

<i>SERFF Tracking Number:</i>	<i>SEFL-127871499</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>SPIA</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>SPIA</i>		
<i>Project Name/Number:</i>	<i>SPIA/SPIA</i>		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: SPIA

SERFF Tr Num: SEFL-127871499 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable

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

Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Co Tr Num: SPIA

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Kristi Hendrickson

Disposition Date: 01/24/2012

Date Submitted: 01/18/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SPIA

Status of Filing in Domicile: Authorized

Project Number: SPIA

Date Approved in Domicile: 01/11/2012

Requested Filing Mode: Review & Approval

Domicile Status Comments: IIPRC

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/24/2012

State Status Changed: 01/24/2012

Deemer Date:

Created By: Kristi Hendrickson

Submitted By: Kristi Hendrickson

Corresponding Filing Tracking Number:

Filing Description:

Form Numbers Form Title

I A1117 Non-Qualified Single Premium Immediate Annuity

I A1118 Qualified Single Premium Immediate Annuity

47-100-03351 (R01-12) Application for Individual Annuity

Forms I A1117 and I A1118 are individual, single premium immediate annuity policies. Form I A1118 is a qualified annuity intended for use in conjunction with the required prototype form as a single premium immediate annuity authorized under IRC § 408(b). Form I A1117 is non-qualified.

SERFF Tracking Number: SEFL-127871499 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number:
 Company Tracking Number: SPIA
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Product Name: SPIA
 Project Name/Number: SPIA/SPIA

Form 47-100-03351 (R01-12) is the application that will be used to apply for these products as well as the other annuity products we offer, including I A1003 and I A1004 (approved on January 18, 2011 under DOI filing 47630. Upon your approval it will replace application 47-100-03351 (R09-10).

All applications that are taken through an electronic application require the agent and proposed insured to accept the Terms of Use and Esignature consent before proceeding. There are three points through the process in which the proposed insured is able to reject the process. The three points are Terms of Use and Esignature consent, after reviewing the completed application and just before eSigning the completed application. This electronic application can be signed by the topaz signature pad or through the clickwrap process. There are no additional drop downs, scripts, questions, questionnaires or supplements used through the electronic application process.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
 1526 K Street 402-437-3452 [Phone]
 Lincoln, NE 68508 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska
 1526 K Street Group Code: Company Type: Life/Health
 P.O. Box 82533 Group Name: State ID Number:
 Lincoln, NE 68501-2533 FEIN Number: 38-1843471
 (800) 276-7619 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 50.00 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$150.00	01/18/2012	55542958

SERFF Tracking Number: SEFL-127871499 State: Arkansas
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 Product Name: SPIA
 Project Name/Number: SPIA/SPIA

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/24/2012	01/24/2012

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	01/24/2012	01/24/2012	Kristi Hendrickson	01/24/2012	01/24/2012

SERFF Tracking Number: SEFL-127871499 *State:* Arkansas
Filing Company: Assurity Life Insurance Company *State Tracking Number:*
Company Tracking Number: SPIA
TOI: A05I Individual Annuities- Immediate Non- *Sub-TOI:* A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: SPIA
Project Name/Number: SPIA/SPIA

Disposition

Disposition Date: 01/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-127871499 State: Arkansas
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 Project Name/Number: SPIA/SPIA

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification		Yes
Form	Non-Qualified Single Premium Immediate Annuity		Yes
Form	Qualified Single Premium Immediate Annuity		Yes
Form	Application for Individual Annuity		Yes

SERFF Tracking Number: SEFL-127871499 State: Arkansas
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TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: SPIA
Project Name/Number: SPIA/SPIA

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/24/2012
Submitted Date 01/24/2012
Respond By Date 02/24/2012

Dear Kristi Hendrickson,

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 assure us that 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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Product Name: SPIA
Project Name/Number: SPIA/SPIA

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/24/2012
Submitted Date 01/24/2012

Dear Linda Bird,

Comments:

Thank you for your correspondence.

Response 1

Comments: The certification is attached.

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 assure us that 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: Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration.

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Variable
Product Name: SPIA
Project Name/Number: SPIA/SPIA

Sincerely,
Kristi Hendrickson

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Form Schedule

Lead Form Number: I A1117

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	I A1117	Policy/Cont Non-Qualified Single ract/Fratern Premium Immediate al Annuity Certificate	Initial		50.900	IA1117.pdf
	I A1118	Policy/Cont Qualified Single ract/Fratern Premium Immediate al Annuity Certificate	Initial		50.900	IA1118.pdf
	47-100-03351 (R01-12)	Application/ Enrollment Form Application for Individual Annuity	Revised	Replaced Form #: 47-100-03351 (R09-10) Previous Filing #:	50.200	47-100-03351 (R01-12).pdf



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • FAX (402) 437-3634

**Non-Qualified Single
Premium Immediate Annuity**

This is a legal contract between You (the Owner) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved Application and Single Premium. We agree to the terms of this policy.

RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning the policy to Our administrative office or one of Our representatives. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive the policy.

Assurity Life Insurance Company has signed this policy on the Issue Date.


President


Secretary

www.assurity.com

Nonparticipating Policy

Representative: [Alex Agent]
Address: [123 Any Boulevard]
 [Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

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 Change of Beneficiary 4
 Change of Owner 5
 Contestable Period 5
 Death of Owner 5
 Death of Payee 5
 Entire Contract; Changes 5
 Misstatement of Age and/or Gender 5
 Ownership 5

DEFINITIONS

Age means age on the Annuitant's last birthday.

Application means the written Application or request for proceeds that We received requesting this policy.

Annuitant means the person(s) on whose life expectancy this policy is written. The Annuitant may not be changed after the Issue Date.

Beneficiary means the person(s) named by You in the Application, or later changed as described in the Change of Beneficiary section, to receive this policy's Death Proceeds, if any.

Owner means the person(s) named in the Application, or later changed as described in the Change of Owner section. If no Owner is designated, the Annuitant is the Owner.

Payee means the person designated by the Owner to receive the Payment Amount from this policy. If a Payee is not designated, the Annuitant is the Payee.

We, Us, and Our mean Assurity Life Insurance Company.

You and Your mean the Owner of the policy, if living, otherwise the estate of the Owner.

PREMIUM

Single Premium Payment. We received a Single Premium for this policy. No further premiums are due, and no subsequent premiums will be accepted.

BENEFITS

Surrender and Commutation. This policy has no cash value and may not be surrendered for cash. After the Date of First Payment while an Annuitant is living, no remaining annuity payments may be commuted, either in whole or in part.

Payment Amount. Annuity payment amounts may be based on the:

- 2012 Immediate Annuity Mortality Table;
- payment option chosen;
- declared interest rate at issue;
- payment period chosen;
- frequency of payments;
- age of the Annuitant (proof of age may be required); and
- gender of the Annuitant.

The Payment Amount You receive may be reduced by any state or federal income taxes that We are required to withhold.

GENERAL PROVISIONS

Assignment. You may assign the benefits, if any, available under this policy. An assignment is a transfer of some or all of Your rights under this policy to an assignee. You assign this policy by entering into a contract with the assignee. The assignment must be in writing. Unless specified by You, the assignment becomes effective on the date it is signed. We will not be responsible for the legal effect of any assignment or for any payments We make or for other action taken prior to receiving the signed request.

Change of Beneficiary. The Beneficiary may be changed while the Annuitant is alive. You may change the Beneficiary by completing and signing a form approved by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless otherwise stated in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form unless otherwise specified by You. We are not liable for payments made or action taken prior to Our written acknowledgment of the Beneficiary change.

Change of Owner. Policy ownership may be changed while the Annuitant is alive. You may change ownership by completing and signing a form approved by Us for changing ownership and returning the form to Our administrative office for Our written acknowledgment.

Naming a new Owner voids any prior designation unless stated otherwise in the new designation. This policy does not allow the naming of a contingent Owner.

When We furnish You written acknowledgment of a change of ownership, the change becomes effective on the date You signed Our form unless otherwise specified by You. We are not liable for payment made or action taken prior to Our written acknowledgment of the ownership change. An ownership change will not change the Beneficiary or the payment option.

Contestable Period. We will not contest the validity of this policy.

Death of Owner. If the Owner dies, the Beneficiary becomes the Owner.

Death of Payee. If the Payee dies and the Payment Amount continues to be payable, You will need to designate a new Payee.

Entire Contract; Changes. This policy is a legal contract between You and Us. The entire contract consists of the policy, which includes the Application and any endorsements or amendments We have attached. All statements made by You in Your Application shall, in the absence of fraud, be deemed as representations and not warranties. No change in this policy will be effective until approved by one of Our officers. No sales representative has authority to change this policy or to waive any of its provisions.

Misstatement of Age and/or Gender. If the age and/or gender of an Annuitant has been misstated and the annuity benefit would be affected, We will adjust the annuity benefit to account for the correct age and/or gender. We will adjust any underpayments immediately and any overpayments will be deducted from future payments. Underpayments and overpayments will be calculated using the interest rate used in calculating the Payment Amount.

Ownership. You may change the beneficiary and/or payee, subject to the rights of any irrevocable beneficiary or assignee.

Non-Qualified Single Premium Immediate Annuity

Nonparticipating Policy

Read Your Policy Carefully



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • FAX (402) 437-3634

**Qualified Single
Premium Immediate Annuity**

This is a legal contract between You (the Annuitant/Owner) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved Application and Single Premium. We agree to the terms of this policy.

RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning the policy to Our administrative office or one of Our representatives. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive the policy.

Assurity Life Insurance Company has signed this policy on the Issue Date.


President


Secretary

www.assurity.com

Nonparticipating Policy

Representative: [Alex Agent]
Address: [123 Any Boulevard]
 [Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

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DEFINITIONS

Age means age on the Annuitant's last birthday.

Application means the written Application or request for proceeds that We received requesting this policy.

Annuitant means the person(s) on whose life expectancy this policy is written. The Annuitant may not be changed after the Issue Date.

Beneficiary means the person(s) named by You in the Application, or later changed as described in the Change of Beneficiary section, to receive this policy's Death Proceeds, if any.

Owner means the Annuitant.

Payee means the person designated by the Owner to receive the Payment Amount from this policy. If a Payee is not designated, the Annuitant is the Payee.

We, Us, and Our mean Assurity Life Insurance Company.

You and Your mean the Annuitant/Owner of the policy, if living, otherwise the estate of the Annuitant/Owner.

PREMIUM

Single Premium Payment. We received a Single Premium for this policy. No further premiums are due, and no subsequent premiums will be accepted.

BENEFITS

Surrender and Commutation. This policy has no cash value and may not be surrendered for cash. After the Date of First Payment while an Annuitant is living, no remaining annuity payments may be commuted, either in whole or in part.

Payment Amount. Annuity payment amounts may be based on the:

- 2012 Immediate Annuity Mortality Table;
- payment option chosen;
- declared interest rate at issue;
- payment period chosen;
- frequency of payments;
- age of the Annuitant (proof of age may be required); and
- gender of the Annuitant.

The Payment Amount You receive may be reduced by any state or federal income taxes that We are required to withhold.

GENERAL PROVISIONS

Assignment. As required by federal law, neither the policy nor the benefits it provides can be assigned.

Change of Beneficiary. The Beneficiary may be changed while You are alive. You may change the Beneficiary by completing and signing a form approved by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless otherwise stated in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form unless otherwise specified by You. We are not liable for payments made or action taken prior to Our written acknowledgment of the Beneficiary change.

Contestable Period. We will not contest the validity of this policy.

Death of Owner. If You die, any payments due will be paid as stated under the Death Proceeds section on the Schedule page.

Death of Payee. If the Payee dies and the Payment Amount continues to be payable, You will need to designate a new Payee.

Entire Contract; Changes. This policy is a legal contract between You and Us. The entire contract consists of the policy, which includes the Application and any endorsements or amendments We have attached. All statements made by You in Your Application shall, in the absence of fraud, be deemed as representations and not warranties. No change in this policy will be effective until approved by one of Our officers. No sales representative has authority to change this policy or to waive any of its provisions.

Misstatement of Age and/or Gender. If Your age and/or gender has been misstated and the annuity benefit would be affected, We will adjust the annuity benefit to account for the correct age and/or gender. We will adjust any underpayments immediately and any overpayments will be deducted from future payments. Underpayments and overpayments will be calculated using the interest rate used in calculating the Payment Amount.

Ownership. You may change the beneficiary and/or payee, subject to the rights of any irrevocable beneficiary .

Qualified Single Premium Immediate Annuity

Nonparticipating Policy

Read Your Policy Carefully

5. PREMIUM INFORMATION

Single Premium (\$2,000 minimum, SPIA \$10,000 minimum) \$ _____ (If \$500,000 or more, call the investment department for approval.)

IRA only: Rollover Account Direct Transfer New Money

ROTH IRA: Conversion from Traditional IRA Transfer/Rollover from existing Roth New Money

6. SINGLE PREMIUM IMMEDIATE ANNUITY ONLY

Do not withhold federal and state income taxes, if applicable, from the taxable distribution.

Select a payment mode: Monthly Quarterly Semi-annually Annually

Select a payment type below:

Fixed amount: Payments of \$ _____ will continue until the original deposit amount and any interest are paid in full.

Fixed period: Payments will continue until the end of the fixed period of _____ years (minimum 5 years).

Life with period certain: Payments will continue for a specified period of _____ years (5, 10, 15 or 20 years) or while the Annuitant is living, if longer.

Installment refund: Payments will continue until the later of: 1) the Annuitant's death, or 2) payment in full of the original deposit amount.

Joint last survivor: Payments will continue until the first Annuitant dies. Then a level or reduced payment will continue for the surviving Annuitant's lifetime. Survivor percentage _____% (100, 75 or 50)

Joint last survivor with period certain: Payments will continue until the later of: 1) a specified period of _____ years (5, 10, 15 or 20 years), or 2) the first Annuitant's death. Then a level or reduced payment will continue for the surviving Annuitant's lifetime. Survivor percentage _____% (100, 75 or 50)

Life Only: Payments will continue as long as the Annuitant is living.

6 a. JOINT ANNUITANT (information required if applying for a Joint last survivor payment type)

Legal Name First Middle Last Date of Birth (MM/DD/YYYY) / /

Social Security No. Male Female Birth State/Country Relationship to Annuitant

Home Address Street Address City State ZIP+4

1. a. Is the Joint Annuitant a United States citizen, or does the Joint Annuitant have permanent resident (green card) status? Yes No

b. If the Joint Annuitant has permanent resident status, please list permanent resident (green card) number.

6 b. PAYEE (information required if the Annuitant is not the Payee)

Legal Name First Middle Last Date of Birth (MM/DD/YYYY) / /

Soc. Sec. or Tax I.D. No. Relationship to Annuitant

Home Address Street Address City State ZIP+4

AGREEMENT

Substitute Form W-9 information (Request for Taxpayer Identification No. and Certification): I, the Owner, certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

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.

The above statements are complete and true representations to the best of my (our) knowledge and belief.

Signed at _____ on _____ / /
City State Date (MM/DD/YYYY)

Signature of Annuitant Signature of Joint Annuitant Signature of Owner (If other than Annuitant)



SERFF Tracking Number: SEFL-127871499 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Application is being submitted on form schedule.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachments: AM for Filing SPIA - NQ.pdf AM for Filing SPIA - Q.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment: AR NEW Certification.pdf		



READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 2010 program and achieved the following test results:

Form No.	Description	Flesch Score
I A1117	Non-Qualified Single Premium Immediate Annuity	50.9
I A1118	Qualified Single Premium Immediate Annuity	50.9
47-100-03351	Application for Individual Annuity	50.2*
*The application was scored with policy I A1117		

Carol S Watson

Signature

January 12, 2012

Date

Carol Watson
Vice President, General Counsel and Secretary



Company Name: Assurity Life Insurance Company

Form

I A1117

I A1118

Title(s) and Numbers:

Non-Qualified Single Premium Immediate Annuity

Qualified Single Premium Immediate Annuity

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive style and is positioned above a horizontal line.

Carol S. Watson

Vice President, General Counsel & Secretary

January 24, 2012