

State: Arkansas **Filing Company:** Amica Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Simplified Whole Life
Project Name/Number: Simplified Whole Life/SIWL01-02

Filing at a Glance

Company: Amica Life Insurance Company
Product Name: Simplified Whole Life
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 08/08/2012
SERFF Tr Num: AMMB-128595338
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: SIWL01-02

Implementation: On Approval
Date Requested:
Author(s): Laurie Clark
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/16/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Amica Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Simplified Whole Life
Project Name/Number: Simplified Whole Life/SIWL01-02

General Information

Project Name: Simplified Whole Life Status of Filing in Domicile: Authorized
Project Number: SIWL01-02 Date Approved in Domicile: 12/19/2011
Requested Filing Mode: Review & Approval Domicile Status Comments: Our state of domicile is Rhode Island. This form was filed with the Interstate Compact - Rhode Island is a member.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/16/2012
State Status Changed: 08/16/2012
Deemer Date: Created By: Laurie Clark
Submitted By: Laurie Clark Corresponding Filing Tracking Number:

Filing Description:

Attached is a copy of our new Amica Simplified Whole Life Policy, Form No. SIWL01-02, and the product-specific applications, Forms No. L102-1 AR (existing Amica customers) and L103-1 AR (broad market).

Also attached are copies of the Actuarial Memo, copies of the Flesch Certificates, a Certification of Compliance, a copy of our Consumer Information Notice (SN01-01 AR), a copy of our Life & Health Insurance Guaranty Association Act Form (L170-3 AR), a Statement of Variability and our filing fee of \$150.00.

The premiums for this policy are fully guaranteed. The minimum issue age for this new product is 18 years old. The maximum issue age for this policy is 80 years old.

This plan is available for face amounts of \$20,000 and \$25,000 only. We will solicit sales of this product primarily from our existing insureds and those of our parent, Amica Mutual Insurance Company (application L102-1 AR); however, we may offer this product to those outside our current policyholder base at a later time (application L103-1 AR).

Our company's individual life portfolio is sex-distinct. Please be assured that this policy will not be subject to Norris and/or Title VII of the Civil Rights Act of 1964.

Premium rates are based on the sex and age of the insured, and are differentiated by two rate classes only -- Preferred and Standard. There will be no substandard ratings on this policy since it is a simplified-issue product.

Please note that except for the front and back "jacket" pages, the policy itself will be completely system-generated; the bracketed data found on policy Page 1 are "variable" only in the sense that such data will be customized based on the specific policy issue information. The first page of the scanned policy is actually a "cover flap". The size of the "cover flap" measures 8 ½ x 5 ½ inches. This page allows the pertinent information to be readily viewed by the policy owner.

At this time, there are no optional benefits available to be added to this plan.

This product will be direct-marketed by Amica Life and will not utilize the services or involvement of our licensed, full-time employee representatives. Therefore, the application will be a paper version only. All such policies will be issued directly to the policy owners from our Corporate Offices, again with no agent involvement whatsoever in the solicitation/sales, application, issue and delivery processes.

State: Arkansas **Filing Company:** Amica Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Simplified Whole Life
Project Name/Number: Simplified Whole Life/SIWL01-02

Since the premium rates are fully guaranteed, this product is not subject to the requirements and restrictions imposed by the NAIC Life Insurance Illustrations Model Regulation. We will provide a copy of the Statement of Policy Cost and Benefit Information at issue -- or sooner, if it is requested by the applicant.

We are in the process of implementing additional computer programming to accommodate this new product. Solicitations of this new product will not begin until all necessary programming has been completed.

Company and Contact

Filing Contact Information

Laurie A. Clark, Compliance Supervisor lclark@amica.com
 10 Amica Center Boulevard 800-234-5433 [Phone] 29729 [Ext]
 Lincoln, RI 02861 401-334-5146 [FAX]

Filing Company Information

Amica Life Insurance Company	CoCode: 72222	State of Domicile: Rhode
100 Amica Way	Group Code: 28	Island
Lincoln, RI 02865	Group Name: 72222	Company Type: Life
(800) 234-5433 ext. 29729[Phone]	FEIN Number: 05-0340166	State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 3 x \$50 = \$150.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Amica Life Insurance Company	\$150.00	08/08/2012	61502571

SERFF Tracking #:

AMMB-128595338

State Tracking #:

Company Tracking #:

SIWL01-02

State:

Arkansas

Filing Company:

Amica Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Simplified Whole Life

Project Name/Number:

Simplified Whole Life/SIWL01-02

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2012	08/16/2012

State: Arkansas **Filing Company:** Amica Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Simplified Whole Life
Project Name/Number: Simplified Whole Life/SIWL01-02

Disposition

Disposition Date: 08/16/2012

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
Supporting Document	Statement of Variability		Yes
Form	Amica Simplified Whole Life Policy		Yes
Form	Amica Simplified Whole Life Application		Yes
Form	Amica Simplified Whole Life Application		Yes

State: Arkansas **Filing Company:** Amica Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Simplified Whole Life
Project Name/Number: Simplified Whole Life/SIWL01-02

Form Schedule

Lead Form Number: SIWL01-02

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		SIWL01-02	POL	Amica Simplified Whole Life Policy	Initial:	58.710	Arkansas - Policy.pdf
2		L102-1 AR	AEF	Amica Simplified Whole Life Application	Initial:	57.450	L102-1 AR.pdf
3		L103-1 AR	AEF	Amica Simplified Whole Life Application	Initial:	57.450	L103-1 AR.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



Amica Life Insurance Company

Amica Life Insurance Company (a stock company) agrees to pay the Death Benefit to the Beneficiary when We receive due proof that the Insured died while this policy was in force, subject to the terms of this policy.

We have issued this policy in consideration of the attached Application and the payment of premiums as provided in this policy. The provisions on the following pages are an essential part of this contract. PLEASE READ YOUR POLICY CAREFULLY.

Signed for the Company at the Corporate Office, [Lincoln, Rhode Island] on the Date of Issue.

[*Robert B. St. Denis*]
Senior Vice President

[*Bryanne E. Casey*]
Secretary

[*Robert A. J. Merino*]
President

1. SCHEDULE OF BENEFITS AND PREMIUMS

THE PREMIUMS FOR THIS POLICY ARE PAYABLE FOR THE YEARS SHOWN (STARTING WITH THE DATE OF ISSUE) OR UNTIL THE DEATH OF THE INSURED, IF EARLIER.

BENEFIT	ANNUAL PREMIUM	POLICY YEARS PAYABLE
AMICA SIMPLIFIED WHOLE LIFE POLICY	[\$378.50]	[1-85]

TOTAL ANNUAL PREMIUM: \$[378.50]

AMICA SIMPLIFIED WHOLE LIFE POLICY. Death Benefit payable in the event of the Insured's death prior to the Maturity Date. This policy is NONPARTICIPATING; it will not share in the Company's earnings through the payment of dividends.

You may return this policy at any time within 31 days after receipt by delivering or mailing it to Our Corporate Offices at [100 Amica Way, Lincoln, RI 02865 (P.O. Box 6008, Providence, RI 02940-6008)] or to the agent through whom it was purchased. Immediately upon such delivery or mailing, We will deem this policy void and will refund to You any premiums paid. If You have any questions or need to obtain information about Your coverage, or if You need assistance in resolving a complaint with Our Company, please contact Us at www.amica.com or by calling Us at 1-800-234-LIFE. You may also contact Your local state insurance department at [1-800-282-9134].

INSURED: [JOHN DOE]	POLICY NUMBER: [1-099100354]
OWNER: [JOHN DOE]	SEX AND AGE OF INSURED: [MALE] [35]
DATE OF ISSUE: [APRIL 1, 2012]	POLICY CLASS: [PREFERRED]
FACE AMOUNT: [\$25,000]	MATURITY DATE: [APRIL 1, 2097]
BENEFICIARY: AS STATED IN APPLICATION UNLESS CHANGED AS PROVIDED HEREIN.	

TABLE OF CONTENTS

1. Schedule of Benefits and Premiums.....1

2. Definitions3

3. Payment of Premiums.....4

4. Grace Period4

5. Reinstatement4

6. Owner and Beneficiary Provisions.....5

7. Assignment.....5

8. General Provisions.....5

9. Loan Provisions6

10. Settlement Provisions9

11. Nonforfeiture Provisions11

2. DEFINITIONS

- (a) Amica Life, Company, Our, Us, We - refers to the Amica Life Insurance Company.
- (b) Application - includes the application form itself and any required addendums, copies of which are attached to this policy or otherwise furnished to You.
- (c) Cash Value – the guaranteed cash value as provided for in the Nonforfeiture Provisions and the Table of Nonforfeiture Values of this policy.
- (d) Cash Surrender Value – the Cash Value less any Indebtedness.
- (e) Death Benefit - the total amount We will pay upon the Insured's death, subject to the terms of this policy. Such amount is equal to the Face Amount; less any unpaid premiums then due and payable; less any existing Indebtedness.

Such payment will be made within 30 days of receipt of due proof that the death of the Insured occurred before the Maturity Date of this policy. Amica Life shall add to the Death Benefit payment a refund of the pro rata portion of premium paid for any period beyond the end of the policy month in which death occurred if the death of the Insured occurs during a period in which the premium has been paid.

If the Death Benefit payment (including premium refund, if any) is not tendered within said 30-day period, the final settlement shall include interest from the date of the Insured's death until date of settlement. Interest shall be paid at the rate of 8% per annum.

- (f) Due Proof of Death - a certified copy of the Insured's death certificate, or other lawful evidence providing equivalent information, and proof of the appropriate payee's legal entitlement to such payment.
- (g) Face Amount - the basic amount We will pay upon the Insured's death, as shown on Page 1 of this policy.
- (h) Indebtedness – an advance by Us on the security of this policy, together with accrued interest.
- (i) Insured - the person on whose life this policy is issued; the Insured may or may not be the Owner.
- (j) Interval - the period of time for which the premium required to be paid will provide coverage under this policy.
- (k) Maturity Date – the latest date on which all coverage under this policy will terminate.
- (l) Owner, You, Your - refers to this policy's Owner, unless changed in writing and filed with and recorded by the Company.
- (m) Policy Anniversary - the same day and month of each year as of this policy's Date of Issue.
- (n) Written Notice - unless otherwise stated, a Written Notice filed at Our Corporate Office in Lincoln, Rhode Island, or at one of Our authorized offices.

3. PAYMENT OF PREMIUMS

Premiums are payable as shown on Page 1. The first premium must be paid before this policy can be issued and made effective. Each premium is due and payable in advance by the first day of the payment Interval You have selected. You may pay premiums at a different Interval as allowed by the Company, with Our prior approval.

Premiums are payable to Us at Our Corporate Office in Lincoln, Rhode Island, or to one of Our agents authorized to receive such payment. We will give You a receipt in exchange for a premium payment, if You request it. Our receipt will be valid only if signed by the President or Secretary, and countersigned by the person receiving the payment.

4. GRACE PERIOD

If You fail to pay a premium (other than the first premium) on or before its due date, You will be granted a Grace Period of thirty-one (31) days for the payment of such premium. This Grace Period will begin on the due date of such unpaid premium. During this period the policy will remain in force. If the Insured dies during the Grace Period, We will deduct any premium due and payable from the Death Benefit. Any premium sent to Us by the U.S. Postal Service and postmarked during the Grace Period will be considered to have been paid within such Grace Period.

If any premium due and payable is not paid during the Grace Period, this policy will terminate immediately without further value except as may be provided under the Nonforfeiture Provisions section of this policy. We will notify You, at Your last known address, that this policy has been either terminated or continued under the Nonforfeiture Provisions.

5. REINSTATEMENT

If this policy terminates for nonpayment of premium, within five years from the due date of such unpaid premium You may reinstate it provided:

- (a) You have not surrendered this policy for cash; and,
- (b) You submit to Us an Application for reinstatement prior to this policy's Maturity Date; and,
- (c) You furnish to Us satisfactory evidence of the Insured's continued insurability, while the Insured is alive; and,
- (d) You pay to Us all prior unpaid premiums with interest at the rate of 6% per year compounded annually; and,
- (e) You pay or reinstate any Indebtedness You may have against this policy.

5. REINSTATEMENT (continued)

The effective date of the reinstated policy will be the date on which all of the above-noted conditions are satisfied.

For statements made in the original Application, the Incontestability provision will apply as of this policy's Date of Issue.

For statements made in the reinstatement Application, We will not contest this policy after it has been in force during the lifetime of the Insured for two (2) years from the date all conditions for reinstatement as stated above have been satisfied.

Upon reinstatement, the Suicide Exclusion provision will apply as of this policy's Date of Issue.

6. OWNER AND BENEFICIARY PROVISIONS

General

The Owner and Beneficiary named in the original Application will remain in effect unless You change them in writing.

You have the sole power to exercise all rights and privileges without the consent of any other person; unless, however, You have provided otherwise by Written Notice filed with and recorded by Amica Life; or, unless You have named an irrevocable Beneficiary and filed such designation with Us.

If You are not the Insured, at Your death the Insured will become the Owner of this policy. All of Your rights and privileges will transfer to the Insured; unless, however, You have provided otherwise in writing to Us.

The Beneficiary at the Insured's death will be as provided in the Beneficiary designation then in effect. If no Beneficiary designation is then in effect, or if no designated Beneficiary is alive, You will be the Beneficiary. If You are also the Insured, Your estate will be the Beneficiary.

Change of Owner or Beneficiary

You may change the named Owner or Beneficiary during the lifetime of the Insured by Written Notice to Us; however, an irrevocable Beneficiary must consent in writing to any such change. Any such change is effective on the date the notice is signed, whether or not You or the Insured is alive at the time of such acknowledgment. Unless You specify otherwise, any such change is subject to the rights of any current assignee. Such change will not affect any payment We make or action We take before We know of such change. We are not responsible for the validity or sufficiency of any change of Beneficiary or Owner You may make.

7. ASSIGNMENT

You must file all assignments of this policy in writing at Our Corporate Office. Any assignment will take effect on the date You sign the notice of assignment, unless You specify another date in such notice; however, an assignment will not affect any payment We make or action We take before We know of such assignment. We are not responsible for the validity or sufficiency of any assignment. Your interest, or the interest of any Beneficiary, and the election of a settlement option will be subordinate to the interest of any assignee. Other than an absolute assignee, an assignee cannot change the Owner or Beneficiary designations. A settlement option may not be elected by an assignee, other than by an absolute assignee.

7. ASSIGNMENT (continued)

An assignment, other than an absolute assignment, is not a change of Owner; and an assignee, other than an absolute assignee, is not a new Owner.

8. GENERAL PROVISIONS

Entire Contract

This policy and the Application constitute the entire contract between You and Amica Life. Statements made in the Application shall be considered representations and not warranties. We will not use any such statement in defense of a claim under this policy unless that statement is contained in the Application and We attach to this policy or furnish You with a copy of that Application when We issue, reinstate or amend this policy.

No condition or provision of this policy may be waived or modified in any way except by an endorsement signed by Our President, Vice President or Secretary.

Incontestability

We will not contest the validity of this policy after it has been in force during the lifetime of the Insured for two (2) years from the Date of Issue. Only statements made in an Application which are material to the risk accepted may be used to contest such validity.

Suicide Exclusion

Suicide of the Insured, while sane or insane, within two (2) years from the Date of Issue is not covered under this policy. In such event, We will pay to the Beneficiary an amount equal to the premiums paid on this policy, less any Indebtedness.

Misstatement of Age or Sex

If the age or sex of the Insured is misstated, We will change the Face Amount of insurance to that which the premiums paid would have purchased for the correct age and sex. If the corrected age is outside the allowable issue age limits for this policy, We will extrapolate a premium and benefit based on the nearest age allowed under such limits.

Conformity to State Laws

This policy is subject to the laws of the state as of the date the original Application was signed. If part of this policy as written does not conform to the laws of such state, We will automatically treat that part of the policy as if it does conform.

8. GENERAL PROVISIONS (continued)

Nonparticipating

This policy is Nonparticipating. It will not share in the Company's earnings through the payment of dividends.

9. LOAN PROVISIONS

General

This policy may have a Cash Value. If so, You may borrow money from Amica Life upon completion of a form satisfactory to Us. This policy will be the sole security of any such loans made by the Company.

The maximum amount that You may borrow during any policy year while this policy is in force will be the Cash Value shown in the Table of Nonforfeiture Values (Section 11). Such amount will be determined as of the end of the policy year, less any existing Indebtedness and unpaid premiums.

You may request a loan at any time beginning when a Cash Value is available if this policy is not being continued as extended term insurance, as provided in the Nonforfeiture Provisions section of this policy. Unless otherwise prohibited by law, We have the right to delay making a loan for up to six months from the date We receive the loan request forms; unless, however, You are making the loan to pay premiums on any policy issued by Amica Life.

If the Indebtedness equals or exceeds the Cash Value, We will notify You and any assignee recorded by Us at the last known address of each. If You fail to repay the loan or to pay sufficient interest, this policy will terminate 31 days after We mail those notices.

Loan Interest

The policy loan interest rate may vary; it will accrue in arrears. It will never exceed the higher of:

- (a) the Published Monthly Average for the calendar month ending two (2) months before the date on which the rate is determined; or,
- (b) 6% per annum.

"Published Monthly Average" means Moody's Corporate Bond Yield Average - Monthly Average Corporates published by Moody's Investor Services, Inc., or any successor to such Service. If this average is no longer published, We will use a substantially similar average established by state regulation.

We must determine the maximum policy loan rate at least once every twelve (12) months; but We cannot change it more frequently than once every three (3) months. We may increase this rate on any policy loan only when We determine that such rate has increased by one-half percent (1/2 %) or more per annum; and We must decrease this rate when We determine that such rate has decreased by one-half percent (1/2 %) or more per annum.

We will notify You of the initial interest rate at the time a cash loan is made. If an Automatic Premium Loan is made, We will notify You as soon as it is reasonably practical to do so after making such initial loan. If You have an outstanding loan of either type, We will give You reasonable advance notice of any increase(s) in the policy loan interest rate.

9. LOAN PROVISIONS (continued)

We will not terminate this policy solely because of a change in the policy loan interest rate prior to the next Policy Anniversary. Rather, We will keep this policy in force until such time that it would have terminated had there been no change in such rate.

Loan Repayment

You may repay a loan in full or in part at any time prior to the Insured's death, but only while this policy is in force. Policy loans in existence at the end of the Grace Period may not be repaid until You reinstate this policy.

Automatic Premium Loan

If You fail to pay a premium (other than the first premium) by the end of the Grace Period and while this provision is in effect:

- (a) if the date on which this unpaid premium is due is not the Policy Anniversary, We will pay this unpaid premium by loan automatically advanced by the Company; or,
- (b) if the date on which this unpaid premium is due is the Policy Anniversary, We will change the Interval of payment to an annual basis, if such Interval is not already an annual basis. We will pay such annual premium by loan automatically advanced by the Company.

In the event the amount of Cash Value available is insufficient to pay any such unpaid premium by loan, We will: (1) change the Interval of payment to the next frequent Interval available under this policy for which the amount of Cash Value available is sufficient to pay such unpaid premium by loan; (2) recalculate the premium then due and payable based on this new Interval; and, (3) pay this recalculated premium by loan automatically advanced by the Company.

Any such loan is subject to this Loan Provisions section. This provision will not be affected if the amount of Cash Value, less any existing Indebtedness, is less than the premium due; in such event, the Nonforfeiture Provisions will apply.

You may revoke this provision at any time by Written Notice to Us.

10. SETTLEMENT PROVISIONS

We will pay the benefits under this policy either in one sum or under any optional method of settlement You elect by prior written request, or by written request of the Beneficiary, and agreed to by Us.

If an amount of \$5,000 or more becomes payable, it may be left with the Company by electing one of the following options:

Option A - Interest Income

Interest will be paid on proceeds held on deposit by the Company.

Option B - Income of a Specified Amount

Payments will be made each year totaling at least 12% of the proceeds, until the proceeds, with interest, are fully paid.

Option C - Income for a Fixed Period

Payments shown in the Table for Option C will be made for the period selected.

Option D - Life Income with Payments for a Guaranteed Period

Payments will be made for the life of the Payee for an amount determined from the Table for Option D. If the Payee dies within the guaranteed period, the income payments for the remainder of this period will be discounted using 3% interest, compounded annually, and paid as a final payment.

The guaranteed interest rate for all options is based on the Annuity 2000 ALB Table at 3% per year, compounded annually. Under any option, excess interest may be paid or credited from time to time at the sole discretion of the Company.

AMOUNT OF EACH MONTHLY PAYMENT PER \$1,000 OF PROCEEDS - OPTION C

Period (Years)	Monthly Payment						
1	\$84.47	9	\$10.53	16	\$6.53	23	\$4.99
2	\$42.86	10	\$9.61	17	\$6.23	24	\$4.84
3	\$28.99	11	\$8.86	18	\$5.96	25	\$4.71
4	\$22.06	12	\$8.24	19	\$5.73	26	\$4.59
5	\$17.91	13	\$7.71	20	\$5.51	27	\$4.47
6	\$15.14	14	\$7.26	21	\$5.32	28	\$4.37
7	\$13.16	15	\$6.87	22	\$5.15	29	\$4.27
8	\$11.68					30	\$4.18

AMOUNT OF EACH MONTHLY PAYMENT PER \$1,000 OF PROCEEDS - OPTION D

(Based on the Payee's age last birthday on the date the proceeds are settled under the option)													
PERIOD CERTAIN							PERIOD CERTAIN						
Age	10 Years		15 Years		20 Years		Age	10 Years		15 Years		20 Years	
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female
10*	\$2.85	\$2.79	\$2.84	\$2.79	\$2.84	\$2.79	46	\$3.84	\$3.63	\$3.81	\$3.62	\$3.77	\$3.60
11	2.86	2.80	2.86	2.80	2.85	2.80	47	3.90	3.68	3.87	3.67	3.82	3.64
12	2.87	2.81	2.87	2.81	2.87	2.81	48	3.95	3.73	3.92	3.71	3.87	3.69
13	2.88	2.82	2.88	2.82	2.88	2.82	49	4.02	3.78	3.98	3.77	3.92	3.74
14	2.90	2.83	2.90	2.83	2.89	2.83	50	4.08	3.84	4.04	3.82	3.98	3.78
15	2.91	2.85	2.91	2.85	2.91	2.84	51	4.15	3.90	4.10	3.87	4.03	3.84
16	2.93	2.86	2.92	2.86	2.92	2.86	52	4.22	3.96	4.17	3.93	4.09	3.89
17	2.94	2.87	2.94	2.87	2.94	2.87	53	4.29	4.02	4.23	3.99	4.15	3.94
18	2.96	2.89	2.96	2.89	2.95	2.88	54	4.37	4.09	4.30	4.06	4.21	4.00
19	2.98	2.90	2.97	2.90	2.97	2.90	55	4.45	4.16	4.38	4.12	4.27	4.06
20	2.99	2.92	2.99	2.91	2.99	2.91	56	4.54	4.24	4.46	4.19	4.33	4.12
21	3.01	2.93	3.01	2.93	3.00	2.93	57	4.63	4.32	4.54	4.27	4.39	4.19
22	3.03	2.95	3.03	2.95	3.02	2.94	58	4.73	4.40	4.62	4.34	4.46	4.25
23	3.05	2.96	3.05	2.96	3.04	2.96	59	4.83	4.49	4.70	4.42	4.52	4.32
24	3.07	2.98	3.07	2.98	3.06	2.98	60	4.93	4.58	4.79	4.51	4.59	4.39
25	3.09	3.00	3.09	3.00	3.08	3.00	61	5.05	4.68	4.88	4.59	4.66	4.46
26	3.11	3.02	3.11	3.02	3.10	3.01	62	5.16	4.79	4.98	4.68	4.72	4.53
27	3.13	3.04	3.13	3.04	3.13	3.03	63	5.29	4.90	5.08	4.78	4.79	4.60
28	3.16	3.06	3.15	3.06	3.15	3.05	64	5.42	5.01	5.17	4.88	4.85	4.67
29	3.18	3.08	3.18	3.08	3.17	3.07	65	5.55	5.14	5.27	4.98	4.91	4.75
30	3.21	3.10	3.21	3.10	3.20	3.10	66	5.69	5.26	5.38	5.08	4.97	4.82
31	3.24	3.13	3.23	3.12	3.22	3.12	67	5.84	5.40	5.48	5.19	5.03	4.89
32	3.27	3.15	3.26	3.15	3.25	3.14	68	5.99	5.55	5.58	5.30	5.09	4.95
33	3.30	3.18	3.29	3.17	3.28	3.17	69	6.15	5.70	5.68	5.41	5.14	5.02
34	3.33	3.20	3.32	3.20	3.31	3.19	70	6.31	5.86	5.78	5.53	5.19	5.08
35	3.36	3.23	3.35	3.23	3.34	3.22	71	6.47	6.02	5.88	5.64	5.23	5.14
36	3.39	3.26	3.39	3.25	3.37	3.25	72	6.64	6.20	5.97	5.75	5.27	5.19
37	3.43	3.29	3.42	3.28	3.41	3.28	73	6.81	6.38	6.07	5.86	5.31	5.24
38	3.47	3.32	3.46	3.32	3.44	3.31	74	6.99	6.57	6.15	5.97	5.34	5.29
39	3.51	3.35	3.50	3.35	3.48	3.34	75	7.16	6.76	6.24	6.08	5.37	5.33
40	3.55	3.39	3.54	3.38	3.52	3.37	76	7.34	6.96	6.32	6.17	5.40	5.36
41	3.59	3.42	3.58	3.42	3.55	3.41	77	7.52	7.16	6.39	6.27	5.42	5.39
42	3.64	3.46	3.62	3.45	3.59	3.44	78	7.69	7.36	6.46	6.35	5.44	5.42
43	3.69	3.50	3.67	3.49	3.64	3.48	79	7.86	7.56	6.52	6.43	5.46	5.44
44	3.73	3.54	3.71	3.53	3.68	3.52	80**	8.03	7.76	6.57	6.50	5.47	5.45
45	3.79	3.59	3.76	3.58	3.73	3.56							

*Ages 10 and under

**Ages 80 and over

11. NONFORFEITURE PROVISIONS

Cash Surrender

While this policy is in force on a premium-paying basis, and prior to the Insured's death, You may surrender this policy to Amica Life for an amount equal to:

- (a) the Cash Value, as provided in the Table of Nonforfeiture Values; less,
- (b) any existing Indebtedness as of the date of surrender; less,
- (c) any premiums which are due and unpaid as of the date of surrender.

While this policy is in force on an extended term insurance basis and prior to the Insured's death, You may surrender this policy to Amica Life for an amount equal to this policy's cash value as of the date of surrender. However, if such surrender occurs within 30 days after a Policy Anniversary, We will pay an amount equal to this policy's cash value as of that Policy Anniversary.

Any request You make for a surrender must be in writing to Amica Life. Unless otherwise prohibited by law, We have the right to delay payment for up to six months from the date We receive Your request.

Extended Term Insurance -- Automatic Continuation

If any premium due and payable is not paid during the Grace Period, and a Cash Value (less any existing Indebtedness) is available at such time, We will automatically continue this policy in force on an extended term insurance basis. The amount of such insurance will be equal to the Face Amount of this policy as of the date the Grace Period expires, less any existing Indebtedness. Such insurance will begin as of the due date of the unpaid premium; it will continue for the period of time as provided for in the Table of Nonforfeiture Values.

Election of Continuation of Insurance

By Written Notice to Us, You may elect at any time to apply the Cash Value (less any existing Indebtedness and unpaid premiums) to continue this policy in force on an extended term insurance basis.

Bases of Computation

We have based the Cash Values for this policy on the 2001 CSO Mortality Table, age last birthday, with interest at 5.0% compounded annually, with death assumed to occur at the end of the policy year. We have based the calculations for extended term insurance on the 2001 CSO Mortality Table, age last birthday, with interest at 5.0% compounded annually, with death assumed to occur at the end of the policy year. All of these values are equal to or greater than the minimum values and benefits set by the laws of the state in which the Application for this policy was signed.

The values in the following table are applicable at the end of the policy years shown, provided that no premium then due is unpaid. During any policy year, the amount of Cash Value and the period of extended term insurance will be calculated with due allowance for the lapse of time and the payments of any fractional premiums.

Table of Nonforfeiture Values

AGE AT BEGINNING OF POLICY YEAR	POLICY YEAR	*CASH OR LOAN VALUE	*PERIOD OF EXTENDED TERM INSURANCE	
			YEAR(S)	DAY(S)
35	1	\$0.00	0	0
36	2	\$0.00	0	0
37	3	\$113.00	3	179
38	4	\$330.00	8	175
39	5	\$554.75	12	150
40	6	\$788.25	15	107
41	7	\$1,030.50	17	147
42	8	\$1,281.50	19	18
43	9	\$1,542.00	20	94
44	10	\$1,811.25	21	69
45	11	\$2,089.50	21	343
46	12	\$2,376.50	22	200
47	13	\$2,672.00	23	8
48	14	\$2,976.25	23	125
49	15	\$3,290.75	23	200
50	16	\$3,616.00	23	244
51	17	\$3,952.00	23	261
52	18	\$4,299.00	23	257
53	19	\$4,656.25	23	232
54	20	\$5,024.25	23	191
55	21	\$5,401.50	23	133
56	22	\$5,788.50	23	61
57	23	\$6,185.50	22	340
58	24	\$6,592.25	22	240
59	25	\$7,009.75	22	131
60	26	\$7,428.50	22	4
61	27	\$7,853.00	21	237
62	28	\$8,282.00	21	98
63	29	\$8,714.25	20	315
64	30	\$9,150.75	20	165
65	31	\$9,592.00	20	5
66	32	\$10,039.50	19	211
67	33	\$10,493.75	19	43
68	34	\$10,955.75	18	241
69	35	\$11,424.75	18	68
70	36	\$11,898.75	17	260
71	37	\$12,374.00	17	83
72	38	\$12,847.75	16	271
73	39	\$13,320.75	16	94
74	40	\$13,793.25	15	281
75	41	\$14,265.50	15	106
76	42	\$14,735.50	14	294
77	43	\$15,200.50	14	124

Table of Nonforfeiture Values

AGE AT BEGINNING OF POLICY YEAR	POLICY YEAR	*CASH OR LOAN VALUE	*PERIOD OF EXTENDED TERM INSURANCE	
			YEAR(S)	DAY(S)
78	44	\$15,656.25	13	314
79	45	\$16,101.00	13	150
80	46	\$16,532.75	12	342
81	47	\$16,950.50	12	187
82	48	\$17,356.00	12	17
83	49	\$17,748.25	11	236
84	50	\$18,125.50	11	81
85	51	\$18,484.75	10	298
86	52	\$18,823.75	10	161
87	53	\$19,141.25	10	10
88	54	\$19,436.00	9	254
89	55	\$19,708.00	9	124
90	56	\$19,961.00	8	350
91	57	\$20,200.00	8	242
92	58	\$20,425.50	8	122
93	59	\$20,636.50	7	358
94	60	\$20,831.25	7	267
95	61	\$21,013.50	7	166
96	62	\$21,188.00	7	52
97	63	\$21,353.50	6	321
98	64	\$21,507.75	6	240
99	65	\$21,646.00	6	148
100	66	\$21,771.50	6	40
101	67	\$21,894.50	5	321
102	68	\$22,014.75	5	246
103	69	\$22,131.75	5	157
104	70	\$22,245.75	5	47
105	71	\$22,357.00	4	327
106	72	\$22,465.25	4	258
107	73	\$22,570.50	4	172
108	74	\$22,672.75	4	60
109	75	\$22,772.00	3	335
110	76	\$22,868.00	3	274
111	77	\$22,961.00	3	194
112	78	\$23,050.75	3	76
113	79	\$23,137.25	2	343
114	80	\$23,220.50	2	291
115	81	\$23,300.75	2	212
116	82	\$23,377.75	2	51
117	83	\$23,451.50	1	340
118	84	\$23,521.75	1	288
119	85	\$25,000.00	0	0



Amica Life Insurance Company

XXXXXXXXXXXX

Amica Simplified Whole Life Application

1. Applicant Information *Please print in ink.*

John Doe
23 New Road
Your City, Your State Zip

Phone Number: (555) 123-4567 Email Address: _____

Home Cell Work

Date of Birth: 6/1/76 Gender: M Height 6'0" Weight: 180 lbs.

Are you a U.S. citizen or a U.S. resident that holds a permanent visa? YES* NO

* If you are a U.S. resident with a permanent visa, please provide: _____
Visa Number Expiration Date

2. Simplified Whole Life Questions *Please check YES or NO for each question.*

On the back page of this application, please provide full details for any questions answered "YES." List doctor(s) and date(s) of onset, along with types of treatment, medicine and dosage.

- YES NO 1. Do you plan residence or travel outside the USA within the next two years?
- YES NO 2. In the last 12 months have you used tobacco or nicotine (or nicotine substitutes) in any form?
- YES NO 3. In the past 2 years, have you been hospitalized or evaluated in an emergency room or immediate care center for any chronic illness requiring ongoing treatment or care by a physician?
- YES NO 4. Do you need mechanical or personal assistance in order to walk, dress, bathe, breathe (including oxygen) or otherwise care for yourself?
- YES NO 5. Are you awaiting a diagnosis or within the last five (5) years been advised to have a surgical operation, a diagnostic test or evaluation that has not yet been completed?
- YES NO 6. In the past 10 years, have you received any treatment, medical advice, consultation or been diagnosed by a member of the medical professions for: high blood pressure; diabetes; cancer (excluding basal cell or squamous cell carcinoma of the skin); stroke or transient ischemic attack (TIA); emphysema; chronic bronchitis; chronic lung disease; depression; bipolar disease or mood disorder; anxiety; schizophrenia; Alzheimer's disease; dementia; degenerative muscle or nerve disease/disorder; paralysis; lupus; rheumatoid arthritis; alcohol or drug abuse; or any disease or disorder of the following: heart, aorta, coronary arteries, peripheral vascular system, blood, liver, pancreas, kidney, brain, or connective tissue? Have you been diagnosed as having AIDS (Acquired Immunodeficiency Syndrome or ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)?
- YES NO 7. Are you now unable to work because of any illness or injury?
- YES NO 8. In the past 3 years, has your driver's license been suspended or revoked, or have you been convicted of or pled "guilty" or "no contest" to any felony or DWI/DUI, or are you in prison or serving a probation/parole program?
- YES NO 9. In the past 2 years, have you participated in mountain or rock climbing, bungee jumping, sky diving, scuba diving, flying a plane, or racing of powered air, water, or land vehicles?

NOTE: Please review your answers to these questions to be sure you have answered them fully and truthfully. A misrepresentation on these questions could void your coverage.

Beneficiary Designation *Note: All beneficiaries in a class share equally unless otherwise noted.*

<u>Mary A. Doe</u>	<u>Wife</u>	<u>100</u>
Primary Beneficiary(ies)/Full Name(s)	Relationship	%
<hr/>		
Contingent Beneficiary(ies)/Full Name(s)	Relationship	%

Coverage Amount Requested *Please check boxes below.*

\$5,000 \$10,000 \$15,000 \$20,000 \$25,000

3. Acknowledgements and Signature *Please read and sign.*

- YES NO 1. Do you have any existing life insurance policies or annuity contracts in force?
- YES NO 2. If so, is the insurance applied for intended to replace or change any existing life insurance or annuity contracts in force with an insurance company?

Please supply company name and policy number being replaced if answered "Yes."

Company _____ Policy Number _____

I acknowledge: that I have read this application and all the statements and answers contained herein; and that they are complete and true to the best of my knowledge and belief. I understand that such statements and answers will be used by Amica Life to determine eligibility for insurance; and that no additional information regarding such statements and answers will be considered

XXXXXXXXXXXX

to have been given to Amica Life unless such information is stated in this application.

I understand: that no policy is effective until this application has been approved; a policy has been issued by Amica Life and accepted by the Owner; and the entire amount of the first modal premium has been received and accepted by Amica Life while the Insured is alive. I also understand that a sales representative does not have authorization to: accept risk; rule on insurability; or make, void, waive or change any conditions or provisions of this application or of any receipt or policy issued by Amica Life.

I acknowledge that I have read and received "How Your Amica Life Application is Processed to Protect Your Rights," required by the Federal Fair Credit Reporting Act and the Medical Information Bureau (MIB). I authorize any: physician; medical professional; hospital, clinic or other medical care institution; the MIB; insurer consumer reporting agency; other insurance company; pharmacy benefits manager; or any other organization, institution or person that has any records or knowledge of me or my health; to provide information to Amica Life Insurance Company, its representative, or any consumer reporting agency acting on Amica Life's behalf. To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by Amica Life to collect and transmit such information. I also authorize Amica Mutual Insurance Company to provide personal information to Amica Life Insurance Company to assist Amica Life Insurance Company in obtaining information and reports necessary to process this application.

I understand that a photographic copy or facsimile (or transmission by other electronic means) of this statement shall be as valid as the original. I know that my authorized representative or I have the right to receive a copy of this statement upon request.

I agree this authorization is valid for two and one-half (2½) years from the date signed. A consumer report may be obtained; if such a report is obtained, I know that my authorized representative or I have the right to receive a copy of this statement upon request.

Policyowner Information *(Required ONLY if owner is different than the proposed insured.)*

Full Name (First, Middle, Last) _____ Relationship to Proposed Insured _____

Street Address (Include street number and/or apt. #) _____

City, State _____ Zipcode _____ Telephone Number (with area code) _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE, IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed in: _____ on _____
City, State Month, Day, Year

X _____
Signature of Proposed Insured

X _____
Signature of Owner
(if different than Proposed Insured)

4. Payment Options *You can find your premium in the personalized chart enclosed in this package.*

Payment Frequency

- Annual
- Semiannual
- Quarterly
- Monthly *(You must make your first payment by check or credit card. Then, recurring monthly payments must be made by electronic funds transfer from your checking account or by charges to your credit card. Complete Automatic Payment Plan Agreement in section 5 or the Credit Card Authorization enclosed.)*

First Payment

- Check enclosed *(Make check payable to Amica Life.)* Amount \$ 100.00 Check # 001
- Credit Card *(Complete the Credit Card Authorization on the enclosed form.)*

5. Automatic Payment Plan Agreement

Complete only if you chose the monthly payment frequency in section 4 for which premiums will be paid by electronic funds transfer from your checking account. Do NOT complete if paying premiums by check or credit card.

I request and authorize Amica Life Insurance Company to make monthly withdrawals against the account specified on the attached check or any account named by me, and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan.

Amount Authorized _____

Important: Attach voided personal check *(It is used to verify bank account and routing numbers only.)*

Name(s) on Account (Please Print) _____

Signature(s) _____ Date _____

Return in enclosed postage-paid envelope with your first payment

If you are paying your premium(s) by credit card, you must complete the Credit Card Authorization enclosed.

Use this space to provide details if you answered "YES" to any of the medical/health questions in this application. Please print.

Amica Simplified Whole Life Application

1. Applicant Information *Please print in ink.*

John Doe
23 New Road
Your City, Your State Zip
Phone Number: (555) 123-4567 Email Address: _____
 Home Cell Work
 Date of Birth: 6/1/76 Gender: M Height 6'0" Weight: 180 lbs.
 Driver's License Number: 123456789 Social Security Number: 111-11-1111
 Are you a U.S. citizen or a U.S. resident that holds a permanent visa? YES* NO
 * If you are a U.S. resident with a permanent visa, please provide: _____
Visa Number Expiration Date

2. Simplified Whole Life Questions *Please check YES or NO for each question.*

On the back page of this application, please provide full details for any questions answered "YES." List doctor(s) and date(s) of onset, along with types of treatment, medicine and dosage.

- YES NO 1. Do you plan residence or travel outside the USA within the next two years?
- YES NO 2. In the last 12 months have you used tobacco or nicotine (or nicotine substitutes) in any form?
- YES NO 3. In the past 2 years, have you been hospitalized or evaluated in an emergency room or immediate care center for any chronic illness requiring ongoing treatment or care by a physician?
- YES NO 4. Do you need mechanical or personal assistance in order to walk, dress, bathe, breathe (including oxygen) or otherwise care for yourself?
- YES NO 5. Are you awaiting a diagnosis or within the last five (5) years been advised to have a surgical operation, a diagnostic test or evaluation that has not yet been completed?
- YES NO 6. In the past 10 years, have you received any treatment, medical advice, consultation or been diagnosed by a member of the medical professions for: high blood pressure; diabetes; cancer (excluding basal cell or squamous cell carcinoma of the skin); stroke or transient ischemic attack (TIA); emphysema; chronic bronchitis; chronic lung disease; depression; bipolar disease or mood disorder; anxiety; schizophrenia; Alzheimer's disease; dementia; degenerative muscle or nerve disease/disorder; paralysis; lupus; rheumatoid arthritis; alcohol or drug abuse; or any disease or disorder of the following: heart, aorta, coronary arteries, peripheral vascular system, blood, liver, pancreas, kidney, brain, or connective tissue? Have you been diagnosed as having AIDS (Acquired Immunodeficiency Syndrome or ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)?
- YES NO 7. Are you now unable to work because of any illness or injury?
- YES NO 8. In the past 3 years, has your driver's license been suspended or revoked, or have you been convicted of or pled "guilty" or "no contest" to any felony or DWI/DUI, or are you in prison or serving a probation/parole program?
- YES NO 9. In the past 2 years, have you participated in mountain or rock climbing, bungee jumping, sky diving, scuba diving, flying a plane, or racing of powered air, water, or land vehicles?

NOTE: Please review your answers to these questions to be sure you have answered them fully and truthfully. A misrepresentation on these questions could void your coverage.

Beneficiary Designation *Note: All beneficiaries in a class share equally unless otherwise noted.*

<u>Mary A. Doe</u>	<u>Wife</u>	<u>100</u>
Primary Beneficiary(ies)/Full Name(s)	Relationship	%
Contingent Beneficiary(ies)/Full Name(s)	Relationship	%

Coverage Amount Requested *Please check boxes below.*

- \$5,000 \$10,000 \$15,000 \$20,000 \$25,000

3. Acknowledgements and Signature *Please read and sign.*

- YES NO 1. Do you have any existing life insurance policies or annuity contracts in force?
- YES NO 2. If so, is the insurance applied for intended to replace or change any existing life insurance or annuity contracts in force with an insurance company?

Please supply company name and policy number being replaced if answered "Yes."

Company _____ Policy Number _____

I acknowledge: that I have read this application and all the statements and answers contained herein; and that they are complete and true to the best of my knowledge and belief. I understand that such statements and answers will be used by Amica Life to determine eligibility for insurance; and that no additional information regarding such statements and answers will be considered

to have been given to Amica Life unless such information is stated in this application.

I understand: that no policy is effective until this application has been approved; a policy has been issued by Amica Life and accepted by the Owner; and the entire amount of the first modal premium has been received and accepted by Amica Life while the Insured is alive. I also understand that a sales representative does not have authorization to: accept risk; rule on insurability; or make, void, waive or change any conditions or provisions of this application or of any receipt or policy issued by Amica Life.

I acknowledge that I have read and received "How Your Amica Life Application is Processed to Protect Your Rights," required by the Federal Fair Credit Reporting Act and the Medical Information Bureau (MIB). I authorize any: physician; medical professional; hospital, clinic or other medical care institution; the MIB; insurer consumer reporting agency; other insurance company; pharmacy benefits manager; or any other organization, institution or person that has any records or knowledge of me or my health; to provide information to Amica Life Insurance Company, its representative, or any consumer reporting agency acting on Amica Life's behalf. To facilitate rapid submission of such information, I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by Amica Life to collect and transmit such information. I also authorize Amica Mutual Insurance Company to provide personal information to Amica Life Insurance Company to assist Amica Life Insurance Company in obtaining information and reports necessary to process this application.

I understand that a photographic copy or facsimile (or transmission by other electronic means) of this statement shall be as valid as the original. I know that my authorized representative or I have the right to receive a copy of this statement upon request.

I agree this authorization is valid for two and one-half (2½) years from the date signed. A consumer report may be obtained; if such a report is obtained, I know that my authorized representative or I have the right to receive a copy of this statement upon request.

Policyowner Information (Required ONLY if owner is different than the proposed insured.)

Full Name (First, Middle, Last) _____ Relationship to Proposed Insured _____

Street Address (Include street number and/or apt. #) _____

City, State _____ Zipcode _____ Telephone Number (with area code) _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE, IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed in: _____ on _____
City, State Month, Day, Year

X _____ **X** _____
Signature of Proposed Insured Signature of Owner
(if different than Proposed Insured)

4. Payment Options You can find your premium in the personalized chart enclosed in this package.

Payment Frequency

- Annual Semiannual Quarterly
- Monthly (You must make your first payment by check or credit card. Then, recurring monthly payments must be made by electronic funds transfer from your checking account or by charges to your credit card. Complete Automatic Payment Plan Agreement in section 5 or the Credit Card Authorization enclosed.)

First Payment

- Check enclosed (Make check payable to Amica Life.) Amount \$ 100.00 Check # 001
- Credit Card (Complete the Credit Card Authorization on the enclosed form.)

5. Automatic Payment Plan Agreement

Complete only if you chose the monthly payment frequency in section 4 for which premiums will be paid by electronic funds transfer from your checking account. Do NOT complete if paying premiums by check or credit card.

I request and authorize Amica Life Insurance Company to make monthly withdrawals against the account specified on the attached check or any account named by me, and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan.

Amount Authorized _____

Important: Attach voided personal check (It is used to verify bank account and routing numbers only.)

Name(s) on Account (Please Print) _____

Signature(s) _____ Date _____

Return in enclosed postage-paid envelope with your first payment

If you are paying your premium(s) by credit card, you must complete the Credit Card Authorization enclosed.

Use this space to provide details if you answered "YES" to any of the medical/health questions in this application. Please print.

SERFF Tracking #:

AMMB-128595338

State Tracking #:

Company Tracking #:

SIWL01-02

State: Arkansas

Filing Company: Amica Life Insurance Company

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

Product Name: Simplified Whole Life

Project Name/Number: Simplified Whole Life/SIWL01-02

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	Flesch Cert - Policy (non-compact version).pdf Arkansas - Flesch Cert - Apps.pdf Arkansas - Cert of Compliance.pdf Arkansas - Contact Notice.pdf Arkansas - Guaranty Association Form.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	See Form Schedule tab - we will be using L102-1 AR or L103-1 AR.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):	Statement of Variability - SIWL (non-compact) - Arkansas.pdf		

AMICA LIFE INSURANCE COMPANY

This is to certify that each form listed below is in compliance with the insurance policy form language simplification rules and readability standards of the IIPRC in accordance with the following test procedures:

A. Option Selected

1. The form(s) submitted with this filing and any related forms have been scored as one unit for the Flesch reading ease test. The combined score is _____.
2. Each form has been scored separately for the Flesch reading ease test. Scores for each form submitted with this filing are:

<u>Form Number</u>	<u>Title</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables</u>	<u>Flesch Score</u>
SIWL01-02	Simplified Issue Whole Life Policy	151	2,623	4,046	58.71

B. Test Option Selected

1. The test was applied to each entire form.
2. The test was applied on a sample basis since the form(s) contain(s) more than 10,000 words. A copy of the form(s) indicating the word samples tested is enclosed.

C. Standards for Certification

A checked line indicates the standard has been achieved:

1. The form text achieves a minimum score of 50 on the Flesch reading ease test in accordance with the option selected in Section A above.
2. Each form is printed in not less than 10-point type, 1-point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of each form separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in boldface type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in any form.
6. The style, arrangement and overall appearance of each form give no undue prominence to any portion of any form submitted with this filing or to any related form.
7. A table of contents or index of the principal sections is included in the policy. (This applies only to a policy having more than 3,000 words or consisting of more than 3 pages.)



James R. Ruegg, FLMI/M, CLU, AIRC, CCP
Sr. Assistant Vice President
Name and Title of Company Officer

August 1, 2012

AMICA LIFE INSURANCE COMPANY

This is to certify that each form listed below is in compliance with the insurance policy form language simplification rules and readability standards of the IIPRC in accordance with the following test procedures:

A. Option Selected

1. The form(s) submitted with this filing and any related forms have been scored as one unit for the Flesch reading ease test. The combined score is 57.45.
2. Each form has been scored separately for the Flesch reading ease test. Scores for each form submitted with this filing are:

<u>Form Number</u>	<u>Title</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables</u>	<u>Flesch Score</u>
SIWL01-02 & L102-1 AR	Amica Simplified Whole Life Policy and Amica Simplified Whole Life Application	181	2,971	4,661	57.45
SIWL01-02 & L103-1 AR	Amica Simplified Whole Life Policy and Amica Simplified Whole Life Application	181	2,971	4,661	57.45

B. Test Option Selected

1. The test was applied to each entire form.
2. The test was applied on a sample basis since the form(s) contain(s) more than 10,000 words. A copy of the form(s) indicating the word samples tested is enclosed.

C. Standards for Certification

A checked line indicates the standard has been achieved:

1. The form text achieves a minimum score of 50 on the Flesch reading ease test in accordance with the option selected in Section A above.
2. Each form is printed in not less than 10-point type, 1-point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of each form separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in boldface type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in any form.
6. The style, arrangement and overall appearance of each form give no undue prominence to any portion of any form submitted with this filing or to any related form.
7. A table of contents or index of the principal sections is included in the policy. (This applies only to a policy having more than 3,000 words or consisting of more than 3 pages.)



James R. Ruegg, FLMI/M, CLU, AIRC, CCP
Sr. Assistant Vice President
Name and Title of Company Officer

August 1, 2012

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Form Number (s): SIWL01-02
L102-1 AR
L103-1 AR

As an officer of Amica Life Insurance Company, I hereby certify that:

1. The above-referenced policy form complies in all respects with the provisions, requirements and restrictions of Regulation 19 – Section 10(B). To the best of my knowledge, information and belief, it also complies with all applicable requirements of the Insurance Department.
2. We do comply with Regulation 49. The attached Life and Health Insurance Guaranty Association form is sent out with every policy issue package.
3. In order to comply with ACA 23-80-206, a copy of a Flesch Certificate is attached.
4. Form No. SN01-01 AR (previously approved March 8, 2004) is included with every policy issue package in order to comply with ACA23-79-138 (copy attached to filing).



James R. Ruegg
Senior Assistant Vice President

August 1, 2012

AMICA LIFE INSURANCE COMPANY

Thank you for entrusting Amica Life Insurance Company with your insurance needs!

If you ever need to contact us, please write to us at:

*Amica Life Insurance Company
Life Customer Services
100 Amica Way
Lincoln, RI 02865*

We may be reached by telephone, toll-free, at (800) 234-5433, ext. 3400.

*You may also communicate with us by visiting our Web site at www.amica.com/life.
Once there, please point your cursor to the "Contact Us" menu selection near the top
of the main screen, and click on the "How Are We Doing?" link provided.*

*If we at Amica Life Insurance Company fail to provide you with reasonable and
adequate services, you should feel free to contact us:*

*Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904
800-852-5494
or
501-371-2640*

Again, thank you! We look forward to serving you now and in the future.

AMICA LIFE INSURANCE COMPANY

**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 members 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 policyowners 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 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 Disability
Insurance Guaranty Association
1023 West Capitol, Suite 2
Little Rock, AR 72201**

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

(Continued on next page)

The state law that provides for this safety-net coverage 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 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 holding 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 an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- 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 nonaffiliate benefit plan or its trustees).

(Continued on next page)

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 types 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 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.

**STATEMENT OF VARIABILITY
FORM NO. SIWL01-02**

<u>FIELD</u>	<u>EXPLANATION OF VARIABILITY</u>
<i>1. ADDRESSES ON COVER JACKET AND ON SCHEDULE OF BENEFITS & PREMIUMS PAGE</i>	WILL CHANGE AS ADDRESSES CHANGE
<i>2. COVER JACKET (OFFICER SIGNATURES AND TITLES)</i>	WILL CHANGE AS OFFICERS/TITLES CHANGE
<i>3. ANNUAL PREMIUM</i>	A PREMIUM AMOUNT
<i>4. POLICY YEARS PAYABLE</i>	1 – A NUMBER (AGE 120 minus ISSUE AGE)
<i>5. TOTAL PREMIUM</i>	EITHER ANNUAL or SEMI-ANNUAL or QUARTERLY or MONTHLY or BI-WEEKLY and A PREMIUM AMOUNT
<i>6. APPROPRIATE STATE INSURANCE DEPARTMENT TELEPHONE NUMBER</i>	A TELEPHONE NUMBER – WILL CHANGE AS STATE’S TELEPHONE NUMBER CHANGES
<i>7. INSURED</i>	A NAME
<i>8. OWNER</i>	A NAME
<i>9. DATE OF ISSUE</i>	A DATE
<i>10. FACE AMOUNT</i>	\$20,000 or \$25,000
<i>11. POLICY NUMBER</i>	A NUMBER
<i>12. SEX AND AGE OF INSURED</i>	EITHER MALE OR FEMALE AND INSURED’S AGE 18 - 80
<i>13. POLICY CLASS</i>	PREFERRED or STANDARD
<i>14. MATURITY DATE</i>	A DATE – POLICY ANNIVERSARY IMMEDIATELY FOLLOWING INSURED’S AGE 120
<i>15. TABLE OF NONFORFEITURE VALUES – AGE AT BEGINNING OF POLICY YEAR</i>	ISSUE AGE – AGE 119
<i>16. TABLE OF NONFORFEITURE VALUES – POLICY YEAR</i>	A NUMBER CORRESPONDING TO AGE AT BEGINNING OF POLICY YEAR COLUMN
<i>17. TABLE OF NONFORFEITURE VALUES – CASH OR LOAN VALUE</i>	AN AMOUNT CORRESPONDING TO AGE AT BEGINNING OF POLICY YEAR COLUMN
<i>18. TABLE OF NONFORFEITURE VALUES – PERIOD OF EXTENDED TERM INSURANCE YEAR(S)/DAY(S)</i>	NUMBERS CORRESPONDING TO AGE AT BEGINNING OF POLICY YEAR COLUMN