Filing at a Glance

Company:	Athene Annuity & Life Assurance Company
Product Name:	Valuation Rate Change FPWL(02-07)
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	12/19/2012
SERFF Tr Num:	LBLI-128808367
SERFF Status:	Closed-Accepted For Informational Purposes
State Tr Num:	
State Status:	Closed-Accepted for Informational Purposes
Co Tr Num:	
Implementation Date Requested:	01/01/2013
Author(s):	Holly Carver, Dianne Harris
Reviewer(s):	Linda Bird (primary)
Disposition Date:	01/02/2013
Disposition Status:	Accepted For Informational Purposes
Implementation Date:	

State Filing Description:

General Information

Project Name: Valuation Rate Change FPWL(02-07)
Project Number:
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Dianne Harris

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/02/2013
State Status Changed: 01/02/2013
Created By: Dianne Harris
Corresponding Filing Tracking Number:

Filing Description:
FIling Number FPWL(02-07)
Athene Annuity & LIfe Assurance Company NAIC Co. No. 61492, Group 0000, FEIN 44-0188050

As required, effective January 1, 2013, the statutory maximum valuation interest rate will be reduced from 4% to 3.5% for the above referenced life insurance policy. The 3.5% rate will apply to all policies issued on or after January 1, 2013. A copy of the stamped approval of this form, as well as the actuarial demo and affected policy schedule pages are included. If you have questions or need additional information, please contact me at 864-609-1198 or by email at dharris@athene.com.

Company and Contact

Filing Contact Information

Dianne Harris, Compliance Analyst
2000 Wade Hampton Blvd
Greenville, SC 29615

dianne.harris@atheneannuity.com
864-609-1198 [Phone]
864-609-1039 [FAX]

Filing Company Information

Athene Annuity & Life Assurance Company
2000 Wade Hampton Blvd
Greenville, SC 29602
(864) 609-1334 ext. [Phone]

CoCode: 61492
Group Code: 4734
Group Name:
FEIN Number: 44-0188050

State of Domicile: Delaware
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: $50.00
Retaliatory? No
Fee Explanation: DE charges $50
Per Company: No

Company	Amount	Date Processed	Transaction #
Athene Annuity & Life Assurance Company	$50.00	12/19/2012	65896753

State: *Arkansas* **Filing Company:** *Athene Annuity & Life Assurance Company*
TOI/Sub-TOI: *L08 Life - Other/L08.000 Life - Other*
Product Name: *Valuation Rate Change FPWL(02-07)*
Project Name/Number: *Valuation Rate Change FPWL(02-07)/*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	01/02/2013	01/02/2013

State: *Arkansas* **Filing Company:** *Athene Annuity & Life Assurance Company*
TOI/Sub-TOI: *L08 Life - Other/L08.000 Life - Other*
Product Name: *Valuation Rate Change FPWL(02-07)*
Project Name/Number: *Valuation Rate Change FPWL(02-07)/*

Disposition

Disposition Date: 01/02/2013
Implementation Date:
Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Reserve Actuarial Demo		No
Supporting Document	New Rate Schedules		Yes
Supporting Document	Compliance Certification		Yes
Supporting Document	Approval Letter		Yes

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	New Rate Schedules		
Comments:			
Attachment(s):			
FPWL - Combined Schedule Pages 2013.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Compliance Certification		
Comments:			
Attachment(s):			
Generic CERTIFICATION.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Approval Letter		
Comments:			
Attachment(s):			
AR.pdf			

POLICY SCHEDULE

Insured:	Jane Doe	Face Amount:	$50,000
Policy Number:	123456789	Date of Issue:	03/01/2007
Age at Issue/Sex:	35F	Plan:	Whole Life
Premium Class:	Non-Tobacco	Plan Code:	C78NS
Rate Class:	Not Rated	Premium Period:	Monthly

Beneficiary: As stated in the application for this policy, unless changed in accordance with the policy provisions.

Owner: Jane Doe

	Premiums Monthly	Years Payable
Basic Policy Plan and Riders		
Whole Life Insurance	$ 52.69	86
Terminal Illness Benefit Date of Issue 03/01/2007	NA	NA
Total:	$ 52.69	

POLICY SCHEDULE (continued)

Total Premiums for all Modes

Annual	Semi-annual	Quarterly	Monthly	EFT Monthly
$581.50	$299.20	$152.11	$52.69	$49.91

Mortality Table: The 2001 Commissioners Standard Ordinary [Female Non-Smoker] Mortality Table Age Nearest Birthday

Policy Value Interest Rate is 5.00%
Reserve Interest Rate is 3.50%
Loan Interest Rate is 8.00%

Service Center: [Service Center
PO Box 789
Greenville, SC 29602-0789
1-800-551-8354]

POLICY SCHEDULE

Insured:	Jane Doe	Face Amount:	$5,000
Policy Number:	123456789	Date of Issue:	03/01/2007
Age at Issue/Sex:	35F	Plan:	Whole Life
Premium Class:	Standard	Plan Code:	C78ST
Rate Class:	Not Rated	Premium Period:	Monthly

Beneficiary: As stated in the application for this policy, unless changed in accordance with the policy provisions.

Owner: Jane Doe

	Premiums Monthly	Years Payable
Basic Policy Plan and Riders		
Whole Life Insurance	$ 11.67	86
Terminal Illness Benefit Date of Issue 03/01/2007	NA	NA
Total:	$ 11.67	

POLICY SCHEDULE (continued)

Total Premiums for all Modes

Annual	Semi-annual	Quarterly	Monthly	EFT Monthly
$126.25	$65.42	$33.15	$11.67	$10.94

Mortality Table: The 2001 Commissioners Standard Ordinary [Female] Mortality Table Age Nearest Birthday.

Policy Value Interest Rate is 5.00%
Reserve Interest Rate is 3.50%
Loan Interest Rate is 8.00%

Service Center: [Service Center
PO Box 789
Greenville, SC 29602-0789
1-800-551-8354]

POLICY SCHEDULE

Insured:	Jane Doe	Face Amount:	$50,000
Policy Number:	123456789	Date of Issue:	03/01/2007
Age at Issue/Sex:	35F	Plan:	Whole Life
Premium Class:	Tobacco	Plan Code:	C78SM
Rate Class:	Not Rated	Premium Period:	Monthly

Beneficiary: As stated in the application for this policy, unless changed in accordance with the policy provisions.

Owner: Jane Doe

	Premiums Monthly	Years Payable
Basic Policy Plan and Riders		
Whole Life Insurance	$ 63.46	86
Terminal Illness Benefit Date of Issue 03/01/2007	NA	NA
Total:	$ 63.46	

POLICY SCHEDULE (continued)

Total Premiums for all Modes

Annual	Semi-annual	Quarterly	Monthly	EFT Monthly
$701.00	$360.56	$183.33	$63.46	$60.14

Mortality Table: The 2001 Commissioners Standard Ordinary [Female Smoker] Mortality Table Age Nearest Birthday

Policy Value Interest Rate is 5.00%
Reserve Interest Rate is 3.50%
Loan Interest Rate is 8.00%

Service Center: [Service Center
PO Box 789
Greenville, SC 29602-0789
1-800-551-8354]

POLICY SCHEDULE

Insured:	John Doe	Face Amount:	$50,000
Policy Number:	123456789	Date of Issue:	03/01/2007
Age at Issue/Sex:	35M	Plan:	Whole Life
Premium Class:	Non-Tobacco	Plan Code:	C78NS
Rate Class:	Not Rated	Premium Period:	Monthly

Beneficiary: As stated in the application for this policy, unless changed in accordance with the policy provisions.

Owner: John Doe

	Premiums Monthly	Years Payable
Basic Policy Plan and Riders		
Whole Life Insurance	$ 60.08	86
Terminal Illness Benefit Date of Issue 03/01/2007	NA	NA
Total:	$ 60.08	

POLICY SCHEDULE (continued)

Total Premiums for all Modes

Annual	Semi-annual	Quarterly	Monthly	EFT Monthly
$663.50	$341.30	$173.53	$60.08	$56.93

Mortality Table: The 2001 Commissioners Standard Ordinary [Male Non-Smoker] Mortality Table Age Nearest Birthday

Policy Value Interest Rate is 5.00%
Reserve Interest Rate is 3.50%
Loan Interest Rate is 8.00%

Service Center: [Service Center
PO Box 789
Greenville, SC 29602-0789
1-800-551-8354]

POLICY SCHEDULE

Insured:	John Doe	Face Amount:	$5,000
Policy Number:	123456789	Date of Issue:	03/01/2007
Age at Issue/Sex:	35M	Plan:	Whole Life
Premium Class:	Standard	Plan Code:	C78ST
Rate Class:	Not Rated	Premium Period:	Monthly

Beneficiary: As stated in the application for this policy, unless changed in accordance with the policy provisions.

Owner: John Doe

	Premiums Monthly	Years Payable
Basic Policy Plan and Riders		
Whole Life Insurance	$ 14.38	86
Terminal Illness Benefit Date of Issue 03/01/2007	NA	NA
Total:	$ 14.38	

POLICY SCHEDULE (continued)

Total Premiums for all Modes

Annual	Semi-annual	Quarterly	Monthly	EFT Monthly
$156.35	$80.88	$41.02	$14.38	$13.52

Mortality Table: The 2001 Commissioners Standard Ordinary [Male] Mortality Table Age Nearest Birthday.

Policy Value Interest Rate is 5.00%
Reserve Interest Rate is 3.50%
Loan Interest Rate is 8.00%

Service Center: [Service Center
PO Box 789
Greenville, SC 29602-0789
1-800-551-8354]

POLICY SCHEDULE

Insured:	John Doe	Face Amount:	$50,000
Policy Number:	123456789	Date of Issue:	03/01/2007
Age at Issue/Sex:	35M	Plan:	Whole Life
Premium Class:	Tobacco	Plan Code:	C78SM
Rate Class:	Not Rated	Premium Period:	Monthly

Beneficiary: As stated in the application for this policy, unless changed in accordance with the policy provisions.

Owner: John Doe

	Premiums Monthly	Years Payable
Basic Policy Plan and Riders		
Whole Life Insurance	$ 76.48	86
Terminal Illness Benefit Date of Issue 03/01/2007	NA	NA
Total:	$ 76.48	

POLICY SCHEDULE (continued)

Total Premiums for all Modes

Annual	Semi-annual	Quarterly	Monthly	EFT Monthly
$845.50	$434.76	$221.09	$76.48	$72.51

Mortality Table: The 2001 Commissioners Standard Ordinary [Male Smoker] Mortality Table Age Nearest Birthday.

Policy Value Interest Rate is 5.00%
Reserve Interest Rate is 3.50%
Loan Interest Rate is 8.00%

Service Center: [Service Center
PO Box 789
Greenville, SC 29602-0789
1-800-551-8354]

CERTIFICATION

FPWL(02-07)

I hereby certify that no other changes have been made to the form above with the exception of the maximum valuation interest rate change.

Signature: _____ Date: December 20, 2012

Mark S. Wessel
Compliance Officer

RECEIVED

MAY 15 2007

POLICY FORMS

RBC Insurance

Jennifer Brett
Compliance Analyst II

Liberty Life Insurance Company
Compliance Department
PO Box 1389
Greenville, SC 29602-1389

Tel: (864) 609-4285
Fax: (864) 609-3484
E-Mail: jennifer.brett@rbc.com

March 26, 2007

APPROVED

MAY 11 2007

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Mr. John Shields
Individual Insurance
Department Of Insurance
1200 W. Third St.
Little Rock, AR 72201-1804

RE: **Form Numbers:**
FPWL(02-07), Whole Life Insurance Policy
FP65(02-07), Life Paid Up at Age 65 Insurance Policy
FP-LTR(02-07), Level Term Rider
FP-SLTR(02-07), Spouse Level Term Rider
FP-CR(02-07), Children's Rider
FP-ADB(02-07), Accidental Death Benefit
FP-SADB(02-07), Spouse Accidental Death Benefit
FP-WP(02-07), Waiver of Premium Benefit
FP-APG(02-07), Added Protection Guarantee Benefit
FP-TIB(02-07), Terminal Illness Benefit

Liberty Life Insurance Company, NAIC #61492, FEIN: 44-0188050

Dear Mr. Shields:

Liberty Life Insurance Company has prepared the above-referenced whole life insurance product forms for your review and approval. The whole life policy, Form No. FPWL(02-07), is similar to L-076(03-03), which was approved by your department on August 6, 2003. The basis of values has been updated to reflect the 2001 CSO mortality tables. Additional changes to the contract language have been made for clarity and better readability. These forms are being provided to you in final printed form.

Form No. FPWL(02-07) - Whole Life Insurance Policy:

Prem Class:	$1,000 - $9,999	Male Standard, Female Standard
	$10,000 +	Male Non-tobacco, Male Tobacco
		Female Non-tobacco, Female Tobacco

Issue Ages:	0-80	Standard
	0-80	Non-tobacco
	15-80	Tobacco

RECEIVED

APR 11 2007

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Form No. FP65(02-07) – Life Paid Up at Age 65 Insurance Policy:

Prem Class:	$15,000 +	Male Non-tobacco, Male Tobacco
		Female Non-tobacco, Female Tobacco

Issue Ages:	0-55	Non-tobacco
	15-55	Tobacco

Form No. FP-LTR(02-07) – 10-Year and 20-Year Level Term Rider for Primary Insured:

Prem Class:	$50,000 +	Male Non-tobacco, Male Tobacco
		Female Non-tobacco, Female Tobacco

Issue Ages: 15-60 for a 10-Year Level Term, when attached to Whole Life Policy

15-50 for a 20-Year Level Term, when attached to Whole Life Policy
15-55 for a 10-Year Level Term, when attached to Life Paid Up at Age 65 Policy
15-45 for a 20-Year Level Term, when attached to Life Paid Up at Age 65 Policy

Form No. FP-SLTR(02-07) – 10-Year and 20-Year Level Term Rider for Spouse:
Prem Class: $50,000 + Male Non-tobacco, Male Tobacco
Female Non-tobacco, Female Tobacco

Issue Ages: 15-60 for a 10-Year Level Term, when attached to Whole Life Policy
15-50 for a 20-Year Level Term, when attached to Whole Life Policy
15-60 for a 10-Year Level term, when attached to Life Paid Up at 65 Policy
15-50 for a 20-Year Level Term, when attached to Life Paid Up at 65 Policy

Form No. FP-CR(02-07) – Children's Rider:
Prem Class: $5,000 - $25,000 Standard

Issue Ages: Primary Insured 15-55
Children 0-18

Form No. FP-ADB(02-07) – Accidental Death Benefit:
Issue Ages: 0-65 when attached to Whole Life Policy
0-55 when attached to Life Paid Up at Age 65 Policy

Form No. FP-SADB(02-07) – Spouse Accidental Death Benefit:
Issue Ages: 15-60 when attached to Spouse's 10-Year Level Term on Whole Life Policy or Life Paid Up at Age 65 Policy
15-50 when attached to Spouse's 20-Year Level Term on Whole Life Policy or Life Paid Up at Age 65 Policy

Form No. FP-WP(02-07) – Waiver of Premium Benefit:
Issue Ages: 15-55

Form No. FP-APG(02-07) – Added Protection Guarantee Benefit
Issue Ages: 0-38, without Waiver of Premium Benefit
15-38, with Waiver of Premium Benefit

The Terminal Illness Benefit, **Form No. FP-TIB(02-07)**, is an Accelerated Death Benefit Amendment. It is an inherent benefit that will be part of the policy; therefore, there will be no associated premium. The benefit provides for a payment of up to 50% of the face amount (subject to a maximum of $300,000) at the time a physician provides proof that the insured will die within a specified time. The amount paid prior to death under this benefit will be deducted from the death benefit at the time of a claim.

Upon approval and before January 1, 2008, these policies, riders and benefits will be marketed by our captive agents and independent producers. **This product will not be illustrated.**

To the best of my knowledge and belief, this filing complies with the statutory and regulatory requirements of your state. This filing contains no unusual or possible controversial items from normal company or industry standards. If you have any questions or require additional information, I may be reached at (864) 609-4285 or by email to libertydoiresponses@rbc.com (in the subject line, please reference "ATTN: Jennifer Brett.") Thank you for your time and attention to this filing.

Sincerely,

Jennifer F. Brett

Enclosures

RBC Insurance

Jennifer Brett
Compliance Analyst II

Liberty Life Insurance Company
Compliance Department
PO Box 1389
Greenville, SC 29602-1389

Tel: (864) 609-4285
Fax: (864) 609-3484
E-Mail: jennifer.brett@rbc.com

April 30, 2007

Linda Bird
Life Policy Analyst
Life and Health Division
Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1804

APPROVED
MAY 11 2007
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RE: Form Nos: FPWL(02-07), et al.
Liberty Life Insurance Company, NAIC #61492, FEIN: 44-0188050

AID #35633

Dear Ms. Bird:

Thank you for your email of April 12, 2007, in response to the filing referenced above. A copy of your email is enclosed for your convenience.

Per Ark. Code Ann. 23-79-138, we feel we are in compliance because the policy schedule pages in the policies under review, Form Nos. FPWL(02-07) and FP65(02-07), contain the company name, address and toll-free phone number of our service center. Also, the name and address of the agent soliciting the policy is contained on the cost disclosure, which is attached to the policy. Lastly, the address of the Arkansas Insurance Department is provided on our Arkansas Guaranty Association Act form, which is attached to every Arkansas policy (per Regulation 49). The required Arkansas state department address and telephone number are provided on our notice issued to all Arkansas policyholders at the time of policy delivery.

We certify that this submission meets the provisions of Regulation 19§10 as well as all applicable requirements of the Department.

The application is currently being filed, under separate cover, with your department. Enclosed please find a *copy* of the application that will be used with these products, upon approval of all respective forms.

Please also find enclosed our Accelerated Benefit disclosure that will be issued with the life insurance policies. The form number is FP-TIB-Disclosure(02-07).

Thank you for your attention to our filing. I may be reached at the phone number or email address listed above if you have any further questions regarding this filing.

Sincerely,

Jennifer F. Brett

Jennifer F. Brett

Enclosures

RECEIVED
MAY - 4 2007
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT