

**State:** Arkansas **Filing Company:** Assurity Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** WL+ Valuation  
**Project Name/Number:** WL+ Valuation/WL+ Valuation

## Filing at a Glance

Company: Assurity Life Insurance Company  
Product Name: WL+ Valuation  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 10/09/2012  
SERFF Tr Num: SEFL-128712061  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: WL+ VALUATION  
  
Implementation: On Approval  
Date Requested:  
Author(s): Kristi Hendrickson  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 10/12/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Assurity Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
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## General Information

Project Name: WL+ Valuation	Status of Filing in Domicile: Pending
Project Number: WL+ Valuation	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/12/2012
	State Status Changed: 10/12/2012
Deemer Date:	Created By: Kristi Hendrickson
Submitted By: Kristi Hendrickson	Corresponding Filing Tracking Number:

**Filing Description:**  
 Form Numbers Form Title  
 W L1001 (AR) (R01-13) Whole Life Insurance

In preparation for the 2013 NAIC Standard Valuation and Nonforfeiture Law change, the above revised form and associated actuarial memoranda are submitted for review and approval.

The purpose of the filing is to change the language regarding the valuation rate as well as clarify the Nonforfeiture rate stated within the Nonforfeiture provision of the policies. This is the only change being made to the forms. A redlined version of the change is being provided under the supporting documentation tab for convenience in review.

When approved, the revised forms will replace the original version of the form W L1001 (AR) approved on 06/29/2010, under filing number SEFL-126600754.

## Company and Contact

### Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com  
 P.O. Box 82533 402-437-3452 [Phone]  
 Lincoln, NE 68501-2533 402-437-3802 [FAX]

### Filing Company Information

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

## Filing Fees

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

**State:** Arkansas **Filing Company:** Assurity Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** WL+ Valuation  
**Project Name/Number:** WL+ Valuation/WL+ Valuation

Per Company: No

Company	Amount	Date Processed	Transaction #
Assurity Life Insurance Company	\$50.00	10/09/2012	63586867

State: Arkansas Filing Company: Assurity Life Insurance Company  
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: WL+ Valuation  
Project Name/Number: WL+ Valuation/WL+ Valuation

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/12/2012	10/12/2012

**SERFF Tracking #:**

SEFL-128712061

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

WL+ VALUATION

**State:**

Arkansas

**Filing Company:**

Assurity Life Insurance Company

**TOI/Sub-TOI:**

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

**Product Name:**

WL+ Valuation

**Project Name/Number:**

WL+ Valuation/WL+ Valuation

## Disposition

Disposition Date: 10/12/2012

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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Whole Life Insurance		Yes

**State:** Arkansas **Filing Company:** Assurity Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** WL+ Valuation  
**Project Name/Number:** WL+ Valuation/WL+ Valuation

## Form Schedule

### Lead Form Number: W L1001 (AR) (R01-13)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		W L1001 (AR) (R01-13)	POL	Whole Life Insurance	Revised: Replaced Form #: W L1001 (AR) Previous Filing #: SEFL- 126600754	50.200	WL1001AR01-13.pdf

### Form Type Legend:

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



**READ YOUR POLICY CAREFULLY!** 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 Initial Premium.

We will pay Proceeds to the Beneficiary if:

- an Insured Person dies while this policy is in force;
- We receive due proof of an Insured Person's death; and
- all policy provisions are met.

The provisions of this policy apply to any riders attached to this policy unless otherwise stated in the riders.

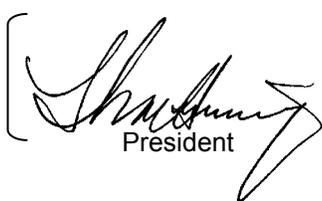
#### **RIGHT TO EXAMINE**

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

#### **RIGHT TO CANCEL**

After the 30-day period, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled on the date We receive Your written notice unless Your notice specifies a later date.

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

 [Signature of Alex Assurity]  
President

 [Signature of Carol S. Watson]  
Secretary

**Assurity Life Insurance Company**  
**Administrative Office**  
**P.O. Box 82533, Lincoln, Nebraska 68501-2533**  
**Toll-free (866) 289-7337**  
**www.assurity.com**

**WHOLE LIFE INSURANCE**  
**Premiums payable to age 121**  
**Nonparticipating Policy**

Representative name: [Alex Assurity]  
Address: [1526 K Street]  
[Lincoln NE 68501]  
Telephone: [(402) 476-6500]

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**POLICY SCHEDULE**

<b>FORM NO.</b>	<b>FORM NAME</b>	<b>FACE AMOUNT</b>	<b>ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>	<b>EXPIRATION DATE</b>
W L1001 (AR) (R01-13) R I0761	Whole Life Insurance Accelerated Benefits Rider	[\$100,000]	[\$1,020.00] Included	[86]	[March 1, 2096] [March 1, 2096]
A-R 130	Accidental Death Benefit Rider	[\$100,000]	[\$82.00]	[35]	[March 1, 2045]
R W1001	Charitable Benefit Rider	[\$10,000]	Included		[March 1, 2096]
R W1002	Children's Term Insurance Rider	[\$10,000]	[\$55.00]	[86]	[March 1, 2096]
R WH232	Critical Illness Benefit Rider		[\$16.32]	[35]	[March 1, 2045]
R W1003	Level Term Insurance Rider	[\$100,000]	[\$230.00]	[10]	[March 1, 2045]
R WA201	Short-Term Disability Income Rider		[\$114.48]	[30]	[March 1, 2040]
R W1004	Spouse Term Insurance Rider	[\$100,000]	[\$230.00]	[10]	[March 1, 2045]
R W1005	Waiver of Premium Rider		[\$71.68]	[25]	[March 1, 2035]

Owner: [John A Doe]

Policy Number: [4750123456]

Insured Person: [John A Doe]

Issue Date: [April 1, 2010]

Issue Age: [35]

Initial Premium: [\$1,819.48]

Class: [Non-Tobacco]

Premium Period: [12 months]

## TABLE OF GUARANTEED VALUES

The following table shows the guaranteed values at the end of stated policy years, and assumes premiums have been paid and the policy is free from indebtedness to the company. The values at a date other than the end of a policy year will be determined with allowance for the time elapsed in that policy year. Values for years not shown will be furnished on request.

Insured: [John Doe]

Policy Number: [1234567890]

Date of Issue: [April 1, 2010]

Age: [35]

Amount of Insurance: \$100,000

Gender: [ Male]

End of Policy Year	Policy Anniversary	Insurance Age	Guaranteed Cash Value	Reduced Paid-Up Insurance	Extended Term Insurance Years	Days
1	[2011]	[36]	\$[0]	\$[0]	[0]	[0]
2	[2012]	[37]	[0]	[0]	[0]	[0]
3	[2013]	[38]	[267]	[1,700]	[2]	[95]
4	[2014]	[39]	[1,070]	[6,531]	[7]	[291]
5	[2015]	[40]	[1,907]	[11,156]	[11]	[314]
6	[2016]	[41]	[2,778]	[15,578]	[14]	[291]
7	[2017]	[42]	[3,684]	[19,804]	[16]	[352]
8	[2018]	[43]	[4,624]	[23,834]	[18]	[248]
9	[2019]	[44]	[5,599]	[27,679]	[20]	[111]
10	[2020]	[45]	[6,609]	[31,344]	[21]	[37]
11	[2021]	[46]	[7,653]	[34,830]	[21]	[357]
12	[2022]	[47]	[8,733]	[38,154]	[22]	[254]
13	[2023]	[48]	[9,851]	[41,325]	[23]	[99]
14	[2024]	[49]	[11,009]	[44,352]	[23]	[258]
15	[2025]	[50]	[12,209]	[47,249]	[24]	[111]
16	[2026]	[51]	[13,447]	[50,005]	[24]	[92]
17	[2027]	[52]	[14,723]	[52,630]	[24]	[143]
18	[2028]	[53]	[16,035]	[55,125]	[24]	[168]
19	[2029]	[54]	[17,382]	[57,495]	[24]	[169]
20	[2030]	[55]	[18,762]	[59,745]	[24]	[147]
21	[2031]	[56]	[20,173]	[61,878]	[24]	[106]
22	[2032]	[57]	[21,615]	[63,901]	[24]	[46]
23	[2033]	[58]	[23,091]	[65,825]	[23]	[334]
24	[2034]	[59]	[24,605]	[67,662]	[23]	[245]
25	[2035]	[60]	[26,156]	[69,414]	[23]	[143]
26	[2036]	[61]	[27,742]	[71,083]	[23]	[30]
27	[2037]	[62]	[29,357]	[72,668]	[22]	[274]
28	[2038]	[63]	[30,999]	[74,172]	[22]	[145]
29	[2039]	[64]	[32,668]	[75,603]	[22]	[6]
30	[2040]	[65]	[34,365]	[76,965]	[21]	[230]

## TABLE OF GUARANTEED VALUES

The following table shows the guaranteed values at the end of stated policy years, and assumes premiums have been paid and the policy is free from indebtedness to the company. The values at a date other than the end of a policy year will be determined with allowance for the time elapsed in that policy year. Values for years not shown will be furnished on request.

Insured: [John Doe]

Policy Number: [1234567890]

Date of Issue: [April 1, 2010]

Age: [35]

Amount of Insurance: \$100,000

Gender: [ Male]

End of Policy Year	Policy Anniversary	Insurance Age	Guaranteed Cash Value	Reduced Paid-Up Insurance	Extended Term Insurance Years	Days
31	[2041]	[66]	[\$36,089]	[\$78,260]	[21]	[79]
32	[2042]	[67]	[37,843]	[79,496]	[20]	[287]
33	[2043]	[68]	[39,628]	[80,678]	[20]	[127]
34	[2044]	[69]	[41,444]	[81,807]	[19]	[324]
35	[2045]	[70]	[43,290]	[82,887]	[19]	[158]
36	[2046]	[71]	[45,158]	[83,915]	[18]	[348]
37	[2047]	[72]	[47,041]	[84,893]	[18]	[181]
38	[2048]	[73]	[48,929]	[85,817]	[18]	[3]
39	[2049]	[74]	[50,826]	[86,696]	[17]	[204]
40	[2050]	[75]	[52,729]	[87,530]	[17]	[29]
41	[2051]	[76]	[54,637]	[88,322]	[16]	[228]
42	[2052]	[77]	[56,546]	[89,074]	[16]	[54]
43	[2053]	[78]	[58,447]	[89,785]	[15]	[250]
44	[2054]	[79]	[60,334]	[90,458]	[15]	[76]
45	[2055]	[80]	[62,200]	[91,092]	[14]	[269]
46	[2056]	[81]	[64,030]	[91,686]	[14]	[96]
47	[2057]	[82]	[65,808]	[92,238]	[13]	[288]
48	[2058]	[83]	[67,539]	[92,754]	[13]	[118]
49	[2059]	[84]	[69,224]	[93,236]	[12]	[310]
50	[2060]	[85]	[70,855]	[93,686]	[12]	[149]
51	[2061]	[86]	[72,433]	[94,106]	[11]	[343]
52	[2062]	[87]	[73,943]	[94,494]	[11]	[198]
53	[2063]	[88]	[75,360]	[94,846]	[11]	[39]
54	[2064]	[89]	[76,684]	[95,166]	[10]	[265]
55	[2065]	[90]	[77,923]	[95,457]	[10]	[122]
56	[2066]	[91]	[79,137]	[95,736]	[9]	[337]
57	[2067]	[92]	[80,359]	[96,009]	[9]	[212]
58	[2068]	[93]	[81,547]	[96,268]	[9]	[72]
59	[2069]	[94]	[82,665]	[96,507]	[8]	[308]
60	[2070]	[95]	[83,672]	[96,717]	[8]	[193]

## TABLE OF GUARANTEED VALUES

The following table shows the guaranteed values at the end of stated policy years, and assumes premiums have been paid and the policy is free from indebtedness to the company. The values at a date other than the end of a policy year will be determined with allowance for the time elapsed in that policy year. Values for years not shown will be furnished on request.

Insured: [John Doe]

Policy Number: [1234567890]

Date of Issue: [April 1, 2010]

Age: [35]

Amount of Insurance: \$100,000

Gender: [ Male]

End of Policy Year	Policy Anniversary	Insurance Age	Guaranteed Cash Value	Reduced Paid-Up Insurance	Extended Term Insurance Years	Days
61	[2071]	[96]	[\$84,556]	[\$96,898]	[8]	[61]
62	[2072]	[97]	[85,324]	[97,054]	[7]	[307]
63	[2073]	[98]	[86,051]	[97,198]	[7]	[197]
64	[2074]	[99]	[86,820]	[97,349]	[7]	[66]
65	[2075]	[100]	[87,567]	[97,493]	[6]	[313]
66	[2076]	[101]	[88,276]	[97,628]	[6]	[210]
67	[2077]	[102]	[88,965]	[97,758]	[6]	[85]
68	[2078]	[103]	[89,630]	[97,881]	[5]	[330]
69	[2079]	[104]	[90,268]	[97,998]	[5]	[240]
70	[2080]	[105]	[90,872]	[98,108]	[5]	[130]
71	[2081]	[106]	[91,438]	[98,209]	[4]	[361]
72	[2082]	[107]	[91,969]	[98,303]	[4]	[290]
73	[2083]	[108]	[92,469]	[98,392]	[4]	[204]
74	[2084]	[109]	[92,938]	[98,473]	[4]	[95]
75	[2085]	[110]	[93,375]	[98,549]	[3]	[349]
76	[2086]	[111]	[93,778]	[98,618]	[3]	[290]
77	[2087]	[112]	[94,154]	[98,682]	[3]	[212]
78	[2088]	[113]	[94,519]	[98,744]	[3]	[100]
79	[2089]	[114]	[94,890]	[98,807]	[2]	[348]
80	[2090]	[115]	[95,231]	[98,864]	[2]	[299]
81	[2091]	[116]	[95,557]	[98,918]	[2]	[224]
82	[2092]	[117]	[95,870]	[98,970]	[2]	[82]
83	[2093]	[118]	[96,155]	[99,017]	[1]	[346]
84	[2094]	[119]	[96,429]	[99,061]	[1]	[300]
85	[2095]	[120]	[96,732]	[99,121]	[0]	[362]
86	[2096]	[121]	[100,000]	[100,000]	[0]	[0]

## DEFINITIONS

**Attained Age** means the Issue Age shown on the Policy Schedule plus the number of Policy Years elapsed.

**Beneficiary(ies)** 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 Proceeds, if any.

**Cash Value** means the value of this policy as determined from the Table of Guaranteed Values.

**Due Date** means the date renewal premiums are due.

**Face Amount** means the amount of this policy's insurance as shown on the Policy Schedule or by later endorsement.

**Grace Period** means the 31-day period after the Due Date in which premiums can still be paid and are considered to have been paid on time.

**Injury** means an accidental bodily injury independent of all other causes.

**Insured** means the policy's Insured Person named on the Policy's Schedule.

**Insured Person** means the person named on the Policy Schedule or Rider Schedule.

**Loan Balance** means the total amount of all unpaid loans and all unpaid Loan Interest on a given date.

**Loan Interest** means interest on the amount loaned.

**Loan Interest Rate** means the rate at which Loan Interest is charged.

**Loan Value** means the maximum amount You may borrow at any one time.

**Physician** means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's immediate family or business associate and must be providing services within the scope of his or her licensed or specialty. Practitioners other than those named above are not Physicians.

**Policy Anniversary** means the month and day of the Issue Date in succeeding calendar years.

**Policy Year** means a period of 12 consecutive calendar months, the first of which begins on the Issue Date. Policy Years after the first year begin on each successive Policy Anniversary thereafter.

**Proceeds** means the amount payable upon the death of an Insured Person.

**Reinstatement Date** means the date We have both approved Your reinstatement application and received any premiums due.

**Surrender Value** means the amount payable if You elect to surrender this policy.

**We, Us, Our** means Assurity Life Insurance Company.

**You, Your** means the Owner of this policy.

## PREMIUMS

**Premium Payments.** The Initial Premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the Initial Premium are renewal premiums.

Renewal premiums are due on the Due Date. Except as provided by the Grace Period, this policy will lapse (will not be in force) if a renewal premium is not paid by the Due Date. All premiums are considered paid when they are received at Our administrative office.

**Grace Period.** Your premium must be paid on or before the Due Date or post-marked during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if You request termination of this policy.

**Reinstatement.** If You do not pay Your premium by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement within three years of the lapse in writing to Our administrative office. The reinstatement application must be signed by the policy's Insured Person and Owner, if different. Your application for reinstatement requires Our approval.

If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due plus 6% interest compounded annually from each Due Date. Any Loan Balance as of the lapse date must be paid or reinstated. Loan Interest will be charged at the applicable policy Loan Interest Rate to the date of reinstatement during the period of lapse. This policy will be reinstated on the Reinstatement Date.

You cannot reinstate Your policy:

- if You requested surrender under the Right to Examine or Right to Cancel section; or
- after the Policy Anniversary following the policy's Insured Person's 121<sup>st</sup> birthday (shown as the Expiration Date on the Policy Schedule).

## BENEFITS

**Payment of Proceeds.** If an Insured Person dies while this policy and any applicable riders are in force and all policy provisions have been met, We will pay Proceeds to the Beneficiary. Payment will be made within two months of receiving due proof of death at Our administrative office. Interest at 8% or the rate required by law will be included on any portion of the Proceeds not paid within 30 days of Our receipt of due proof of death. Such interest will continue until full payment is made.

Proceeds are equal to:

- the Face Amount in force;
- plus any premiums paid beyond the date of an Insured Person's death;
- less any Loan Balance; and
- less any premiums due but unpaid.

Payment will include interest on the Proceeds from the date of an Insured Person's death until the date payment is made. The interest paid on Proceeds will be the higher of the rate payable under Payment Option 3 or the rate required by state law, if any. An additional interest rate of 10% annually will begin 31 days after the latest of the date:

- We receive due proof of death;
- We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

- legal impediments to payment of proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

**Optional Payment of Proceeds.** Upon the death of an Insured Person, We will pay Proceeds in a lump sum or under a payment option. We will not pay Proceeds under a payment option unless requested to do so in a written statement sent to Our administrative office. All or part of the Proceeds may be applied to a payment option if the amount applied is at least \$5,000 and will provide an installment payment of at least \$50. We will protect Proceeds paid under a payment option from creditor's claims and legal process to the extent allowed by law.

You may elect a payment option during an Insured Person's lifetime. A Beneficiary may also elect a payment option if Proceeds are payable to the Beneficiary.

The person receiving payments under a payment option is the payee. If a payee chooses lifetime payments, We may require proof of a payee's age. We must agree to a payment option if the payee is an assignee or if the payee is other than a natural person (such as a corporation or a partnership). If Your policy is assigned as payment of a loan, We will pay the assignee in a lump sum.

We will provide the payee with a payment contract that explains how We make payments under the chosen payment option. The payment contract will control payments if a payee dies before We make all payments. Payment contracts cannot be assigned.

**Payment Option 1 – Payment for a Fixed Period.** Payments are in equal installments for a fixed period of years not to exceed 30 years. Payments will not be less than as shown in the Payment Option 1 table and may be increased by additional interest.

**Payment Option 2 – Payment of Fixed Amount.** Fixed payments are made in installments until the Proceeds and interest at 3% are depleted. Additional interest may be paid which will extend the number of payments. Yearly payments must be at least \$60 for each \$1,000 of Proceeds applied.

**Payment Option 3 – Left at Interest.** We will pay interest periodically on amounts left with Us. The interest rate paid will not be less than 3% per year. Additional interest may be paid.

**Other Options.** We may offer additional payment options on the date You elect a payment option. At Your request, We will provide the payment terms for any available payment option.

**Withdrawal of Proceeds.** Unless restricted, unpaid balances on Payment Option 1, 2 or 3 can be withdrawn. We will discount any Payment Option 1 Proceeds at the Payment Option 1 interest rate.

## POLICY VALUES

The values of this policy meet or exceed those required by law. We have filed a detailed statement explaining the calculation of these values with the insurance regulator of the state in which this policy is issued. Calculations of minimum policy values, reserves and premiums are based on all of the following:

- 2001 Commissioner's Standard Ordinary, smoker distinct, 55% Female/45% Male, ultimate only mortality table age last birthday;
- premium paid annually and Proceeds paid immediately;
- the policy's Insured Person's Attained Age;
- a valuation interest rate in accordance with the Standard Valuation Law; and
- a Nonforfeiture interest rate of 5.0% per year.

Your policy's Cash Value is determined from the Table of Guaranteed Values. We use the Standard Nonforfeiture Value Method to set Cash Values.

**Surrender Value.** You may surrender Your policy for its Surrender Value while this policy is in force, during the policy's Insured Person's lifetime and before the Expiration Date on the Policy Schedule.

The policy's Surrender Value is equal to the Cash Value on the date of surrender. The Surrender Value is increased by any premiums paid beyond the date of surrender and reduced by any Loan Balance and any premiums due but unpaid. We may defer payment of the Surrender Value up to six months.

**Maturity Value.** If, on the Expiration Date shown on the Policy Schedule, the policy's Insured Person is alive and this policy is in force, We will pay You the policy's Cash Value, increased by any premiums paid beyond the date of surrender and reduced by any Loan Balance and premiums due but unpaid.

The payments for a payment option for either the Surrender Value or Maturity Value will never be greater than the payments for a payment option upon death of the Insured Person.

## LOANS

**Loan Value.** Unless Your policy has processed to extended term insurance, You may take loans against Your policy's Loan Value as cash. The Loan Value is equal to the policy's Cash Value on the date of the loan reduced by:

- any due but unpaid premiums;
- any Loan Balance; and
- Loan Interest to the next Policy Anniversary.

We may defer cash loans up to six months.

**Loan Interest.** Interest is charged from the date of the loan and is payable annually in arrears each Policy Anniversary. Interest not paid when due will be added to the Loan Balance and will itself bear interest. The Loan Interest Rate may vary, but will not exceed the greater of:

- the Published Monthly Average for the calendar month ending two months before the rate is determined;  
or
- the rate used to compute this policy's Cash Value plus 1% per annum.

Published Monthly Average means Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Service, Inc. or any successor thereto. If this Average is no longer published, We will use a similar average established under the law of the state in which this policy is issued.

We must determine the Loan Interest Rate at least once every 12 months. We can change the Loan Interest Rate no more frequently than once every three months. If Our determination of the Loan Interest Rate results in an annual rate increase of 0.5% or more, We may increase the Loan Interest Rate. However, if Our determination results in an annual rate reduction of 0.5% or more, We will reduce this policy's Loan Interest Rate by at least 0.5%.

When You take a loan, We will tell You the initial Loan Interest Rate. If Your policy has a Loan Balance, We will give You reasonable advance notice of any increase in the Loan Interest Rate. Your policy will not terminate in a Policy Year solely because We increased the Loan Interest Rate during that Policy Year. Your policy will remain in force during the Policy Year until it would otherwise terminate.

**Loan Repayment.** You may repay all or part of a Loan Balance at any time during the policy's Insured Person's lifetime while this policy is in force, but You are not obligated to do so. However, the Loan Balance must not equal

or exceed the Loan Value. If this happens, We will inform You of the payment required to reduce the Loan Balance below the Loan Value. We will also inform You that the Grace Period applies. If You do not make the required payment by the end of the Grace Period, Your policy will terminate.

## **BENEFICIARY**

Unless otherwise stated in this policy, in any payment contract in effect under this policy or in a Beneficiary designation in effect under this policy, the following applies to any and all Beneficiaries:

1. Only surviving Beneficiaries have an interest in any Proceeds. Surviving means living at least 120 hours beyond an Insured Person.
2. A Beneficiary is either a primary Beneficiary or a contingent Beneficiary. A surviving primary Beneficiary's interest in any Proceeds is superior to and exclusive of that of any contingent Beneficiaries. Proceeds are payable to the contingent Beneficiaries only if no primary Beneficiaries survive an Insured Person.
3. We will pay the Proceeds to the Beneficiaries surviving at the time of an Insured Person's death. We may require proof of age, gender or of the continued survival of any Beneficiary. We may rely on the affidavit of any responsible person to determine the identity of any Beneficiaries not identified by name or whether any Beneficiaries not identified by name are living.
4. All surviving Beneficiaries in the same class (primary or contingent) will share equally unless You specify otherwise.
5. After the death of all designated Beneficiaries, We will pay any Proceeds payable to You or Your successors, transferees or estate.
6. To the extent allowed by law, We will protect the payment of Proceeds or interest to a Beneficiary from creditors' claim and legal process.

## **TERMINATION**

Your policy will terminate on the earliest of the following:

- when any premium due for this policy is not paid before the end of the Grace Period;
- the Expiration Date listed in the Policy Schedule;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- or
- upon the policy's Insured Person's death.

## **TERMINATION OPTIONS**

You may choose a termination option by providing written notice of Your choice to Our administrative office. If You do not pay a premium by the end of the Grace Period, Your policy will terminate on the premium's Due Date. If You do not choose a termination option within 60 days of the unpaid premium's Due Date, Termination Option 3, extended term insurance, applies.

**Termination Option 1:** Surrender Your policy for its Surrender Value.

**Termination Option 2:** You may use Your policy's Surrender Value to continue Your policy as reduced paid-up insurance by applying Your policy's Surrender Value as a net single premium at the policy's Insured Person's Attained Age at the time the request is processed. If the amount of reduced paid-up insurance exceeds the amount of extended term insurance under Termination Option 3, We will pay You the excess Surrender Value in

cash. You may surrender reduced paid-up insurance for its Surrender Value. The Surrender Value within 30 days of a Policy Anniversary will not be less than the Surrender Value on the Policy Anniversary.

**Termination Option 3:** You may use Your policy's Surrender Value to continue Your policy as extended term insurance. The amount of extended term insurance will equal the Face Amount in force. Extended term insurance remains in force for the period that can be purchased with the Surrender Value as a net single premium at the policy's Insured Person's Attained Age at the time the request is processed. Extended term insurance may be surrendered for its Surrender Value. The Surrender Value within 30 days of a Policy Anniversary will not be less than the Surrender Value on the Policy Anniversary.

## GENERAL PROVISIONS

**Application Statements.** No statement will void this policy or any attached riders, or be used to defend a claim unless You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this policy.

Statements made in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel Your policy for any inaccuracy – even an honest mistake. Therefore, in the absence of fraud, We regard the statements made in Your application as representations, not as warranties.

**Assignment.** You can transfer, or assign, some or all of Your policy rights, while the policy's Insured Person is alive, to someone else by making a contract with that person by:

- completing and signing a form provided by Us; and
- returning the form to Our administrative office for Our written acknowledgement.

We are not responsible for the validity of any assignment of this policy.

When We furnish You written acknowledgement of the assignment, the assignment becomes effective on the date You signed Our form unless You specify a later date. We are not liable for payments made or action taken prior to Our written acknowledgement of the assignment.

**Change of Beneficiary.** The Beneficiary may be changed while an Insured Person is alive by:

- completing and signing a form provided 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. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

**Change of Ownership.** Policy ownership may be changed while the policy's Insured Person is alive by:

- completing and signing a form provided by Us for changing ownership; and
- returning the form to Our administrative office for Our written acknowledgement.

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

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

**Contestable Period.** We have the right to contest the validity of this policy and any attached riders based on material misrepresentations made in the initial application. However, We cannot contest the validity of this policy or any attached riders after it has been in force during an Insured Person's lifetime for two years from the Issue Date, except for fraudulent misstatements in the application when permitted by applicable law in the state where the policy is delivered or issued for delivery.

We have the right to contest the validity of a change or reinstatement of this policy and any attached riders based on material misrepresentations made in the application for change or reinstatement. However, We cannot contest a change or reinstatement after this policy has been changed or reinstated and in force during an Insured Person's lifetime for two years from the change effective date or Reinstatement Date, except for fraudulent misstatement in the change or reinstatement application when permitted by applicable law in the state where the policy is delivered or issued for delivery.

**Entire Contract; Changes.** The entire contract between You and Us includes:

- this policy, which is the contract of insurance;
- Your application and any attached papers; and
- any riders, endorsements or amendments attached to this policy.

No change in this policy will be effective until approved by one of Our officers and unless such approval be endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

**Minimum Benefit.** This policy's benefits will not be less than the minimum benefits required by law in the state in which the policy was issued.

**Misstatement of Age.** If an Insured Person's age has been misstated, an adjustment in premiums, coverage, or both, will be based on that Insured Person's correct age.

**Ownership.** This policy belongs to You and all policy rights may be exercised by You.

**Suicide.** If an Insured Person dies by suicide within two years of the Issue Date or last Reinstatement Date, Our liability is limited to a refund of premiums paid for coverage provided for that Insured Person.

**PAYMENT OPTION 1**

<b>Fixed Period (Years)</b>	<i>Amount of Each Payment</i>				<b>Fixed Period (Years)</b>	<i>Amount of Each Payment</i>			
	<b>Annual</b>	<b>Semi- Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		<b>Annual</b>	<b>Semi- Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
<b>5</b>	211.99	106.78	53.59	17.91	<b>20</b>	65.26	32.87	16.50	5.51
<b>6</b>	179.22	90.27	45.30	15.14	<b>21</b>	62.98	31.72	15.92	5.32
<b>7</b>	155.83	78.49	39.39	13.16	<b>22</b>	60.92	30.68	15.40	5.15
<b>8</b>	138.31	69.66	34.96	11.68	<b>23</b>	59.04	29.74	14.92	4.99
<b>9</b>	124.69	62.81	31.52	10.53	<b>24</b>	57.33	28.88	14.49	4.84
<b>10</b>	113.82	57.33	28.77	9.61	<b>25</b>	55.76	28.08	14.09	4.71
<b>11</b>	104.93	52.85	26.52	8.86	<b>26</b>	54.31	27.36	13.73	4.59
<b>12</b>	97.54	49.13	24.65	8.24	<b>27</b>	52.97	26.68	13.39	4.47
<b>13</b>	91.29	45.98	23.08	7.71	<b>28</b>	51.74	26.06	13.08	4.37
<b>14</b>	85.95	43.29	21.73	7.26	<b>29</b>	50.60	25.49	12.79	4.27
<b>15</b>	81.33	40.96	20.56	6.87	<b>30</b>	49.53	24.95	12.52	4.18

*Payments are shown for each \$1,000 applied under the payment option.  
Figures not shown will be furnished on request.*

**WHOLE LIFE INSURANCE**  
**Premiums payable to age 121**  
**Nonparticipating Policy**

**READ YOUR POLICY CAREFULLY!**

**SERFF Tracking #:**

SEFL-128712061

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

WL+ VALUATION

**State:**

Arkansas

**Filing Company:**

Assurity Life Insurance Company

**TOI/Sub-TOI:**

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

**Product Name:**

WL+ Valuation

**Project Name/Number:**

WL+ Valuation/WL+ Valuation

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability Certification.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Application		
Comments:	47-420-05053 Worksite Individual Life Insurance Application 47-421-05053 Life Insurance Coverage 47-422-05053 Simplified Issue Health Section 47-423-05053 Primary Proposed Insured's Agreement and Agent's Statement and Agreement The above forms are the application for this policy which was filed and approved 6/10/2010 under SEFL-126600754.		



## READABILITY CERTIFICATION

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

<b>Form No.</b>	<b>Description</b>	<b>Flesch Score</b>
W L1001 (AR) (R01-13)	Whole Life Insurance Policy	50.2

*Carol S Watson*

Signature

October 9, 2012

Date

Carol Watson  
Vice President, General Counsel and Secretary