

SERFF Tracking Number: BFLI-128346652 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number:
Company Tracking Number: AR B 0216 AP2012 DR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Application for Life Insurance
Project Name/Number: /

Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Application for Life Insurance SERFF Tr Num: BFLI-128346652 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: AR B 0216 AP2012 DR State Status: Approved-Closed
Fixed/Indeterminate Premium

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jill Jones, Bridgett

Disposition Date: 05/11/2012

Williams, Tina Cunningham, Lyn

Ezell, Sharon White

Date Submitted: 05/09/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 04/19/2012

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: 05/11/2012

State Status Changed: 05/11/2012

Deemer Date:

Created By: Tina Cunningham

Submitted By: Tina Cunningham

Corresponding Filing Tracking Number:

Filing Description:

This application is being submitted for review and approval and will not replace any previously approved application. It will be used to underwrite term life insurance solicited through direct marketing methods. The application will be completed directly by the applicant through an online pdf process or on paper and returned to the company via mail, fax, or email.

State Narrative:

SERFF Tracking Number: BFLI-128346652 State: Arkansas
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 Product Name: Application for Life Insurance
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Company and Contact

Filing Contact Information

Tina Cunningham, Compliance Analyst L1 tcunningham@atlam.com
 4370 Peachtree Road NE 404-266-5723 [Phone]
 Atlanta, GA 30319 404-926-4092 [FAX]

Filing Company Information

Bankers Fidelity Life Insurance Company CoCode: 61239 State of Domicile: Georgia
 4370 Peachtree Rd NE Group Code: 587 Company Type: Life & Health
 Atlanta, GA 30319 Group Name: 61239 State ID Number:
 (404) 266-5600 ext. [Phone] FEIN Number: 58-0658963

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? Yes
 Fee Explanation: \$25.00 X 1 = \$25.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$25.00	05/09/2012	59043200
Bankers Fidelity Life Insurance Company	\$25.00	05/09/2012	59053601

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/11/2012	05/11/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/10/2012	05/10/2012	Tina Cunningham	05/10/2012	05/10/2012
Pending Industry Response	Linda Bird	05/09/2012	05/09/2012	Tina Cunningham	05/09/2012	05/09/2012

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Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification		Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Forms Use List		Yes
Form	Application for Life Insurance		Yes

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/10/2012
Submitted Date 05/10/2012
Respond By Date 06/11/2012

Dear Tina Cunningham,

This will acknowledge receipt of the captioned filing.

Objection 1

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

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

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking Number: BFLI-128346652 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number:
Company Tracking Number: AR B 0216 AP2012 DR
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Application for Life Insurance
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/10/2012
Submitted Date 05/10/2012

Dear Linda Bird,

Comments:

Thank you for your time in review of this filing.

Response 1

Comments: Per your request Regulation 19s10B certification has been attached.

Related Objection 1

Comment:

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

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Bridgett Williams, Jill Jones, Lyn Ezell, Sharon White, Tina Cunningham

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Product Name: Application for Life Insurance
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/09/2012
Submitted Date 05/09/2012
Respond By Date 06/11/2012

Dear Tina Cunningham,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

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

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/09/2012
Submitted Date 05/09/2012

Dear Linda Bird,

Comments:

Thank you for your review in this filing.

Response 1

Comments: Per regulation 57 the additional fee of \$25.00 has been submitted.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any additional questions or concerns, please do not hesitate to contact me. Thank you.

Sincerely,

Bridgett Williams, Jill Jones, Lyn Ezell, Sharon White, Tina Cunningham

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Form Schedule

Lead Form Number: B 0216 AP2012 DR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B 0216 AP2012 DR	Application/Enrollment Form	Application for Life Insurance	Initial		56.700	B 0216 AP2012 DR bracketed.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., P. O. Box 105146, Atlanta, Georgia 30348-5146 (404) 266-5600

APPLICATION FOR LIFE INSURANCE

(PLEASE PRINT)

PROPOSED INSURED (First Name, Middle Initial, Last Name)	Relationship To Insured	Social Security Number	Sex	Place (State) of Birth	Age	Date of Birth			Height & Weight			
						Month	Day	Year	Feet	Inches	Lbs.	
	Proposed Insured											
	Dependent Child											
	Dependent Child											
	Dependent Child											
	Dependent Child											
	Dependent Child											
	Dependent Child											
	Dependent Child											
	Dependent Child											
	Dependent Child											
	Dependent Child											

Residence Address (street or Route & Box No.)	City	County	State	Zip Code

Telephone Number	Best Time To call <input type="checkbox"/> AM <input type="checkbox"/> PM	E-Mail Address	Driver's License # _____ State of Issue _____
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SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

<p>LIFE INSURANCE:</p> <p><input type="checkbox"/> 5 Year Level Term</p> <p><input type="checkbox"/> 10 Year Level Term</p> <p>Requested Face Amount: \$ _____</p> <p>OPTIONAL RIDERS:</p> <p><input type="checkbox"/> Critical Illness Rider Requested Rider Face Amount: \$ _____</p> <p><input type="checkbox"/> Childrens Insurance Rider Requested Rider Face Amount: \$ _____</p>	<p>MONTHLY ELECTRONIC DRAFT PREMIUM: _____</p> <p>Requested Draft Day each month: _____</p> <p>Date Initial Premium should be drafted: _____</p> <p>REQUESTED EFFECTIVE DATE: _____</p> <p>TOBACCO USE: Have you used any tobacco product in the last 3 years... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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1. (a) Do you currently have any existing life insurance policies or annuity contracts in force or pending? Yes No
- (b) Will any life insurance or annuities be replaced with this life insurance policy? Yes No

BENEFICIARY DESIGNATIONS

Name of Primary Beneficiary(ies)	%	Relationship	Social Security No. (if known)	Address	Telephone No.
Name of Contingent Beneficiary(ies)	%	Relationship	Social Security No. (if known)	Address	Telephone No.

(Application continued on next page)

3. In the last 3 years, have you had or been medically diagnosed with or treated for:

- (a) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? Yes No
- (b) heart or circulatory disease or disorder of any kind or have you had heart surgery? (if Yes, check all that apply).... Yes No
 - heart attack heart surgery blood vessel disorder
 - congestive heart failure (CHF) stroke of any kind other _____
 - aneurysm angina
- (c) respiratory or lung disease or disorder of any kind? (if Yes, check all that apply)..... Yes No
 - emphysema chronic obstructive pulmonary disease (COPD)
 - chronic lung disorder other _____
- (d) kidney/renal or liver disease or disorder of any kind? (if Yes, check all that apply) Yes No
 - chronic kidney disease (CKD) kidney/renal insufficiency or failure kidney dialysis
 - kidney transplant cirrhosis of the liver other _____
 - hepatitis
- (e) internal cancer, leukemia, malignant melanoma, or Hodgkin's disease?..... Yes No
- (f) brain disease or mental illness, disease or disorder of any kind? (if Yes, check all that apply) Yes No
 - Alzheimer's disease cerebral palsy mental illness or disorder
 - brain tumor mental retardation other _____
 - seizure disorder Down's Syndrome
- (g) degenerative disease or disorder of the muscles or nerves of any kind or any injury to the back, neck or spine? (if Yes, check all that apply) Yes No
 - Lou Gehrig's disease (ALS) rheumatoid arthritis multiple sclerosis
 - Huntington's disease muscular dystrophy other _____
 - Parkinson's disease
- (h) diabetes, alcoholism, or drug or substance addiction, abuse or dependency? Yes No

4. In the last 2 years have you been:

- (a) advised by a physician to have any medical or surgical treatments or tests and not done so? Yes No
- (b) admitted to or confined to a hospital, nursing home or facility or any other type of medical facility to receive medical treatment or care? Yes No

5. Provide details to any "Yes" answers to questions 3 or 4. Include the question number, date, diagnosis, physician's name and address: _____

6. Are you currently taking any prescription drugs? Yes No If "Yes" please list:

Medication	Dosage Amount	Condition for Which Prescribed

7. Please provide the name and address of your Primary Care Physician and the date and reason you last consulted him/her:

Physician's Name	Address	Date and Reason Last Consulted

Answer Question 8 – 10 only if applying for the Children’s Insurance Rider

- 8. (a) Is any child proposed for insurance medically prohibited or prevented from participating in the daily activities normally associated with a child of their age due to injury, illness, disease or deformity, including but not limited to attending school? Yes No
- (b) Has any child proposed for insurance been hospitalized in the last 120 days? Yes No
- (c) Has any child proposed for insurance been medically diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? Yes No
- 9. Has any child proposed for insurance been medically diagnosed with or treated for or taken prescription medication for asthma, cerebral palsy, congenital heart defects, cystic fibrosis, Down’s syndrome, hemophilia, insulin-dependent diabetes, internal cancer, leukemia, Muscular Dystrophy or seizure disorder? Yes No
- 10. Please provide the name and address of your child’s(ren’s) Pediatrician and the date and reason last consulted:

Name of Child	Pediatrician’s Name	Address	Date and reason last consulted

11. I, the undersigned Proposed Primary Insured, hereby apply to Bankers Fidelity Life Insurance Company® for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. **I agree the policy shall not be effective unless it has actually been issued, received by the Owner and the first premium paid and honored upon first presentation, all during my lifetime and before any change in my health as stated herein.**

I, the undersigned Proposed Primary Insured state that I have read or had read to me the completed application and that I realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy, subject to the “Incontestability” provision of the policy.

CAUTION: If the answers on this application are materially incorrect or untrue, Bankers Fidelity Life Insurance Company® may have the right to deny benefits or contest the policy, subject to the “Incontestability” provision of the Policy.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at _____, on _____ X _____
 (City and State) (Month, Day, Year) Proposed Primary Insured’s signature. Please read item 11 before signing

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, NE, Atlanta, Georgia 30319

AUTHORIZATION TO RELEASE MEDICAL INFORMATION IN COMPLIANCE WITH HIPAA

In order for Bankers Fidelity Life Insurance Company® (or its affiliates or reinsurers) to evaluate my application for insurance, or if a policy is issued, to evaluate contestability or eligibility for payment of claims benefits and for the continuation or replacement of the policy, I hereby authorize any and all medical practitioners, physicians, nurses, pharmacists, hospitals, clinics, long-term care facilities, medical or medically-related facilities, laboratories, insurance companies and insurance support organizations (i.e.: the MIB Group), records custodians or anyone else with knowledge of me or my health to release any and all records and information within your possession, custody or control to Bankers Fidelity Life Insurance Company or its authorized representative.

Information regarding diagnosis, testing, treatment, and prognosis of my physical or mental condition are to be released. Such records and information may include, but is not limited to, the following: alcohol and/or drug abuse treatment, psychiatric treatment (except psychotherapy notes), prescription drug information or STD or other communicable disease testing and treatment.

Bankers Fidelity Life Insurance Company cannot process an application for insurance without this signed Authorization. Furthermore, determination of eligibility for payment of claims benefits will be based upon information obtained in accordance with this authorization. Failure to authorize us to obtain information from all necessary providers may result in a delay of your claim due to lack of complete information.

I UNDERSTAND:

1. Health information about me provided to Bankers Fidelity Life Insurance Company® is protected by federal privacy regulations and that Bankers Fidelity Life Insurance Company will only use and disclose such information as allowable by law. However, I also understand that, upon disclosure pursuant to this authorization to any person or organization that is not covered by the federal privacy regulations (i.e. an insurance regulatory or other government agency), the disclosed information may no longer be protected by those regulations.
2. I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance upon this authorization or to the extent that other law provides the Company with the right to contest a claim under the policy or the policy itself, by sending a written revocation to Bankers Fidelity Life Insurance Company at the address above. I also understand that the revocation of this authorization will not affect uses and disclosures of my health information for purposes of treatment, payment or business operations.
3. Bankers Fidelity may release information obtained through this Authorization to its reinsurers, the MIB or other insurance companies as allowable by law.
4. I am entitled to receive a copy of this authorization.
5. A photographic copy of this authorization is as valid as the original.
6. This authorization will expire 6 months from the date signed.

Dated on _____

Patient's Signature

Patient's Printed Name

Patient's Date of Birth

Patient's Resident Address

Patient's Social Security Number

Patient's Phone Number

Representative's Printed Name

Relationship to Patient*

*Describe Personal Representative's authority or relationship to Patient. If Power of Attorney, must provide copy of POA papers.

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachments: B 0216 AP2012 DR Flesch Cert.pdf Guaranty Association Notice B 0076 AR.pdf Consumer Notice B 0034 AR.pdf Certificate for Rule 19 - B 0216 AP2012 DR.pdf</p>		
<p>Satisfied - Item: Application Comments: Application is attached to the form schedule tab.</p>		
<p>Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A as this filing is for an application. Comments:</p>		
<p>Satisfied - Item: Statement of Variability Comments: Attachment: B 0216 AP2012 DR Statement of Variability.pdf</p>		
	Item Status:	Status

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Product Name: Application for Life Insurance
Project Name/Number: /

Date:

Satisfied - Item: Forms Use List

Comments:

Attachment:

AR B 0216 AP2012 DR Forms Use List.pdf

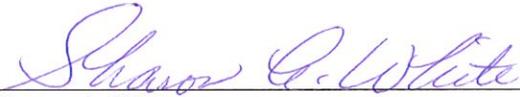
BANKERS FIDELITY LIFE INSURANCE COMPANY
Atlanta, Georgia

FLESCH SCORE CERTIFICATION

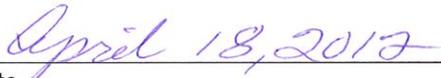
B 0216 AP2012 DR – Application for Life Insurance

Words: 442
Sentences: 16
Score: 56.7

I hereby certify that the Flesch reading ease score of the above forms is as shown.



Sharon A. White
Vice President; Legal/Compliance



Date

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are member of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers’ care in selecting the insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

The Arkansas Life and Health Insurance Guaranty Association
C/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72202

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different type of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

The following information is being provided to you in accordance with Act 197 of the Arkansas Department of Insurance Regulations:

Bankers Fidelity Life Insurance Company

Policyholder Service Department

4370 Peachtree Road, N.E.

Atlanta, Georgia 30319

Toll-Free: 866-458-7500

Fax: (404) 926-4033

bflphs@atlam.com

If we at Bankers Fidelity Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Department of Insurance

Consumer Service Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

(510) 371-2640, (800) 852-5494

Fax: (501) 371-2749

insurance.consumers@arkansas.gov

Your Agent:

{FId0240}

{FId0241} {FId0242}

{FId0243} {FId0244}

{FId0245}

This notice is for information only and does not become a part or condition of your policy.

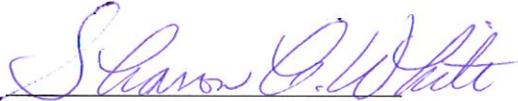
CERTIFICATE OF COMPLIANCE

ARKANSAS

The Bankers Fidelity Life Insurance Company certifies that the form filing for:

B 0216 AP2012 DR – Level Term Life Insurance Policy

meets the provisions of the Rule 19, as well as all other requirements of the Arkansas Department of Insurance.



Sharon A. White
Vice President, Legal/Compliance

May 5, 2012
Date

STATEMENT OF VARIABILITY

Application for Life Insurance

Form: **B 0216 AP2012 DR**

ITEM

VARIABILITY

Checkboxes for Life Insurance Plans

ability to remove plans that are no longer offered or offer additional that are later approved by the state; the options are shown on the Forms Use document attached to the filing

Checkboxes for Optional Rider(s)

ability to remove riders that are no longer offered or offer additional that are later approved by the state; the options are shown on the Forms Use document attached to the filing

Premium Mode

ability to add options for Annual, Semi-Annual, Quarterly and/or Monthly Direct if we decide to make these available on other new issues

**Application for Life Insurance: B 0216 AP2012 DR
FORMS TO BE USED WITH**

Arkansas

The Application for Life Insurance may be issued with the following policy forms and riders:

<u>Form Number</u>	<u>Description / Title</u>	<u>Approved by State</u>
B 20604 DR	Endowment at Age 100	07-10-2006
B 20801 DR	Level Whole Life Insurance	10-06-2008
B 20802 DR	Modified Whole Life Insurance	12-02-2008
B 0109 TI ADB 50 (R09)	Accelerated Death Benefit Rider	11-08-2010
B 0108 WP NHC	Waiver of Premium Rider	07-01-1997
B 0210 ADB	Accidental Death Benefit Rider	01-05-2011
B 0211-2 CIBR	Critical Illness Rider	08-16-2011
BFL-CIR	Children's Insurance Rider	01-18-1988
BFL-WPD	Waiver of Premium for Disability Rider	01-18-1988

The Level Term Life Insurance policy form B 20601 DR will also be underwritten on this application; it is currently under review by your Department (submitted in a separate filing).

SERFF Tracking Number: BFLI-128346652 State: Arkansas
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number:
 Company Tracking Number: AR B 0216 AP2012 DR
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Application for Life Insurance
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/09/2012	Supporting	Flesch Certification Document	05/10/2012	B 0216 AP2012 DR Flesch Cert.pdf Guaranty Association Notice B 0076 AR.pdf Consumer Notice B 0034 AR.pdf