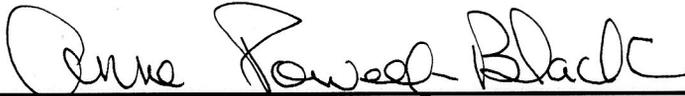
209-1-12

Description of Form

Graded Benefit Life Insurance Policy

I hereby certify that in connection with the above referenced forms, American Home Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;
Rule & Regulation 49 pertaining to Guaranty Association Notices



Authorized Signature

Anne Powell Black

Name

President

Title

December 28, 2011

Date