

State: Arkansas **Filing Company:** AMERICAN FIDELITY LIFE INSURANCE
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: WHOLE LIFE 2012
Project Name/Number: WL2012/60429

Filing at a Glance

Company: AMERICAN FIDELITY LIFE INSURANCE
Product Name: WHOLE LIFE 2012
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.111 Single Premium - Single Life
Filing Type: Form
Date Submitted: 10/01/2012
SERFF Tr Num: AMFL-128707874
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 60429

Implementation: On Approval
Date Requested:
Author(s): Rita Enderson
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/25/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: AMERICAN FIDELITY LIFE INSURANCE
 TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
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General Information

Project Name: WL2012 Status of Filing in Domicile: Authorized
 Project Number: 60429 Date Approved in Domicile: 05/31/2012
 Requested Filing Mode: Domicile Status Comments: APPROVED IN FLORIDA
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 10/25/2012
 State Status Changed: 10/25/2012
 Deemer Date: Created By: Rita Enderson
 Submitted By: Rita Enderson Corresponding Filing Tracking Number:
 Filing Description:
 WL2012 WHOLE LIFE POLICY

Company and Contact

Filing Contact Information

RITA ENDERSON, SR VICE PRESIDENT RITAE@AMFILIFE.COM
 4060 BARRANCAS AVE 850-456-7041 [Phone]
 PENSACOLA, FL 32507 850-457-9901 [FAX]

Filing Company Information

AMERICAN FIDELITY LIFE CoCode: 60429 State of Domicile: Florida
 INSURANCE Group Code: 60429 Company Type: LIFE
 4060 BARRANCAS AVENUE Group Name: AMFI State ID Number:
 PENSACOLA, FL 32507 FEIN Number: 59-0787372
 (850) 456-7401 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
AMERICAN FIDELITY LIFE INSURANCE	\$0.00	10/01/2012	
AMERICAN FIDELITY LIFE INSURANCE	\$250.00	10/02/2012	63336836

SERFF Tracking #:

AMFL-128707874

State Tracking #:**Company Tracking #:**

60429

State:

Arkansas

Filing Company:

AMERICAN FIDELITY LIFE INSURANCE

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

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WHOLE LIFE 2012

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WL2012/60429

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/25/2012	10/25/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/05/2012	10/05/2012

Response Letters

Responded By	Created On	Date Submitted
Rita Enderson	10/25/2012	10/25/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FEES	Note To Reviewer	Rita Enderson	10/02/2012	10/02/2012
PENDING FEES	Note To Filer	Linda Bird	10/02/2012	10/02/2012
PENDING FEES	Note To Reviewer	Rita Enderson	10/02/2012	10/02/2012

State: Arkansas

Filing Company:

AMERICAN FIDELITY LIFE INSURANCE

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Disposition

Disposition Date: 10/25/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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	COST BENEFIT		Yes
Supporting Document	STATEMENT OF VARIABILITY		Yes
Form	WHOLE LIFE POLICY		Yes
Form	APPLICATION FOR MILITARY		Yes
Form	APPLICATION FOR NON MILITARY		Yes
Form	ACCIDENTAL DEATH BENEFIT RIDER		Yes
Form	WAIVER OF PREMIUM RIDER		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/05/2012
Submitted Date	10/05/2012
Respond By Date	11/05/2012

Dear RITA ENDERSON,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

The policy forms were not attached to the Form Schedule on this submission.

Conclusion:

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*

SERFF Tracking #:

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L071 Individual Life - Whole/L071.111 Single Premium - Single Life

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WHOLE LIFE 2012

Project Name/Number:

WL2012/60429

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/25/2012
Submitted Date	10/25/2012

Dear Linda Bird,

Introduction:

Thank you Linda

Response 1

Comments:

They are attached now!

Related Objection 1

Comments:

The policy forms were not attached to the Form Schedule on this submission.

Changed Items:

No Supporting Documents changed.

State: Arkansas

Filing Company:

AMERICAN FIDELITY LIFE INSURANCE

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Product Name: WHOLE LIFE 2012

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Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	WL 2012	POL	WHOLE LIFE POLICY	Initial	50.500	WHOLE LIFE POLICY.pdf	Date Submitted: 10/25/2012 By: Rita Enderson
2	AMFI ALM1 ed. 4/2012	AEF	APPLICATION FOR MILITARY	Initial	50.000	WHOLE LIFE MIL APP.pdf	Date Submitted: 10/25/2012 By: Rita Enderson
3	AMFI ALC1 ed. 4/2012	AEF	APPLICATION FOR NON MILITARY	Initial	50.000	WHOLE LIFE CIV APP.pdf	Date Submitted: 10/25/2012 By: Rita Enderson
4	WL 2012 ADB	POLA	ACCIDENTAL DEATH BENEFIT RIDER	Initial	50.000	WHOLE LIFE ADB.pdf	Date Submitted: 10/25/2012 By: Rita Enderson
5	WL 2012 WP	POLA	WAIVER OF PREMIUM RIDER	Initial	50.000	WHOLE LIFE WP.pdf	Date Submitted: 10/25/2012 By: Rita Enderson

No Rate/Rule Schedule items changed.

SERFF Tracking #:

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State Tracking #:

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State:

Arkansas

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Conclusion:

Linda, thank you for your patience, sometimes Serff gets the best of us! Regards, Rita

Sincerely,

Rita Enderson

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Note To Reviewer

Created By:

Rita Enderson on 10/02/2012 03:26 PM

Last Edited By:

Linda Bird

Submitted On:

10/05/2012 01:19 PM

Subject:

FEES

Comments:

Thank you Linda, I have EFT's the fees. Thank you

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Note To Filer

Created By:

Linda Bird on 10/02/2012 01:51 PM

Last Edited By:

Linda Bird

Submitted On:

10/05/2012 01:19 PM

Subject:

PENDING FEES

Comments:

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 filing fee is received.

Also the submission did not include the policy forms under the Form Schedule.

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Note To Reviewer

Created By:

Rita Enderson on 10/02/2012 11:05 AM

Last Edited By:

Linda Bird

Submitted On:

10/05/2012 01:19 PM

Subject:

PENDING FEES

Comments:

Please advise what the fees are so I can submit EFT. I do not see where the fee schedule is listed.
Many Thanks Rita

State: Arkansas

Filing Company:

AMERICAN FIDELITY LIFE INSURANCE

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Form Schedule

Lead Form Number: WL2012

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		WL 2012	POL	WHOLE LIFE POLICY	Initial:	50.500	WHOLE LIFE POLICY.pdf
2		AMFI ALM1 ed. 4/2012	AEF	APPLICATION FOR MILITARY	Initial:	50.000	WHOLE LIFE MIL APP.pdf
3		AMFI ALC1 ed. 4/2012	AEF	APPLICATION FOR NON MILITARY	Initial:	50.000	WHOLE LIFE CIV APP.pdf
4		WL 2012 ADB	POLA	ACCIDENTAL DEATH BENEFIT RIDER	Initial:	50.000	WHOLE LIFE ADB.pdf
5		WL 2012 WP	POLA	WAIVER OF PREMIUM RIDER	Initial:	50.000	WHOLE LIFE WP.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMERICAN FIDELITY LIFE INSURANCE COMPANY

**[4060 Barrancas Avenue
Pensacola, Florida 32507
(850) 456 7401
www.amfilife.com]**

"We," "us," and "our" refer to American Fidelity Life Insurance Company. "You" and "your" refer to the Owner of this policy.

We agree to pay Insurance Benefits subject to the terms of this policy.

We will pay the Proceeds at the death of the Insured. Payment will be made to the named Beneficiary when proof has been received by Us. If all named beneficiaries have died prior to the death of the Insured, We will pay the Owner or the Owner's estate.

Premiums must be paid in advance to Us at Our Home Office or to Our authorized agent. A receipt will be given upon request. If the premium is not paid by the end of the Grace Period, the policy will lapse as of the due date of that premium. If it lapses, the insurance may end or it may continue for a limited amount as described in Policy Table of Values. In either case, there is a right to reinstate the policy as described in Reinstatement Provision.

The policy and the attached Application, Riders, and Endorsements are the entire contract. The contract is issued in consideration of the statements in the application and the payment of premiums. All statements are representations and not warranties. No statements may be used to contest a claim or the validity of this contract unless they are on the application.

Only the President, Chief Operating Officer, a Vice President, or the Secretary of the Company can change or waive any of the terms of the contract. The change must be in writing. No agent can change the terms of this contract.

Right to Examine Policy: If within [ten (10)]* days after delivery of this policy to the Policyowner, the policy is found unacceptable for any reason, it may be returned to the company, or to the agent through whom it was purchased. Immediately upon such action, the policy will be deemed void from inception, and We will refund any premium paid. * This period is extended to thirty (30) days if a replacement policy from another company, and forty-five (45) days if a replacement with Our Company.

Signed for Us in Pensacola, Florida on the Date of Issue.



[President]



[Treasurer]



Whole Life Insurance Policy
Premiums payable to attained age 120 / During the lifetime of the Insured
Non-Participating

TABLE OF CONTENTS

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POLICY DATA PAGE

POLICY NUMBER	{0000012345P1}
INSURED	{John Doe}
INSURED'S AGE LAST BIRTHDAY	{35}
INSURED'S RATE CLASS	{NTU}
FACE AMOUNT	
Base Policy	{\$10,000}
{ADB Rider}	{\$10,000}
{Additional Rider #1}	{ }
{Additional Rider #2}	{ }
{Additional Rider #3}	{ }
PREMIUM FREQUENCY	{Monthly}
POLICY PREMIUM	
Base Policy	{\$15.88}
{ADB Rider}	{\$ 0.83}
{WOP Rider}	{\$ 0.41}
{Additional Rider #1}	{ }
{Additional Rider #2}	{ }
{Additional Rider #3}	{ }
Total Policy Premium	{\$17.12}
POLICY PREMIUM PERIOD	
Base Policy	{To Age 120}
{ADB Rider}	{To Age 65}
{WOP Rider}	{To Age 60}
{Additional Rider #1}	{ }
{Additional Rider #2}	{ }
{Additional Rider #3}	{ }
DATE OF ISSUE	{05/01/2012}
ISSUE STATE	{ }
OWNER	{Jane Doe}
JOINT OWNER (if any)	{None}
BENEFICIARY(IES)	{Jane Doe}

TABLE OF VALUES

The Cash Values and Paid-Up Insurance amounts shown below are for each \$1,000 of the Face Amount. Values shown at the end of each year apply only if all prior premiums have been paid. An appropriate adjustment will be made if premiums are paid to a date other than a policy anniversary. Values for years not shown will be furnished upon request.

EXTENDED TERM INSURANCE IS NOT AVAILABLE IF THE PREMIUM CLASS IS "RATED"
INSURED'S ISSUE AGE: [35]

End of Policy Year	Cash Value	Paid-Up Insurance	Extended Term Insurance	
			Yrs	Days
1	\$ 0	\$ 0	00	000
2	0	0	00	000
3	4	24	02	282
4	13	74	07	193
5	22	119	11	029
6	31	161	13	280
7	41	204	15	332
8	51	243	17	192
9	62	284	18	334
10	72	317	19	257
11	84	355	20	220
12	96	386	21	047
13	107	418	21	233
14	119	447	21	358
15	132	476	22	150
16	146	506	22	204
17	159	530	22	214
18	173	555	22	227
19	188	581	22	241
20	203	604	22	223
@60	282	702	21	216
@65	367	776	19	293

Cash Value Interest Rate: [3.75%]
Reserve Interest Rate: [3.00%]

DEFINITIONS

The following are key words used in this Policy. They are important in describing both Your rights and Ours. When they are used, they are capitalized. As You read Your Policy, refer back to these definitions.

ATTAINED AGE: The Insured's age on the Date of Issue plus the number of completed Policy Years since the Date of Issue.

BENEFICIARY(IES): The person(s) or entity(ies) designated to receive the Death Benefit Proceeds upon the death of the Insured.

CASH SURRENDER VALUE: The Cash Value as described on Page 3a, less any indebtedness.

DEATH BENEFIT: The face Amount of this policy, as shown on page 3, less any indebtedness.

DEATH BENEFIT PROCEEDS: The amount We will pay to the Beneficiary(ies) upon the death of the Insured while this Policy is in force.

DUE PROOF OF DEATH: An original certified copy of an official death certificate, an original certified copy of a decree of a court of competent jurisdiction.

ENDORSEMENT: An attachment that modifies a provision of this Policy. When an Endorsement is attached to the Policy, it is a part of the Policy and is subject to all the terms of the Policy unless We state otherwise in the Endorsement.

INDEBTEDNESS: The total of any unpaid loan amounts and any unpaid loan interest.

INSURED: The person whose life is covered by this Policy.

DATE OF ISSUE: The date as shown in the Policy Data Page which begins the contestable and suicide periods. This is the date when the first premium is due and Your coverage under this policy begins. It is also the date from which policy years, premium due dates, and policy anniversaries are measured.

HOME OFFICE: The Company's address and telephone number as specified on the Policy Front Page or as may be designated by Us from time to time.

JOINT OWNER: If there is more than one Owner, each Owner shall be a Joint Owner of the Policy. Joint Owners have equal ownership rights and each must authorize any exercise of those ownership rights.

OWNER ("YOU," "YOUR"): The person or entity shown in the Policy Data Page who is entitled to exercise all rights and privileges under this Policy. If Joint Owners are named, all references to Owner shall mean "Joint Owners."

POLICY: This whole life insurance contract between You and Us.

POLICY ANNIVERSARY: An annual anniversary of the Date of Issue.

PREMIUM: Consideration received for insurance coverage under this Policy.

RIDER: A form which provides additional benefits. When a Rider is attached to the Policy it is a part of the Policy and is subject to all the terms of the Policy unless We state otherwise in the Rider.

WRITTEN REQUEST: Information or instructions given to Us in writing in a form satisfactory to Us that includes all required signatures.

GENERAL PROVISIONS

REINSTATEMENT - This policy may be reinstated within 5 years after it lapses. We require:

1. That the policy has not been surrendered for cash, and the Extended Term Insurance period has not expired; and
2. Evidence of insurability satisfactory to Us; and
3. Payment of all past due premiums; and
4. Interest to date on 3 above at [6]% per year, compounded annually.

ASSIGNMENT - We are not responsible for the validity of an assignment. We will not honor an assignment until a copy of it is filed at Our Home Office. An assignment will not affect any payments made before it was filed.

GRACE PERIOD - A grace period of [31] days is allowed to pay each premium after the first. During this grace period, the policy will be in force. If the Insured dies during a grace period, any premiums due will be deducted from the proceeds.

SETTLEMENT AND CURRENCY - All payments by Us will be made at Our Home Office. The policy must be returned for final payment. Any debt to Us on this policy will be deducted from any payment. All payments and premiums are payable in U. S. dollars.

MISSTATEMENT OF AGE - If the age of the Insured as shown on Page 3 is not correct, the benefit to be paid will be adjusted. This benefit will be an amount which the premium paid would have purchased for the true age.

CONTEST OF VALIDITY OF POLICY - In the absence of fraud, We will not contest the validity of this policy after it has been in force during Your lifetime for a period of two years. However, this provision does not apply to the defense of non-payment of premiums or accidental death. In the absence of fraud, any reinstatement effective after the issue date will be incontestable after such reinstatement has been in effect during Your lifetime for two years following the effective date of such reinstatement. We reserve the right to void this policy or deny a claim at any time if You have made any fraudulent statement and/or omission in obtaining, maintaining, or reinstating this policy.

SUICIDE - If the Insured commits suicide, while sane or insane, within two years from the Date of Issue, We will pay only a benefit equal to the amount of premiums paid.

NON-PARTICIPATION - This policy does not share in the profits or surplus of the Company.

ENTIRE CONTRACT - The Policy, application, supplemental applications, and any applicable riders, endorsements, and amendments together make up the entire contract between You and Us.

CONFORMITY WITH STATE LAWS - The Policy will be governed by the law of the Issue State. Any provision that is in conflict with the laws of such state is amended to conform to the minimum requirements of such law.

TERMINATION - All coverage under this Policy will end on the date any one of the following events occurs:

1. You provide a Written Request that coverage end;
2. The Insured dies and We receive Due Proof of Death; or
3. The Grace Period ends without payment of adequate premium.

OWNERSHIP AND BENEFICIARY PROVISIONS

OWNER – The Owner is the Insured unless otherwise provided in the application or by later transfer of ownership. While the Insured is alive, the Owner may exercise all policy rights subject to the interest of any assignee or irrevocable Beneficiary. Upon the death of the Owner other than the Insured, ownership of the Policy will automatically vest to the Insured. If the Policy has Joint Owners, the consent of all Owners is required for Policy changes. Upon the death of a Joint Owner, all rights shall be vested in the surviving Owner(s).

If the Policy is issued on the life of a minor, and while the Insured is under the statutory age to contract for life insurance, he or she cannot exercise the rights of ownership. In this case, rights may be exercised by the following, successively, while living and legally competent:

1. The person who applied for this policy; or
2. The legal guardian of the Insured.

Ownership shall vest to the Insured upon attainment of age 21. Before the Insured attains age 21, the purchaser by written notice to the Company at its Home Office may accelerate, postpone, or revoke the vesting of ownership to the Insured.

CHANGE OF OWNERSHIP - The ownership of this Policy may be changed by the Owner(s) at any time during the Insured's lifetime. Any change must be made by acceptable Written Request to the Home Office. The change will apply to any payments made or actions taken by Us after such request is accepted and recorded at Our Home Office. We reserve the right to require that this Policy be presented for endorsement of any change.

BENEFICIARY - The Owner may designate the Beneficiary(ies) to receive any amount payable under this Policy on the Insured's death. The original Beneficiary(ies) will be named in the application. If two or more persons are named as Beneficiary(ies), those surviving the Insured will share equally unless otherwise stated.

CHANGE OF BENEFICIARY - During the Insured's lifetime, the Owner may change the Beneficiary(ies) by submitting an acceptable Written Request to the Home Office, subject to the designation of any irrevocable Beneficiary(ies) or any existing assignment. A change will take effect on the date the request is signed. However, the Company is not liable for any payment made or action taken before the Company records the change.

DEATH OF BENEFICIARY - The Interest of any Beneficiary who dies before the Insured will end at the death of the Beneficiary. The interest of any Beneficiary who dies at the time of or within ten days after the death of the Insured will also end if no Death Benefit Proceeds have been paid to the Beneficiary. If no Primary Beneficiary(ies) survives the Insured, benefits will be paid to any surviving Contingent Beneficiary(ies), if named, in equal shares, unless otherwise stated. If there are no surviving Beneficiaries at the death of the Insured, the Death Benefit Proceeds will be paid to the Owner; or the Owner's Estate if the Owner does not survive the Insured.

PREMIUM PAYMENTS

PAYMENT OF PREMIUMS - You must pay the first Premium on or before the date the Policy is delivered. Each subsequent Premium is due at the expiration of the period for which the preceding premium was paid. Any premium not paid on or before its due date will be in default. Your Premiums are payable in United States currency. If the premium is not paid by the end of its grace period, this policy will terminate, except as provided in the Guaranteed Table of Values. Any unearned premium paid after the date of death will be refunded to the Beneficiary.

PLANNED PREMIUMS - We will send Premium reminder notices for the amounts and frequency of payments established by the Owner as long as the Policy remains in force. We reserve the right to stop sending such notices if no Premium payment is made for two consecutive payments periods. Changes in the amounts or frequency of such payments will be subject to Our consent.

POLICY VALUES

Cash Values, Extended Term Insurance, and Paid-Up Insurance are available after premiums have been paid for the periods shown in the Table of Values. These values are equal to or greater than those required by law. Extended Term Insurance is not available if the premium class is "rated".

EXTENDED TERM INSURANCE OR PAID UP INSURANCE – At the end of 31 days after the due date of an unpaid premium, if the Policy then has a Cash Value and the policy has not been surrendered, the policy will be automatically continued in force as of said due date as Extended Term Insurance for an amount equal to the Amount of Insurance of the policy less any indebtedness on the policy, payable under the same conditions as the Amount of Insurance; or, if Extended Term Insurance is not available under this policy as Paid-Up Insurance for a reduced level amount. Since Extended Term Insurance is not available if the premium class is "rated, the automatic provision is Paid-Up Insurance for a reduced level amount.

The period of Extended Term Insurance or the amount of Paid-up Insurance will be such as the Surrender Value of the Policy will provide, applied as a net single premium at the Attained Age of the Insured, and will be computed on the assumptions as to interest and mortality set forth in the provision Net Cash Value.

The Owner shall retain the right to make written election of reduced Paid-Up Insurance in lieu of Extended Term Insurance before expiration of 60 days from the due date of the unpaid premium.

NET CASH VALUE -- The policy may be surrendered for its net Cash Value, as provided in the Table of Values. The net Cash Value is the Cash Value, less any debt owed Us. If the policy is surrendered for its Cash Value within 31 days after a policy anniversary, such Cash Value will not be less than the value on such anniversary, less any debt. We reserve the right to defer the payment for six months after the request.

BASIS OF CALCULATIONS - All policy values are based on an interest rate shown in the Table of Values. The Commissioners {2001} Standard Ordinary Mortality Table is used for all policy values and is adjusted for age last birthday. Values in the tables assume that premiums have been paid for the complete years shown. Policy values will take into account the payment of premiums for a part of the year. Policy values for years beyond those shown will be furnished upon request. In computing these values: (1) death benefits are assumed payable at the end of the policy year of death; (2) premiums are assumed to be received annually at the beginning of each policy year. A detailed statement of the way We compute these values is on file in the State in which this policy is delivered.

The Cash Value at the end of a policy year for which premiums have been paid is computed by the Standard Nonforfeiture Value Method, using the adjusted premium as defined in the laws of the State in which this policy is delivered.

TABLE OF VALUES - The values in the Tables assume that all premiums have been paid to the end of the policy year.

The Cash Value and Extended Term Insurance are shown for each \$1,000 of Face Amount. For other amounts, the value shown will be proportionately adjusted.

POLICY LOANS

POLICY LOANS – You may borrow against this policy's Cash Value while this policy is in force, except as Extended Term Insurance or reduced Paid-Up Insurance as defined in the Table of Values. Any loan on this policy will be granted on the sole security of this Policy by assignment satisfactory to the Company. We may defer the making of a loan up to six months, unless the loan is only to be used to pay premiums on this policy.

LOAN PROCEEDS - The maximum proceeds of a policy loan will be the Cash Value of this policy, less interest on the loan proceeds to the next policy anniversary.

If there is an existing loan against this policy, such loan will be repaid from the proceeds of any new loan.

LOAN INTEREST - Interest at the rate of [6 not to exceed 7.4]% a year is payable in advance at the time a loan is obtained and on each policy anniversary until the loan is repaid. Interest will be added to the loan if not paid when due. Unpaid interest will be added to the indebtedness and shall compound interest at the same rate.

LOAN REPAYMENT - All or part of the loan may be repaid at any time while this policy is in force. When any repayment of a loan is made, adjustment will be made for unearned interest. If this policy is in force under a guaranteed value option, the amount of the loan deducted in arriving at the net Cash Value may be repaid only if the policy is put back in force.

DEATH BENEFIT PROVISIONS

GENERAL - Upon the Insured's death, We will pay the Death Benefit Proceeds to the Beneficiary, subject to the provisions of this Policy as long as:

1. This Policy is in force; and
2. We receive Due Proof of Death of the Insured.

DEATH BENEFIT PROCEEDS - The Death Benefit Proceeds are calculated on the date of payment based on the Policy values as of the date of death and are equal to:

1. The Death Benefit,
2. Plus any Rider benefits payable as a result of the Insured's death,
3. Less any indebtedness.

If the Insured dies during a contestable period, We will complete Our review and determination of the validity of the Policy under applicable law before any Death Benefit Proceeds are paid.

We will add interest to the resulting amount owed as required by applicable law. We will compute the interest at a rate We determine, but not less than the rate required by applicable law.

PROTECTION OF BENEFITS - No Beneficiary may commute, encumber, alienate or assign any payment under this Policy before it is due. To the extent permitted by law, no payment will be subject to the debts, contracts, or engagements of any Beneficiary. In addition, to the extent permitted by law, no payment will be subject to any judicial process to levy You or to attach the same for payment thereof.

PAYMENT OF BENEFITS - Any amount payable to a Beneficiary at the death of the Insured under this Policy will be paid in a single lump sum payment unless otherwise agreed.

SETTLEMENT OPTIONS

GENERAL PROVISIONS: All or part of a death benefit or cash surrender value may be left on deposit with the Company. The Company will agree to make payments from the deposit under any one or more of the following settlement options. However, a settlement option shall be available only if:

1. The amount to be applied is at least \$3,000; and
2. The option provides for periodic payments of at least \$20.

If no settlement option is in effect when the proceeds become payable, the payee may choose one. Settlement option election is subject to any payment made or action taken by the Company before receipt of the election at its Home Office. If the payee is not a natural person, a settlement option may be allowed only with the consent of the Company. A settlement option cannot be elected by an assignee.

Elections or revocations of settlement options must be in writing or on a form satisfactory to the Company. Elections or revocations must be filed at the Home Office of the Company. An election may be revoked at any time before the proceeds of the policy become payable. An election shall be automatically and wholly revoked by an assignment of this policy.

RIGHT OF WITHDRAWAL: Unless provided otherwise in the payment option election, the following rights will be available:

1. Under Option 1, all of the unpaid balance may be withdrawn in a lump sum.
2. Under Option 2, the commuted value of the future payments may be withdrawn. The commuted value will be computed at an annual interest rate of $[2 \frac{1}{2}]$ % compounded annually.

DEATH OF ANNUITANT: At the death of the annuitant, unless otherwise provided in the election, the Company will pay one sum to the annuitant's estate:

1. Under Option 1, the Company will pay any unpaid sum.
2. Under Option 2, the Company will pay the present value of any remaining unpaid installments certain. The present value will be computed at an annual interest rate of $[2 \frac{1}{2}]$ %, compounded annually.

FIRST INSTALLMENT: The first installment under Options 1 & 2 is payable on the effective date of the option.

INTEREST: The interest rate for Option 1 is $[3]$ % per year. The interest rate for Option 2 is $[2 \frac{1}{2}]$ % per year. All interest rates are compounded annually. At its discretion, the Company may declare credits of excess interest.

OPTION 1: INSTALLMENTS FOR A FIXED PERIOD: The proceeds may be used to provide equal installments for a fixed period. This period may not exceed 30 years. The equal installments will be paid on a monthly basis. The amount of each installment for each \$1000 is shown in the Option 1 Table.

OPTION 2: LIFE INCOME WITH A GUARANTEED PERIOD: The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the Annuitant. This guaranteed period may be 10, 15, or 20 years. The amount of each installment may be determined from the Option 2 Table. Installment amounts are subject to satisfactory proof of the age of the Annuitant.

SETTLEMENT OPTIONS

(Continued)

OPTION 1 Table- Fixed Period Installments
Installments for fixed number of years for each \$1,000 of proceeds

Term of Installment Payments	Monthly	Term of Installment Payments	Monthly
1	\$84.47	6	\$15.14
2	42.86	7	13.16
3	28.99	8	11.68
4	22.06	9	10.53
5	17.91	10	9.61

OPTION 2 Table-Life Income with Installments Certain

Monthly Installments for each \$1,000 of proceeds according to sex of the annuitant and age at nearest birthday when the first installment is payable and the number of months for which installments certain are guaranteed.

Age				No. of Months Certain			Age				No. of Months Certain			
Male	Female	120	180	240	Male	Female	120	180	240	Male	Female	120	180	240
					30	35	\$3.26	\$3.24	\$3.22	55	60	\$5.01	\$4.77	\$4.47
					31	36	3.30	3.28	3.25	56	61	5.12	4.86	4.53
					32	37	3.34	3.32	3.29	57	62	5.23	4.94	4.59
	12*	\$2.65	\$2.65	\$2.65	33	38	3.39	3.36	3.33	58	63	5.35	5.03	4.64
	13	2.67	2.67	2.66	34	39	3.43	3.41	3.37	59	64	5.48	5.12	4.70
	14	2.69	2.68	2.68	35	40	3.48	3.45	3.41	60	65	5.61	5.21	4.75
10	15	2.71	2.70	2.70	36	41	3.53	3.50	3.45	61	66	5.74	5.30	4.80
11	16	2.73	2.72	2.71	37	42	3.59	3.55	3.50	62	67	5.87	5.39	4.85
12	17	2.74	2.74	2.74	38	43	3.64	3.60	3.54	63	68	6.01	5.48	4.90
13	18	2.76	2.76	2.75	39	44	3.70	3.65	3.59	64	69	6.16	5.56	4.94
14	19	2.78	2.78	2.77	40	45	3.76	3.71	3.64	65	70	6.30	5.65	4.98
15	20	2.81	2.80	2.79	41	46	3.82	3.77	3.69	66	71	6.45	5.73	5.02
16	21	2.83	2.82	2.81	42	47	3.88	3.82	3.74	67	72	6.60	5.82	5.05
17	22	2.85	2.84	2.84	43	48	3.95	3.88	3.79	68	73	6.76	5.90	5.09
18	23	2.88	2.87	2.86	44	49	4.02	3.95	3.84	69	74	6.91	5.97	5.12
19	24	2.90	2.89	2.88	45	50	4.09	4.01	3.90	70	75	7.07	6.05	5.14
20	25	2.93	2.92	2.91	46	51	4.17	4.08	3.95	71	76	7.23	6.12	5.17
21	26	2.95	2.95	2.93	47	52	4.25	4.15	4.01	72	77	7.38	6.18	5.19
22	27	2.98	2.97	2.96	48	53	4.33	4.22	4.07	73	78	7.54	6.24	5.20
23	28	3.01	3.00	2.99	49	54	4.42	4.29	4.12	74	79	7.69	6.30	5.22
24	29	3.04	3.03	3.02	50	55	4.50	4.37	4.18	75	80	7.84	6.35	5.23
25	30	3.08	3.07	3.05	51	56	4.60	4.44	4.24	76	81	7.98	6.39	5.24
26	31	3.11	3.10	3.08	52	57	4.69	4.52	4.30	77	82	8.13	6.43	5.25
27	32	3.14	3.13	3.11	53	58	4.79	4.60	4.36	78	83	8.26	6.47	5.26
28	33	3.18	3.17	3.15	54	59	4.90	4.69	4.41	79	84	8.39	6.50	5.26
29	34	3.22	3.20	3.18						80	85	8.51	6.53	5.27

*also applies to younger ages.

AMERICAN FIDELITY LIFE INSURANCE COMPANY
[4060 Barrancas Avenue
Pensacola, Florida 32507
(850) 456 7401
www.amfilife.com]

Whole Life Insurance Policy
Premiums payable to attained age 120 / During the lifetime of the Insured
Non-Participating

Application for Life Insurance Policy

Proposed Insured (First, MI, Last)				U.S. Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Social Security No.		
Date of Birth / /		Age Last Birthday	Height _Ft. _In.		Weight Lbs.	Branch of Service		Rank	Duties	
Place of Birth:				Driver's License No.:				State of Issue:		
Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Dependent <input type="checkbox"/> Discharge Date:										
Permanent Address — Street					City		State	Zip	Home Phone:	Cell Phone:
<input type="checkbox"/> Owner (if other than Proposed Insured)						Date of Birth / /		Social Security No.		
<input type="checkbox"/> Payor										
Military Address—Street				City		State	Zip	Relation to Proposed Insured:		
Plan	Amount Applied For \$		Base Premium \$	Suppl. Benefit <input type="checkbox"/> ADB <input type="checkbox"/> WP	Rider	Rider Amount \$	Total Premium \$	Requested Effective Date:		
Primary (First) Beneficiary						Social Security No.		Relationship		
Contingent (Second) Beneficiary						Social Security No.		Relationship		
Mail Policy to: <input type="checkbox"/> Military Address <input type="checkbox"/> Permanent Address										

REPLACEMENT SECTION: Does the proposed insured have any existing life insurance policies or annuity contracts with this or any other company?

Is the insurance applied for intended to replace existing coverage?

If "Yes" to either question provide a list of all policies and complete applicable state forms as appropriate.....

	Yes	No
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
1. Is the proposed insured currently confined to a hospital or a resident in a nursing home, or ever been diagnosed as having a terminal illness, including Alzheimer's Disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the proposed insured ever been diagnosed as having an immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), the AIDS Related Complex (ARC) or test results indicating exposure to the AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>
3. During the past ten (10) years, has the proposed insured been diagnosed as having, received treatment for, or been advised to take tests to determine if they have melanoma, Hodgkin's disease, Leukemia, malignant tumor, or cancer (other than skin or Carcinoma-In-Situ)?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the proposed insured ever been diagnosed as having Down's Syndrome, mental retardation, or any type of brain disease?	<input type="checkbox"/>	<input type="checkbox"/>
5. During the past three (3) years, has the proposed insured been treated for, taken medication for, or been diagnosed as having:		
A. Kidney failure, Cirrhosis of the Liver, Sickle Cell Anemia, Hemophilia, or Diabetes requiring insulin?.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Lung Disease or other respiratory disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
C. Systemic Lupus, Parkinson's Disease, seizure disorder, Epilepsy or a degenerative disease of the muscles or nerves?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past three (3) years has the proposed insured:		
A. Had three or more moving violations, or had their driver's license suspended or revoked because of a moving violation or for driving under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
B. Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption?	<input type="checkbox"/>	<input type="checkbox"/>
C. Used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the proposed insured currently disabled due to an accident or illness; OR unable to perform the duties of his or her occupation due to accident or illness?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you now or have you ever been considered for discharge from military service for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the proposed insured ever been diagnosed as having diabetes or a disorder of the digestive or reproductive system?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the proposed insured ever been diagnosed as having or been advised to take tests to determine if they have a disease or disorder of the heart, arteries or circulatory system including high blood pressure or stroke? ..	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the proposed insured currently or anticipate participating in: Motor Sports Racing, Boat Racing, Parachuting, Skydiving, Hang Gliding, Rock or Mountain Climbing, or airplane flights as a pilot, student pilot or crew member?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the proposed insured used tobacco in any form within the past twelve (12) months?.....	<input type="checkbox"/>	<input type="checkbox"/>

If a "Yes" answer was given to questions 1 through 11, give details: _____

Method of Payment:

Premium Notice:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Attach 1st Premium made payable to American Fidelity Life Insurance Company (Personal Check only)				
Automatic Payment:	<input type="checkbox"/>	ACH (Automated Clearing House)		
(Attach Authorization)	<input type="checkbox"/>	EFT (Electronic Clearing House)		

ACKNOWLEDGEMENT, DECLARATION AND AUTHORIZATION

The policy will become effective when all of the following conditions are met: 1.) The policy is issued by the insurer, 2.) the policy is delivered to and accepted by the policy owner,3.) There have been no changes in the application that I have not notified the Insurer prior to delivery, and 4.) The first premium has been paid in full.

Fraud Notice: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in CA, CO, ME, MD, NM, OK, OR, TX, TN, VA or WA)

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement to state prison. **COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

MAINE, TENNESSEE and WASHINGTON : It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law. **MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NEW MEXICO:** 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 civil fines and criminal penalties. **OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **OREGON and TEXAS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law. **VIRGINIA:** Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application for insurance or files a claim containing a false or deceptive statement may have violated state law.

I hereby **declare** that the statements recorded above, including any attachments, are true and complete to the best of my knowledge and belief. I understand that no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements.

I understand that this insurance agent has no authority to give any legal, tax, or other advice on behalf of this Company.

You are entitled to receive a copy of this form upon request. This application remains valid for twenty four (24) months.

_____	_____	_____
Date	Application State	Applicant
_____	_____	_____ (if other than Proposed Insured)
Date	_____	Owner

Agent's Statement

- Do you have any reason to believe that any response to the health questions (including height and weight) is not accurate?
- Does the applicant have existing life insurance policies or annuity contracts?
- Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company? If "Yes," submit the appropriate replacement forms.....
- Was the application signed in your presence?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Print or Type Agent's Name _____ Signed: _____

AMFI Agent ID # _____ Agent License # _____ State: _____

AMFI Agent ID # _____ Agent License # _____ State: _____

Application for Life Insurance Policy

Proposed Insured (First, MI, Last)					Gender <input type="checkbox"/> M <input type="checkbox"/> F		Social Security No.	
Date of Birth / /	Age Last Birthday	Height _ Ft. _ In.	Weight Lbs.	Employer:			Occupation:	
Place of Birth:				Driver's License No.:			State of Issue:	
Home Address — Street				City		State	Zip	Home Phone:
								Work Phone:
<input type="checkbox"/> Owner (if other than Proposed Insured)					Date of Birth / /		Social Security No.	
<input type="checkbox"/> Payor								
Mailing Address—Street				City		State	Zip	Relation to Proposed Insured:
Plan	Amount Applied For \$	Base Premium \$	Suppl. Benefits <input type="checkbox"/> ADB <input type="checkbox"/> WP	Rider	Rider Amount \$	Total Premium \$	Requested Effective Date:	
Primary (First) Beneficiary					Social Security No.		Relationship	
Contingent (Second) Beneficiary					Social Security No.		Relationship	

	Yes	No
REPLACEMENT SECTION: Does the proposed insured have any existing life insurance policies or annuity contracts with this or any other company?	<input type="checkbox"/>	<input type="checkbox"/>
Is the insurance applied for intended to replace existing coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to either question provide list of all policies and complete applicable state forms as appropriate.		
1. Is the proposed insured currently confined to a hospital or a resident in a nursing home, or ever been diagnosed as having a terminal illness, including Alzheimer's Disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the proposed insured ever been diagnosed as having an immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), the AIDS Related Complex (ARC) or test results indicating exposure to the AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>
If a "Yes" answer was given to question 1 or 2, the proposed insured is not eligible for coverage.		
3. During the past ten (10) years, has the proposed insured been diagnosed as having, received treatment for, or been advised to take tests to determine if they have melanoma, Hodgkin's disease, Leukemia, malignant tumor, or cancer (other than skin or Carcinoma-In-Situ)?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the proposed insured ever been diagnosed as having Down's Syndrome, mental retardation, or any type of brain disease?	<input type="checkbox"/>	<input type="checkbox"/>
5. During the past three (3) years, has the proposed insured been treated for, taken medication for, or been diagnosed as having:		
A. Kidney failure, Cirrhosis of the Liver, Sickle Cell Anemia, Hemophilia, or Diabetes requiring insulin?.....	<input type="checkbox"/>	<input type="checkbox"/>
B. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Chronic Lung Disease or other respiratory disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
C. Systemic lupus, Parkinson's Disease, seizure disorder, Epilepsy or a degenerative disease of the muscles or nerves?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past three (3) years has the proposed insured:		
A. Had three or more moving violations, or had their driver's license suspended or revoked because of a moving violation or for driving under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
B. Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption?	<input type="checkbox"/>	<input type="checkbox"/>
C. Used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the proposed insured currently disabled due to an accident or illness; OR unable to perform the duties of his or her occupation due to accident or illness?	<input type="checkbox"/>	<input type="checkbox"/>
If a "Yes" answer was given to any question 3 through 7, and Age Last Birthday is 17 or greater the proposed insured is eligible only for a "Modified Benefit Limited Payment Life Plan."		
8. Has the proposed insured used tobacco in any form within the past twelve (12) months?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the proposed insured ever been diagnosed as having diabetes or a disorder of the digestive or reproductive system?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the proposed insured ever been diagnosed as having or been advised to take tests to determine if they have a disease or disorder of the heart, arteries or circulatory system including high blood pressure or stroke? ..	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the proposed insured currently or anticipate participating in Motor Sports Racing, Boat Racing, Parachuting, Skydiving, Hang Gliding , or Rock or Mountain Climbing?.....	<input type="checkbox"/>	<input type="checkbox"/>

If a "Yes" answer was given to question 9,10 or 11, give details: _____

Please list the name and address of your primary care physician:

Name: _____ Tel. No. _____

Address: _____ Date of Last Visit: _____

A recorded phone interview may be necessary as part of the underwriting of this application.

The most convenient time and place for the phone interview is: Home Work

Method of Payment:

Premium Notice: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Attach 1st Premium made payable to American Fidelity Life Insurance Company (Personal Check only)
Automatic Withdrawal: <input type="checkbox"/> EFT (Electronic Funds Transfer)
(Attach Authorization) <input type="checkbox"/> Payroll Deduction - Franchise ID # _____

ACKNOWLEDGEMENT, DECLARATION AND AUTHORIZATION

The policy will become effective when all of the following conditions are met: 1.) The policy is issued by the insurer, 2.) the policy is delivered to and accepted by the policy owner,3.) There have been no changes in the application that I have not notified the Insurer prior to delivery, and 4.) The first premium has been paid in full.

Fraud Notice: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

(Not applicable in CA, CO, ME, MD, NM, OK, OR, TX, TN, VA or WA)

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement to state prison. COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. PENALTIES may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. MAINE, TENNESSEE and WASHINGTON : It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. PENALTIES include imprisonment, fines and denial of insurance benefits. Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law. MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. NEW MEXICO: 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 civil fines and criminal penalties. OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. OREGON and TEXAS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law. VIRGINIA: Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application for insurance or files a claim containing a false or deceptive statement may have violated state law.

I hereby declare that the statements recorded above, including any attachments, are true and complete to the best of my knowledge and belief. I understand that no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements.

I understand that this insurance agent has no authority to give any legal, tax, or other advice on behalf of this Company.

You are entitled to receive a copy of this form upon request. This application remains valid for twenty four (24) months.

_____ Date _____ Application State _____ Applicant _____
 _____ Date _____ Owner _____ (if other than Proposed Insured)

Agent's Statement

- Do you have any reason to believe that any response to the health questions (including height and weight) is not accurate?
- Does the applicant have existing life insurance policies or annuity contracts?
- Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company? If "Yes," submit the appropriate replacement forms.....
- Was the application signed in your presence?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____

Print or Type Agent's Name

AMFI Agent ID # _____ Agent License # _____ State: _____

AMFI Agent ID # _____ Agent License # _____ State: _____

ACCIDENTAL DEATH BENEFIT RIDER

RIDER PART OF POLICY: This rider is attached to and made a part of this policy in return for the application and the payment of premiums for this rider. Those premiums are shown on the Policy Schedule Page. All the provisions of this policy apply to this rider, except for those that are inconsistent with this rider.

RIDER BENEFIT: The benefit provided by this rider is a death benefit for the accidental death of the Insured. American Fidelity Life will pay this death benefit if all the conditions of this rider are met and none of the exclusions discussed below apply. Any amount due under this rider will be added to the death benefit provided by this policy.

INSURED BENEFIT: The Principal Insured Benefit amount for this rider is shown on the Policy Schedule Page. The Principal Insured Benefit will be payable if all the conditions of this rider are met and none of the exclusions apply.

ACCIDENT: means a detrimental event that occurs by chance, unforeseen and unintended.

ACCIDENTAL DEATH: is a Death due to Accidental Bodily Injury caused by an Accident occurring while the insurance is in force; the death must occur within 90 days after the date of the Accident, directly and independently of all other causes.

BENEFICIARY: is the person, persons, or entity designated to receive the death benefit of this rider.

ACCIDENTAL DEATH BENEFIT: If the Insured dies solely as a result of injuries we will pay the Accidental Death Benefit. The amount of the Accidental Death Benefit is shown as the Accidental Death Benefit Amount described on the Policy Schedule Page.

EXPIRY DATE OF RIDER: is the date this rider will terminate, unless terminated earlier (because a premium was not paid), as is shown in the Policy Schedule.

Under this benefit, the term "injuries" mean bodily injuries due solely to an accident which results in the Insured's death within 90 days of the accident. The accident must occur while this rider is in force. Injuries do not include any accidental result from medical, surgical or dental treatment.

DEATH BENEFIT: In any policy year, the amount of the Death Benefit will be:

- The Death Benefit in effect on the Insured's life; plus
- The amount provided by any riders that are payable; plus
- The premium paid beyond the date of death; plus
- Interest, not less than required by law, from the date of death to the date the claim is paid; less
- Any unpaid premium due and unpaid at the date of death.

PROOF OF ACCIDENTAL DEATH: To pay any benefit under this rider, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- As a direct result of accidental bodily injury independently of all other causes; and
- Within 90 days after the injury was received; and
- While this rider was in full force.

Except for drowning and internal injuries shown by autopsy, the injury causing death must be shown by a visible wound on the exterior of the body. Unless prohibited by law, we have the right to examine the body and have an autopsy done during the period when the claim is pending.

ACCIDENTAL DEATH BENEFIT RIDER

Continued from previous page.

EXCLUSIONS: No Accidental Death Benefit or Travel Benefit will be payable if the Insured's death results directly or indirectly from any of these causes:

- Suicide, while the Insured is sane or insane.
- War, declared or undeclared, or any act of war. War is defined as armed conflict between nations, or between factions in the same nation.
- Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war. "Country" includes any international organization or group of countries.
- Travel in, or descent from or with, any kind of aircraft aboard which the Insured is a pilot or crew member or is giving or receiving any training. "Crew member" includes anyone who has any duty aboard the aircraft.
- Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.
- Death as a result of alcohol or drug intoxication or combination thereof, unless administered on the advice of a Physician and taken in the dosage prescribed or in accordance with any drug label instructions.
- Death while the Insured is operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law.
- Fatal injury which is incurred as the result of taking part in any speed contest.
- Injury received while committing a felony.

CANCELLATION OF THIS RIDER: This rider may be cancelled by a written request. Cancellation will take effect on the date we receive the written request at our Home Office. We will refund a pro rata part of any premium paid for this rider beyond that date.

TERMINATION OF THIS RIDER: This rider will terminate on the earliest of:

- The date we pay an Accidental Death Benefit;
- The date you ask us to do so and send us the policy and or rider;
- The date the policy or this rider lapses;
- The Expiry Date of this rider as shown on the Schedule Page.

Signed for us in Pensacola, Florida on the Date of Issue.



[President]



[Treasurer]

AMERICAN FIDELITY LIFE INSURANCE COMPANY
[4060 Barrancas Avenue
Pensacola, Florida 32507
(850) 456 7401
www.amfilife.com]

WAIVER OF PREMIUM BENEFIT RIDER

RIDER PART OF POLICY: This rider is attached to and made a part of this policy in return for the application and the payment of premiums for this rider. Those premiums are shown on the Schedule of Waiver of Premium Annual Premiums Page. All the provisions of this policy apply to this rider, except for those that are inconsistent with this rider.

TOTAL DISABILITY: The Insured's inability to substantially perform the essential duties of any Occupation for which the Insured may qualify by reason of education, training, or experience in the usual and customary way due to bodily injury or disease.

EFFECTIVE DATE: This rider is effective on the date shown on the Schedule of Waiver of Premium Annual Premiums Page.

BENEFIT: Subject to this rider's provisions and after we approve this benefit we will:

- Waive future premiums at the payment frequency in effect at the start of Total Disability and which fall due while Total Disability continues; and
- Refund any premiums which were due and were paid since the start of Total Disability.

No premium will be waived which was due more than 12 months before we received written notice of claim.

BENEFIT REQUIREMENTS: Total Disability must:

- Begin while this rider is in effect;
- Begin before the policy anniversary on which the Insured is age 60; and
- Be continuous for at least a 6 month period.

While Total Disability continues the frequency of premium payments may not be changed.

BENEFIT LIMITATIONS: No premiums will be waived for any disability which results from any of the following:

- An intentional, self-inflicted injury.
- War or any act of war, whether or not the Insured is serving in the military, naval, national guard, or air forces of any country, international organization, or countries at war. War can be declared or not, and includes hostilities and any armed aggression and resistance to such aggression.
- Bodily injury or disease, occurring before the effective date of this rider, which was not disclosed on the application.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY: We will require written notice of claim to our Home Office:

- While the Insured is alive;
- While the Total Disability continues; and
- No later than 12 months after Total Disability began.

Failure to give written notice of claim within 12 months from the date Total Disability began will not void or reduce the claim if such notice is sent as soon as reasonably possible.

The Insured must furnish us with proof of Total Disability no later than 6 months after written notice of claim has been received.

WAIVER OF PREMIUM BENEFIT RIDER

Continued from previous page.

PROOF OF CONTINUANCE OF TOTAL DISABILITY: The Insured, at reasonable intervals, must furnish us with proof of continuance of Total Disability. We have the right to require examinations of the Insured by physicians of our choice and paid by us. After Total Disability has continued for 2 years, we will not require proof more often than once each year.

BENEFIT TERMINATION: For any single period of Total Disability, no further premiums will be waived if:

- The policy terminates,
- Proof is not furnished to us,
- The Insured refuses to submit to a medical examination, or
- Total Disability ceases.

INCONTESTABILITY: We will not contest this Rider based on statements made in the application after this Rider has been in effect, during the Insured's lifetime, for 2 years from the Effective Date.

A new period of contestability will apply if reinstatement occurs. We will not contest this Rider based on statements made in the application for reinstatement after this Rider has been in effect, during the Insured's lifetime, for 2 years from the effective date of reinstatement.

CONTESTABILITY — In accordance with the exception set forth in the incontestable clause of the policy, the Company may contest liability under this rider. Liability may be contested at any time and for any cause, inclusive of causes relating to the validity of the policy as a contract at its inception.

RIDER TERMINATION: This rider will end at the earliest of the following events:

- Written Request by the Owner.
- The policy terminates.
- The policy anniversary on which the Insured is age 60. However, as long as any continuing disability began before termination of this rider, benefits will continue as otherwise provided in this rider.

AUTOMATIC CONVERSION: If the policy to which this rider is attached contains a Conversion Privilege and at the end of the conversion period the Insured is totally disabled, as defined in this rider, the policy will automatically be converted.

A waiver of premium rider on the Insured will be attached and premiums for the new policy will be waived, subject to the terms of that rider. The rider attached will be the one in use by American Fidelity Life Insurance Company on the Policy Date of the new policy.

Signed for us in Pensacola, Florida on the Date of Issue.



[President]



[Treasurer]

AMERICAN FIDELITY LIFE INSURANCE COMPANY

[4060 Barrancas Avenue

Pensacola, Florida 32507

(850) 456 7401

www.amfilife.com

SERFF Tracking #:

AMFL-128707874

State Tracking #:**Company Tracking #:**

60429

State:

Arkansas

Filing Company:

AMERICAN FIDELITY LIFE INSURANCE

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

WHOLE LIFE 2012

Project Name/Number:

WL2012/60429

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	ATTACHED		
Attachment(s):			
A.pdf			

		Item Status:	Status Date:
Satisfied - Item:	COST BENEFIT		
Comments:	ATTACHED		
Attachment(s):			
WHOLE LIFE COST BENEFITS.pdf			

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY		
Comments:			
Attachment(s):			
WHOLE LIFE SOV.pdf			

12.	Filing Submission Date	10/1/2012		
13.	Filing Fee (If required)	Amount	Please bill	Check Date
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number
14.	Date of Domiciliary Approval	FLORIDA		

15. **Filing Description:**

Form: WL 2012 (Whole Life Policy)

Form: AMFI ALC1 ed. 4/2012 (application for non military)

Form: AMFI ALM1 ed. 4/2012 (application for military)

Form: WL2012 ADB (Accidental Death Benefit Rider)

Form: WL 2012 WP (Waiver of Premium Rider)

Please find enclosed our submission of the above policy and supporting forms.

This policy has a Flesch score of 50.5.

This policy has no unusual features and will be marketed by our General Agency system of licensed and appointed agents.

To the best of our knowledge this policy, et al, conforms with the Rules and Regulations of the State of Arkansas.

We look forward to a favorable review and approval.

16. **Certification (If required)**

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas

Print Name RITA ENDERSON Title SR VICE PRESIDENT

Signature  Date: 10/1/2012

American Fidelity Life Insurance Company

4060 Barrancas Avenue / Pensacola, Florida 32507-3491 / Phone (850) 456-7401

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Date Prepared:

Policy Number: 000000

Prepared by: AMERICAN FIDELITY LIFE INSURANCE COMPANY

Prepared for: John Doe

If within ten (10) days after delivery of this policy to the policy Owner, the policy is found unacceptable for any reason, it may be returned to the company with a signed request from the policy Owner, or to the agent through whom it was purchased, for cancellation and refund of any premium submitted to the company. Immediately upon such action, the policy will be deemed null and void.

Base policy information:

Plan Name: Whole Life maturing at attained age 121

Insured: John Doe

Age 35

Guaranteed Values

Policy Year	Annual Premium	Death Benefit First of Year	Cash Value End of Year
1	\$190.60	\$10,000.00	\$0
2	\$190.60	10,000.00	0
3	\$190.60	10,000.00	80.00
4	\$190.60	10,000.00	190.00
5	\$190.60	10,000.00	300.00
10	\$190.60	10,000.00	910.00
20	\$190.60	10,000.00	2,380.00
@60	\$190.60	10,000.00	3,230.00
@65	\$190.60	10,000.00	4,130.00
At age 121	0	10,000.00	10,000.00

	<u>10 Year</u>	<u>20 Year</u>
Surrender Cost Index	12.17	12.21
Net Payment Cost Index	19.06	19.06

An explanation of the intended use of these indices is given in the Life Insurance Buyer's Guide

AMERICAN FIDELITY LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY WL2012

Page	Bracketed (Variable)	Range of Variables
Face	Face Page [4060 Barrancas Avenue, Pensacola, Florida 32507 850 456 7401 www.amfilife.com]	This is the current address and telephone of American Fidelity. This area is reserved for any valid street address or telephone number changed within the confines of the United States.
Face	[Signature of Company Officers]	As the identity of the individuals could change over time, it appropriate to bracket them as variable. It is not possible to identify any future individuals who may hold offices.
Face	Free Look [ten 10]	The standard free look period is 10 days. Should your state require a longer period or we choose to extend the number of days in the future, we will replace the 10 days with this new number of days.
Page 2	Table of Contents	Information bracketed on this page as variable are the page numbers of the contract. As these may change in the future based on any approved additions or deletions to the contract, they have been considered variable. It is impossible at this time to determine the range of variation for what the page numbers for each provision might be. It is American Fidelity's position that these page numbers do not materially affect the risk assumed by either it or the contract owner under the contract.
Page 3	Policy Data Page	The bracketed information will change in accordance to the applicant
Page 3a	Guaranteed Values and Reserves Provisions Table of Values; Cash Value Interest Rate: [5%] Reserve Interest Rate: [4%]	Not to exceed rates provided by the 2001 CSO Mortality Table (Male and Female, Composite, Age Last Birthday) adjusted for substandard ratings and converted to a monthly rate.
Page 5	Reinstatement interest [6%]	Not to be less that statutory requirements
Page 5	Grace Period [31] days	Not to be less that statutory requirements
Page 8	Commissioner's [2001] Standard Ordinary Mortality Table	[2001] will bracket to adjust to Commissioner's future standards.
Page 9	Loan Interest [6%]	Not to be more that statutory requirements
Page 10	Commutated value [2 ½] Option 1 interest rate [3%]	To allow for future adjustments in accordance with statutory requirements.