

SERFF Tracking Number: ASPX-125738882 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: ML AR03121AIF01
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
Product Name: Bankruptcy Repayment Protection (BRP)
Project Name/Number: Bankruptcy Repayment Protection (BRP)/ML AR03121AIF01

Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: Bankruptcy Repayment Protection (BRP) SERFF Tr Num: ASPX-125738882 State: Arkansas

TOI: 33.0 Other Lines of Business

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 33.0001 Other Personal Lines

Co Tr Num: ML AR03121AIF01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: SPI AssurantPC

Disposition Date: 08/12/2008

Date Submitted: 07/17/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Bankruptcy Repayment Protection (BRP)

Status of Filing in Domicile:

Project Number: ML AR03121AIF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/12/2008

Deemer Date:

State Status Changed: 08/12/2008

Corresponding Filing Tracking Number:

Filing Description:

The forms provide for involuntary unemployment and disability insurance for individuals who have filed Chapter 13 Bankruptcy. Unemployment and medical bills are the leading causes people file bankruptcy. This product will give protection to debtors who are in the process of rebuilding their financial lives and provide them valuable coverage if unemployment or disability causes a financial hardship during that bankruptcy recovery period.

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Under this plan the U.S. Bankruptcy Trustee would be the master policyholder while individual debtors would hold certificates of insurance. The debtor's premiums would be paid as part of their plan payment. If the debtor became unemployed or disabled we would make the payment for a specified period of time. The U.S. Bankruptcy Court would have to approve the debtor's plan, including the insurance option. The Trustee would not receive any commission from the sale of the product.

Company and Contact

Filing Contact Information

Deborah Reel, State Filings Analyst
 260 Interstate N. Circle NW (770) 463-1000 [Phone]
 Atlanta, GA 33039 (770) 859-4403[FAX]

Filing Company Information

American Bankers Insurance Company of Florida CoCode: 10111 State of Domicile: Florida
 11222 Quail Roost Dr Group Code: 19 Company Type:
 Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:
 (305) 253-2244 ext. [Phone] FEIN Number: 59-0593886

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Bankers Insurance Company of Florida	\$50.00	07/17/2008	21471900

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/12/2008	08/12/2008

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Disposition

Disposition Date: 08/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125738882 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Manual Page	Approved	Yes
Supporting Document	Rates	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Bankruptcy Repayment	Approved	Yes
Form	Bankruptcy Repayment	Approved	Yes
Form	Bankruptcy Repayment	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Bankruptcy Repayment	AJ9851PH0708	-	Policy/Coverage Form Replaced	Replaced Form #:0.00 Previous Filing #:		AJ9851PH-.PDF
Approved	Bankruptcy Repayment	AJ9852C 0708	H-	Certificate Replaced	Replaced Form #:0.00 Previous Filing #:		AJ9852CH-.PDF
Approved	Bankruptcy Repayment	AJ9231AH0608	-	Application/Binder/Enrollment Replaced	Replaced Form #:0.00 Previous Filing #:		AJ9231AH-.PDF

**AMERICAN BANKERS INSURANCE COMPANY
OF FLORIDA**

[A Stock Insurance Company]

Administrative Office: [11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]

SCHEDULE

GROUP MASTER POLICY NUMBER	
[GROUP MASTER POLICY HOLDER]	
ADDRESS	
EFFECTIVE DATE / /	ANNIVERSARY DATE <p align="right">Continuous Until Cancelled</p>
MAXIMUM TERM OF COVERAGE (IN MONTHS):	MAXIMUM MONTHLY BENEFIT AMOUNT: \$
MAXIMUM NUMBER OF MONTHLY BENEFIT PAYMENTS (PER BENEFIT PERIOD):	

TABLE OF CONTENTS

Schedule	1	Involuntary Unemployment Definitions	4-5
Table of Contents	1	Disability Insurance Provisions	5
Involuntary Unemployment Insurance Provisions	2	General Provisions for Disability	5-7
General Provisions for Involuntary Unemployment	2	Premium Provisions	7
Premium Provisions	4	Disability Definitions	7-8

**Group Master Policy for Monthly Renewable
Involuntary Unemployment and Total Disability Insurance
Monthly Premiums**

INVOLUNTARY UNEMPLOYMENT INSURANCE PROVISIONS

Involuntary Unemployment Insurance Benefit: We will pay the proceeds under the Insured's certificate, if the Insured loses Employment Income as a result of involuntary unemployment and:

1. if He applied for this benefit;
2. if such application for insurance was approved;
3. if the premium was paid;
4. subject to the provisions of this group master policy; and
5. due to:
 - a. an individual or a mass layoff - a temporary or permanent suspension of employment of a person by His employer; or
 - b. a general strike - a collective walk out or quitting of work:
 - 1) against all employers in an industry or territory; and
 - 2) by a body of workmen acting in combination for purpose of obtaining for themselves more desirable terms of employment; or
 - c. termination by employer without due cause - a complete severance of relationship of employer/employee by the employer; or
 - d. a unionized labor dispute- a trade or labor union, through the joining of its members, has authorized a strike by the employees stopping work at a time agreed upon in advance; or
 - e. a lockout - an employer temporarily closing the place of employment without formally discharging the employees due to:
 - 1) a labor dispute; or
 - 2) His dislike of His employees' activities as a union.

We must have received proof that the Insured:

1. became involuntarily unemployed and lost Employment Income while Insured;
2. satisfies the "Eligibility for Benefits" provision in this group master policy; and
3. has been involuntarily unemployed for 30 consecutive days.

Benefit: The maximum monthly benefit is shown in the application for insurance. The maximum monthly benefit amount, the term of coverage, the maximum number of monthly benefit payments per benefit period, and the premium amount are also shown in the Insured's application for insurance. We will pay the Proceeds for the Insured's involuntary unemployment after the 30-day waiting period and beginning with the 1st day of involuntary unemployment. The Proceeds will cease when the insured is no longer unemployed, or the maximum number of monthly benefit payments for that period of unemployment has been paid (see the Re-eligibility For Benefits provision for information on additional periods of unemployment). The Proceeds will be paid monthly to the Group Policyholder and may not be assigned.

For each day of involuntary unemployment, benefits will be calculated at 1/30 of the monthly benefit.

Eligibility for Benefits: To be eligible for benefits the Insured must:

1. be employed for salary or wages on a full-time basis at the time involuntary unemployment begins;
2. be involuntarily unemployed for at least 30 consecutive days; and
3. as a result of a layoff or employer termination:
 - a. qualify for unemployment benefits under the state unemployment law where He works; or
 - b. be registered for work at a state unemployment office or a recognized employment agency within 15 days after the last day of employment; and
 - c. remain registered during the claim period; and
4. be unemployed as a result of general strikes, unionized labor disputes or lock out and provide Proof of Loss.

When an applicant enrolls for this insurance, He must be working for salary or wages:

1. for at least 30 hours a week;
2. for 90 consecutive days;
3. on a full-time basis in a non-seasonal occupation.

No insurance is granted to those who are:

1. self-employed; or
2. a controlling stockholder of His employer; or
3. an independent contractor; or
4. seasonally employed.

Re-eligibility For Benefits: The Insured will be re-eligible for benefits after the completion of payments for a period of unemployment under a loss of employment claim if He has been working for salary or wages:

1. at least 30 hours a week;
2. for a period of 90 consecutive days;
3. on a full-time basis in a nonseasonal occupation.

If the Insured incurs another loss within 90 days following a paid prior loss, then the new period of loss will:

1. not be subject to another waiting period;
2. be considered a continuation of the preceding period of loss; and
3. be subject to the unused portion of the maximum number of monthly benefit payments for the prior period of unemployment.

Exclusions: We will not pay benefits for:

1. unemployment which occurs during the first 60 days from the effective date of the certificate; or
2. voluntary unemployment or retirement; or
3. loss of income due to disability, pregnancy or childbirth; or
4. being drafted or enlisted in full-time service in the Armed Forces; or
5. discharge for cause, by the Insured's employer; or
6. normal seasonal unemployment; or

GENERAL PROVISIONS FOR INVOLUNTARY UNEMPLOYMENT

Eligibility for Insurance: To be eligible for this insurance, on the effective date the Insured must:

1. be a member of Your group;
2. be at least 18 years of Age; and
3. not be projected to reach the age of [65] before the plan is scheduled to be repaid.

Misstatement of Age: If the Insured misstates His Age, Our liability is limited to a refund of premium if he:

1. is under 18 on the effective date; or
2. will be [65] years of age or over on the date the plan is scheduled to be repaid.

Entire Contract: The entire contract consists of:

1. this group master policy;
2. the Insured's application for insurance; and

Except in the case of fraud, all statements made by You or in the Insured's application for insurance are deemed to be:

1. representations; and
2. not warranties.

Individual Certificates: We will issue a certificate to an eligible Insured if He meets Our eligibility requirements.

Term of Group Master Policy: The term of this group master policy will begin on its effective date. It will renew automatically every anniversary by payment of premiums. The Group Policyholder or We may terminate this group master policy at any time. Written notice must be given at least 31 days in advance.

The written notice must be sent to:

1. Us at Our Administrative Offices; or
2. the Group Policyholder at the address shown in the schedule.

All certificates will terminate at the same time as the Group Master Policy.

Term of Individual Insurance: Coverage under individual certificates will begin on the effective date shown in the Insured's application for insurance.

The term of this insurance:

1. is monthly;
2. begins on the Insured's effective date; and
3. may be renewed by the payment of premiums; and
4. ends:
 - a. on the last day of the month following the Insured's [65th] birthday; or
 - b. when this group master policy terminates; or
 - c. when the Insured's participation in the protected program is terminated or cancelled; or
 - d. when the Insured stops paying the monthly premium; or
 - e. when You stop paying the monthly premium; or
 - f. 30 days after notice of cancellation:
 - 1) by the Insured; or
 - 2) by Us.

For item 4.f. above:

1. the Insured must:
 - a. give notice:

- 1) to Us at Our Administrative Offices; or
 - 2) to You;
 - b. state when such cancellation is effective; and
 - c. provide notice within 30 days of the requested effective date of cancellation; and
2. We must mail written notice to the Insured:
 - a. at least 30 days in advance; and
 - b. to His last known address.

If the certificate is cancelled by Us, such cancellation will not affect any claim then in progress or for which We are liable at the time of such cancellation. We will not be liable for losses that begin after the effective date of cancellation.

We will honor all valid claims that arise prior to the termination date.

Renewability: This insurance coverage will remain In Force with the continuation of the Insured's payment of the required premiums as long as the Group Master Policy is still In Force.

Policyholder's Grace Period: You have 31 days after the due date to pay any premium except the first. This coverage stays In Force:

1. during this grace period; and
2. on the members of Your group.

If the premium is not paid by the end of the grace period, all insurance on Your members will Lapse. You will be liable to Us:

1. if the coverage terminates during or at the end of the grace period; and
2. for a payment of a pro rata premium for the term the coverage was In Force.

Insured's Grace Period: We allow 90 days after the due date for the payment of any premium except the first. The certificate stays In Force during this grace period. If the premium is not paid by the end of the grace period, the certificate will Lapse. If an Insured dies during the grace period, one monthly premium will be deducted from the proceeds paid.

Assignment: This group master policy and the benefits under the certificate may not be assigned.

Required Data: You will furnish Us with data that We may require:

1. on or before the 15th day of each month;
2. showing the total number of Insureds in the prior month; and
3. specifying each Insured's Protected Program payment obligation.

Out-of-State Coverage: Any provision of this policy, which, on its effective date, is in conflict with the statutes of the state where the certificate holder resides on such date, is changed to conform to the minimum requirements of such state. Coverage for certificate holders residing outside of the state in which this policy is issued will be governed by the terms stated in the certificate and such coverage will be effective from the date shown on the certificate.

Clerical Error: Clerical error on Your part will not:

1. void insurance which would otherwise be In Force; nor
2. continue insurance which would otherwise have ceased.

Changes to this Group Master Policy: No agent can:

1. change this group master policy; or
2. alter or waive any of its terms.

Changes can only be made by mutual agreement:

1. between the Group Policyholder and Us;
2. by written endorsement signed by Our:
 - a. President; or
 - b. Secretary.

Concealment or Fraud: Statements made by the Insured in the application for insurance for this coverage will be used to determine eligibility. Any willful concealment or fraudulent statements made by the Insured will void His coverage. We will refund:

1. all premiums paid; less
2. any benefit payments made.

Inspection of Records: We may inspect Your records at reasonable intervals to verify the data sent to Us. Any evasion or attempted evasion of the data on any matter relating to this insurance will be an absolute defense to any legal action brought under the master policy.

Time of Payment of Claims: Upon receipt of proof acceptable to Us, We will pay the proceeds for the Insured's involuntary unemployment after the 30 day waiting period and beginning with the 1st day of involuntary unemployment.

Notice of Claim: Written notice of claim must be given to Us within 30 days from the date of loss.

Notice may be given to Us:

1. at Our Administrative Offices; or
2. through one of Our authorized agents; or
3. through You.

Claim Forms: Claim forms will be given to the claimant:

1. for filing Proof of Loss due to involuntary unemployment; and
2. within 15 days after We receive notice of claim.

If We do not do so, the claimant can comply with the requirements for filing Proof of Loss by giving Us this proof within the term stated in the "Proof of Loss" provision.

Proof of Loss: Written Proof of Loss must be furnished to Us:

1. by the Insured from sources determined by Us;
2. at Our Administrative Offices; and
3. within 30 days of unemployment; or
4. as soon as reasonably possible.

Upon Our request, the Insured will be required to give proof of His continuing involuntary unemployment.

Legal Action: No action at law or in equity may be brought:

1. before 60 days after We receive Proof of Loss; or
2. more than 5 years after the time limit for Proof of Loss.

PREMIUM PROVISIONS

Premiums Payable by Insured: The Insured's premium for this insurance is payable in the mode or frequency in which the Protected Program's payment obligation is payable.

If the Protected Program's payment obligation is subject to any change during the term of this policy, the premium amount for coverage under this program may increase or decrease. However the premium rate will remain the same.

The premium will be included in the benefit during any claim period.

Refunds: Any unearned premium refund will be calculated using the Pro-Rata method.

Payment of Premiums by Group Policyholder: Premiums collected by the Group Policyholder during the previous month will be remitted:

1. for each certificate issued; and
2. on or before the 15th day of each month.

Premium Rate Change: We reserve the right to increase or decrease the premium for coverage issued under this group master policy:

1. at the end of the policy anniversary;
2. on any premium due date thereafter; and
3. not more than every 6 months.

We will give 30 days written notice prior to any rate change.

INVOLUNTARY UNEMPLOYMENT DEFINITIONS

"Age" - the Insured's Age at the last birthday as shown in His application for insurance.

"Effective date" - the date the certificate is put In Force.

"Employment Income" - salary, fees or wages.

"Group Policyholder" - [Trustee] or the legal entity in whose name this Policy is issued as shown on the Schedule.

"He", "His", and "Him" - refer to both genders.

"Insured's Grace period" - the 90 days after the date a premium is due. Payment within this period will keep the insurance In Force.

"Illness" - means a disease that:

1. causes the abnormal function of: a) an organ; b) system of the body; or c) the whole body;
2. is caused by a: a) pathogenic change; or b) physiological disturbance; and
3. results in: a) disability resulting in involuntary unemployment; or b) death.

"In Force" - this group master policy or the certificate is in effect, premiums are paid and all conditions are met.

"Injury" - accidental bodily Injury which:

1. results from an accident directly and independently of all other causes;

2. occurs after the effective date of coverage for such Injury; and
3. results in: a) disability resulting in involuntary unemployment; or b) death.

“Insured” – The person named as primary under the Protected Program. Only one individual is Insured per certificate.

“Lapse” - the insurance is no longer In Force; the premium was not paid by the end of the grace period.

The “Anniversary Date” is shown on the schedule; it is used as a basis for the group master policy’s:

1. premium due date; and
2. anniversaries.

“Maximum Monthly Benefit Amount” – Is the amount of benefit including the cost of insurance to be paid in the event of a covered loss per benefit period.

“Maximum Number of Monthly Benefit Payments (per benefit period)” – Is the maximum number of monthly benefits to be paid for each period of unemployment.

“Proceeds” - the monthly amount We will pay as a benefit.

“Proof of Loss” - a properly completed claim form, plus written proof acceptable to Us.

“Protected Program”- the program for which policy provides coverage.

“We”, “Us” and “Our” - American Bankers Insurance Company of Florida.

“You” and “Your” - the Group Policyholder.

DISABILITY INSURANCE PROVISIONS

Disability Insurance Benefit: We will pay the proceeds under the Insured’s certificate, if the Insured becomes totally disabled as a result of an Injury or Illness and:

1. if he applied for this benefit;
2. if such application for insurance was approved;
3. if the premium was paid;
4. as stated in the “Benefit” provision; and
5. subject to the provisions of this group master policy.

We must have received proof that the Insured:

1. became totally disabled while Insured;
2. has been totally disabled for 30 consecutive days; and
3. has received routine health care.

Benefit: The maximum monthly benefit is shown in the application for insurance. The maximum benefit amount, the term of coverage, the maximum number of monthly benefit payments per benefit period, and the premium amount are also shown in the Insured’s application for insurance. We will pay the proceeds for the Insured’s disability after the 30-day waiting period and beginning with the 1st day of disability. The Proceeds will cease when the insured is no longer disabled as defined in the policy, or the maximum number of monthly benefit payments for that period of disability has been paid (see

the Re-eligibility For Benefits provision for information on additional periods of disability). The Proceeds will be paid monthly to the Group Policyholder and may not be assigned.

For each day of disability, benefits will be calculated at 1/30th of the monthly benefit.

Re-eligibility For Benefits: The Insured will be re-eligible for benefits after the completion of payments for a period of disability under a disability claim if he has been working:

1. for salary or wages at least 30 hours a week; and
2. at least 90 consecutive days.

If the Insured incurs another loss within 90 days following a paid prior loss, then the new period of loss will:

1. not be subject to another waiting period;
2. be considered a continuation of the preceding period of loss; and
3. be subject to the unused portion of the maximum number of benefits for the prior period of disability.

Exclusions: No benefits will be paid for disability caused by:

1. normal pregnancy or childbirth; or
2. preexisting Illness as described in the “Definitions” section.

Proof of Disability: During the initial period of disability, the Insured will have His attending physician or surgeon submit a statement that he is:

1. totally disabled; and
2. unable to resume employment because of the described disability.

Upon Our request, the Insured will give proof of His continuing disability.

GENERAL PROVISIONS FOR DISABILITY

Eligibility for Insurance: To be eligible for this insurance, on the Effective date the Insured must:

1. be a member of Your group;
2. be at least 18 years of Age; and
3. not be projected to reach the age of [65] before the plan is scheduled to be repaid.

Misstatement of Age: If the Insured misstates His Age, Our liability is limited to a refund of premium if he:

1. is under 18 on the effective date; or
2. will be [65] years of age or over on the date the plan is scheduled to be repaid.

Entire Contract: The entire contract consists of:

1. this group master policy;
2. the Insured’s application for insurance; and

Except in the case of fraud, all statements made by You or in the Insured’s application for insurance are deemed to be:

1. representations; and
2. not warranties.

Individual Certificates: We will issue a certificate to an eligible Insured if he meets Our eligibility requirements.

Term of Group Master Policy: The term of this group master policy will begin on its Effective date. It will renew automatically every anniversary by payment of premiums. The Group Policyholder or We may terminate this group master policy. Written notice must be given at least 31 days in advance.

The written notice must be sent to:

1. Us at Our Administrative Offices; or
2. the Group Policyholder at the address shown in the schedule.

All certificates will terminate at the same time as the Group Master Policy.

Term of Individual Insurance: Coverage under individual certificates will begin on the Effective date shown in the Insured's application for insurance.

The term of this insurance:

1. is monthly;
2. begins on the Insured's Effective date;
3. may be renewed by the payment of premiums; and
4. ends:
 - a. on the last day of the month following the Insured's [65th] birthday; or
 - b. when this group master policy terminates; or
 - c. when the Insured's participation in the protected program is terminated or cancelled; or
 - d. when the Insured stops paying the monthly premium; or
 - e. when You stop paying the monthly premium; or
 - f. 30 days after notice of cancellation:
 - 1) by the Insured; or
 - 2) by Us.

For item 4.f. above:

1. the Insured must:
 - a. give notice:
 - 1) to Us at Our Administrative Offices; or
 - 2) to You;
 - b. state when such cancellation is effective; and
 - c. provide notice within 30 days of the requested Effective date of cancellation; and
2. We must mail written notice to the Insured:
 - a. at least 30 days in advance; and
 - b. to His last known address.

If the certificate is cancelled by Us, such cancellation will not affect any claim then in progress or for which We are liable at the time of such cancellation. We will not be liable for losses that begin after the Effective date of cancellation.

We will honor all valid claims that arise prior to the termination date.

Renewability: This insurance coverage will remain In Force with the continuation of the Insured's payment of the required premiums.

Policyholder's Grace Period: You have 31 days after the due date to pay any premium except the first. This coverage stays In Force:

1. during this grace period; and
2. on the members of Your group.

If the premium is not paid by the end of the grace period, all insurance on Your members will Lapse. You will be liable to Us:

1. if the coverage terminates during or at the end of the grace period; and
2. for a payment of a pro rata premium for the term the coverage was In Force.

Insured's Grace Period: We allow 90 days after the due date for the payment of any premium except the first. The certificate stays In Force during this grace period. If the premium is not paid by the end of the grace period, the certificate will Lapse. If an Insured dies during the grace period, one monthly premium will be deducted from the proceeds paid.

Required Data: You will furnish Us with data that We may require:

1. on or before the 15th day of each month;
2. showing the total number of insured's in the prior month; and
3. specifying each Insured's Protected Program payment obligation.

Clerical Error: Clerical error on Your part will not:

1. void insurance which would otherwise be In Force; nor
2. continue insurance which would otherwise have ceased.

Changes to this Group Master Policy: No agent can:

1. change this group master policy; or
2. alter or waive any of its terms.

Changes can be made only by written endorsement signed by Our:

1. President; or
2. Secretary.

Incontestability: Except for nonpayment of premium, We will not contest this insurance:

1. after it has been In Force for two years during the Insured's lifetime; and
2. during the first two years it is In Force, unless the contest is based on a statement in a written application for insurance signed by the Insured.

Inspection of Records: We may inspect Your records to verify the data sent to Us.

Physical Exams: We have the right and opportunity to make an exam:

1. by a physician of Our choice;
2. at Our own expense;
3. while a claim is pending or being paid; and
4. at reasonable intervals.

Time of Payment of Claims: Upon receipt of proof acceptable to Us, We will pay the proceeds for the Insured's disability after the 30 day waiting period and beginning with the 1st day of disability.

Notice of Claim: Written notice of claim must be given to Us within 30 days from the date of loss.

Notice may be given to Us:

1. at Our Administrative Offices; or
2. through one of Our authorized agents; or
3. through You.

Claim Forms: Claim forms will be given to the claimant:

1. for filing Proof of Loss; and
2. within 15 days after We receive notice of claim.

If We do not do so, the claimant can comply with the requirements for filing Proof of Loss by giving Us this proof within the term fixed in the "Proof of Loss" provision.

Proof of Loss: Written Proof of Loss:

1. must be furnished to Us at Our Administrative Offices; and
2. should be furnished within 90 days after the period for which We are liable.

Failure to furnish the proof within that time will not invalidate or reduce the claim if proof is furnished as soon as is reasonably possible.

Legal Action: No action at law or in equity may be brought:

1. before 60 days after We receive Proof of Loss; or
2. more than 5 years after the time limit for Proof of Loss.

PREMIUM PROVISIONS

Premiums Payable by Insured: The Insured's premium for this insurance is payable in the mode or frequency in which the Protected Program's payment obligation is payable.

If the Protected Program's payment obligation is subject to any change during the term of this policy, the premium amount for coverage under this program may increase or decrease. However the premium rate will remain the same.

The premium will be included in the benefit during any claim period.

Refunds: Any unearned premium refund will be calculated using the Pro-Rata method.

Payment of Premiums by Group Policyholder: Premiums collected by the Group Policyholder during the previous month will be remitted:

1. for each certificate issued; and
2. on or before the 15th day of each month

Item two above also applies to the Insured who pays His premium directly to Us.

Premium Rate Change: We reserve the right to increase or decrease the premium for coverage issued under this group master policy:

1. at the end of the policy anniversary;
2. on any premium due date thereafter; and
3. not more than every 6 months.

We will give 30 days written notice prior to any rate change.

DISABILITY DEFINITIONS

"Age" - the Insured's Age at the last birthday as shown in His application for insurance.

"Effective date" - the date the certificate is put In Force.

"He", "His", and "Him" - refer to both genders.

"Health care" - means:

1. medical advice;
2. medical diagnosis; or
3. regular treatment.

Health care must be received from a licensed physician other than the Insured.

"Insured's Grace period" - the 90 days after the date a premium is due. Payment within this period will keep the insurance In Force.

"Illness" - means a disease that:

1. causes the abnormal function of: a) an organ; b) system of the body; or c) the whole body;
2. is caused by a: a) pathogenic change; or b) physiological disturbance; and
3. results in: a) total disability; or b) death.

"In Force" - this group master policy or the certificate is in effect, premiums are paid and all conditions are met.

"Injury" - accidental bodily Injury which:

1. results from an accident directly and independently of all other causes;
2. occurs after the Effective date of coverage for such Injury; and
3. results in: a) total disability; or b) death.

"Insured" - The person named as primary under the Protected Program. Only one individual is Insured per certificate.

"Lapse" - the insurance is no longer In Force; the premium was not paid by the end of the grace period.

"Maximum Monthly Benefit Amount" - Is the amount of benefit including the cost of insurance to be paid in the event of a covered loss per benefit period.

"Maximum Number of Monthly Benefit Payments (per benefit period)" - Is the maximum number of monthly benefits to be paid for each period of disability.

The "Policy Date" is shown on the schedule; it is used as the basis for this group master policy's:

1. premium due date; and
2. anniversaries.

"Policyholder" - [Trustee] or the legal entity in whose name this Policy is issued as shown on the Schedule.

"Protected Program"- The program for which this policy provides coverage.

"Preexisting Illness" - means a disease, illness or physical condition which:

1. within twelve months before the certificate Effective date required the Insured to seek health care; and
2. caused the disability within twelve months after the certificate Effective date.

Disability from a preexisting illness starting twelve months after the certificate Effective date will be covered.

"Proceeds" - means the monthly amount We will pay as a benefit.

"Proof of Loss" - a properly completed claim form, plus written proof acceptable to Us.

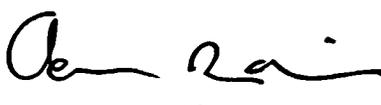
"Totally disabled" or "disability" - means the Insured is under the regular care and attention of a licensed physician other than Himself and he is unable to perform the regular duties of any occupation that he is reasonably qualified for by: a) education; b) training; or c) experience.

Disability will be computed from the first visit with the physician.

"We", "Us" and "Our" - American Bankers Insurance Company of Florida.

"You" and "Your" - the Group Policyholder.


SECRETARY


PRESIDENT

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

[A Stock Insurance Company]

Administrative Office: [11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]

30 DAY RIGHT TO EXAMINE: If You are not satisfied with Your certificate, You may return it within 30 days, for a full refund to: 1) Us; or 2) the representative from whom it was purchased.

INVOLUNTARY UNEMPLOYMENT INSURANCE PROVISIONS

Involuntary Unemployment Insurance Benefit: We will pay the Proceeds under this certificate, if You lose Employment Income as a result of involuntary unemployment and:

1. if You applied for this benefit;
2. if such application for insurance was approved;
3. if the premium was paid;
4. subject to the provisions of this certificate; and
5. due to:
 - a. an individual or a mass layoff - a temporary or permanent suspension of employment of a person by His employer; or
 - b. a general strike - a collective walk out or quitting of work:
 - 1) against all employers in an industry or territory; and
 - 2) by a body of workmen acting in combination for purpose of obtaining for themselves more desirable terms of employment; or
 - c. termination by employer without due cause - a complete severance of relationship of employer/employee by the employer; or
 - d. a unionized labor dispute - a trade or labor union, through the joining of its members, has authorized a strike by the employees stopping work at a time agreed upon in advance; or
 - e. a lockout - an employer temporarily closing the place of employment without formally discharging the employees due to:
 - 1) a labor dispute; or
 - 2) His dislike of His employees' activities as a union.

We must have received proof that You:

1. became involuntarily unemployed and lost Employment Income while Insured;
2. satisfy the "Eligibility for Benefits" provision in this certificate; and
3. have been involuntarily unemployed for 30 consecutive days.

Benefit: The maximum monthly benefit amount is shown in Your application for insurance. The term of coverage, the maximum number of monthly benefit payments per benefit period, and the premium amount are also shown in Your

application for insurance. We will pay the Proceeds for Your involuntary unemployment after the 30 day waiting period and beginning with the 1st day of involuntary unemployment. The Proceeds will cease when You are no longer unemployed, or the maximum number of monthly benefit payments for that period of unemployment has been paid (see the Re-eligibility For Benefits provision for information on additional periods of unemployment). The Proceeds will be paid monthly to the Group Policyholder and may not be assigned.

For each day of involuntary unemployment, benefits will be calculated at 1/30 of the monthly benefit.

Eligibility for Benefits: To be eligible for benefits, You must:

1. be employed for salary or wages on a full-time basis at the time Your involuntary unemployment begins;
2. be involuntarily unemployed for at least 30 consecutive days; and
3. as a result of a layoff or employer termination:
 - a. qualify for unemployment benefits under the state unemployment law where You work; or
 - b. be registered for work at a state unemployment office or a recognized employment agency within 15 days after the last day of employment; and
 - c. remain registered during the claim period; and
4. be unemployed as a result of general strikes, unionized labor disputes or lock out - provide Proof of Loss.

Re-eligibility For Benefits: You will be re-eligible for benefits after the completion of payments for a period of unemployment under a loss of employment claim if You have been working for salary or wages:

1. at least 30 hours a week;
2. for a period of 90 consecutive days;
3. on a full-time basis in a nonseasonal occupation; and
4. for the same employer.

If You incur another loss within 90 days following a paid prior loss, then the new period of loss will:

1. not be subject to another waiting period;
2. be considered a continuation of the preceding period of loss; and
3. be subject to the unused portion of the maximum number of monthly benefit payments for the prior period of unemployment.

**Certificate of Insurance for Monthly Renewable
Involuntary Unemployment Insurance
Total Disability Insurance
Monthly Premiums**

Exclusions: We will not pay benefits for:

1. unemployment which occurs during the first 60 days from the Effective date of the certificate; or
2. voluntary unemployment or retirement; or
3. loss of income due to disability, pregnancy or childbirth; or
4. being drafted or enlisted in full-time service in the Armed Forces; or
5. discharge for cause, by Your employer; or
6. normal seasonal unemployment.

GENERAL PROVISIONS FOR INVOLUNTARY UNEMPLOYMENT

Consideration: This certificate is issued on the basis of:

1. Your application for insurance; and
2. the payment of the first premium.

Eligibility for Insurance: To be eligible for this insurance, on the Effective date You must:

1. be a member of the Group Policyholder's group;
2. be at least 18 years of Age; and
3. not be projected to reach the age of [65] before the plan is scheduled to be repaid.

When an applicant enrolls for this insurance, He must be working for salary or wages:

1. for at least 30 hours a week;
2. for 90 consecutive days;
3. on a full-time basis in a nonseasonal occupation; and
4. for the same employer.

No insurance is granted to those who are:

1. self-employed; or
2. a controlling stockholder of His employer; or
3. an independent contractor; or
4. seasonally employed.

Misstatement of Age: If You misstate Your Age, Our liability is limited to a refund of premium if You:

1. are under 18 on the Effective date; or
2. will be [65] years of age or over on the date the plan is scheduled to be repaid.

Term of Individual Insurance: Coverage under this certificate will begin on the Effective Date shown in Your application for insurance.

The term of this insurance:

1. is monthly;
2. begins on Your Effective Date; and
3. may be renewed by the payment of premiums; and
4. ends:
 - a. on the last day of the month following Your [65th] birthday; or
 - b. when the group master policy terminates; or
 - c. when You are no longer a member of the Group Policyholder's group; or
 - d. when You stop paying the monthly premium; or
 - e. when the Policyholder stops paying the monthly premium; or

f. 30 days after notice of cancellation:

- 1) by You; or
- 2) by Us.

For item 4.f. above:

1. You must:
 - a. give notice:
 - 1) to Us at Our Administrative Offices; or
 - 2) to the Group Policyholder;
 - b. state when such cancellation is effective; and
 - c. provide notice within 30 days of the requested Effective Date of cancellation; and
2. We must mail written notice to You:
 - a. at least 30 days in advance; and
 - b. to Your last known address.

If the certificate is cancelled by Us, such cancellation will not affect any claim then in progress or for which We are liable at the time of such cancellation. We will not be liable for losses that begin after the Effective Date of cancellation.

We will honor all valid claims that arise prior to the termination date.

Renewability: This insurance coverage will remain In Force with the continuation of the Insured's payment of the required premiums.

Insured's Grace Period: We allow 90 days after the due date for the payment of any premium except the first. This certificate stays In Force during this grace period. If the premium is not paid by the end of the grace period, this certificate will Lapse. If You die during the grace period, one monthly premium will be deducted from the Proceeds paid.

Assignment: The benefits under this certificate may not be assigned.

Conformity with State Statutes: Any provision of this Certificate which, on its Effective date, is in conflict with the statutes of the state in which it was issued is changed to conform to the minimum standards of those statutes.

Concealment or Fraud: Statements made by You in Your application for insurance for this coverage will be used to determine eligibility. Any willful concealment or fraudulent statements made by You will void Your coverage. We will refund:

1. all premiums paid; less
2. any benefit payments made.

Time of Payment of Claims: Upon receipt of proof acceptable to Us, We will pay the proceeds for the Insured's involuntary unemployment after the 30 day waiting period and beginning with the 1st day of involuntary unemployment.

Notice of Claim: Written notice of claim must be given to Us within 30 days of becoming involuntarily unemployed.

Notice may be given to Us:

1. at Our Administrative Offices; or
2. through one of Our authorized agents; or

3. through the Group Policyholder.

Claim Forms: Claim forms will be given to the claimant:

1. for filing Proof of Loss due to involuntary unemployment; and
2. within 15 days after We receive notice of claim.

If We do not do so, the claimant can comply with the requirements for filing Proof of Loss by giving Us this proof within the term stated in the "Proof of Loss" provision.

Proof of Loss: Written Proof of Loss must be furnished to Us:

1. by You from sources determined by Us;
2. at Our Administrative Offices; and
3. within 30 days of unemployment; or
4. as soon as reasonably possible.

Upon Our request, You will be required to give proof of Your continuing involuntary unemployment.

Legal Action: No action at law or in equity may be brought:

1. before 60 days after We receive Proof of Loss; or
2. more than 5 years after the time limit for Proof of Loss.

PREMIUM PROVISIONS

Premiums: The premium for this insurance is payable in the mode or frequency in which the Protected Program's payment obligation is payable.

If the Protected Program's payment obligation is subject to any change during the term of this certificate, the premium amount for coverage under this program may increase or decrease. However the premium rate will remain the same.

The premium will be included in the benefit during any claim period.

Refunds: Any unearned premium refund will be calculated using the Pro-Rata method.

Premium Rate Change: We reserve the right to increase or decrease the premium for coverage issued under the group master policy:

1. at the end of the policy year;
2. on any premium due date thereafter; and
3. not more than every 6 months.

We will give 30 days written notice prior to any rate change.

DEFINITIONS

"Age" - Your Age at the last birthday as shown in Your application for insurance.

"Effective Date" - the date this certificate is put In Force.

"Employment Income" - salary, fees or wages.

"Group Policyholder" - [Trustee] or the legal entity in whose name this Policy is issued as shown on the Schedule.

"He", "His", and "Him" - refer to both genders.

"Insured's Grace period" - the 90 days after the date a premium is due. Payment within this period will keep the insurance In Force.

"Illness" - means a disease that:

1. causes the abnormal function of: a) an organ; b) system of the body; or c) the whole body;
2. is caused by a: a) pathogenic change; or b) physiological disturbance; and
3. results in: a) disability resulting in involuntary unemployment; or b) death.

"In Force" - the group master policy or this certificate is in effect, premiums are paid and all conditions are met.

"Injury" - accidental bodily Injury which:

1. results from an accident directly and independently of all other causes;
2. occurs after the Effective date of coverage for such Injury; and
3. results in: a) disability resulting in involuntary unemployment; or b) death.

"Insured" - The person named as primary under the Protected Program:

1. who is a member of the Group Policyholder's group; and
2. who is insured by the group master policy.

Only one individual is Insured per certificate.

"Lapse" - the insurance is no longer In Force; the premium was not paid by the end of the grace period.

"Maximum Monthly Benefit Amount" - Is the amount of benefit including the cost of insurance to be paid in the event of a covered loss per benefit period.

"Member" - the person who is a member of the Group Policyholder's group.

"Maximum Number of Monthly Benefit Payments (per benefit period)" - Is the maximum number of monthly benefits to be paid for each period of unemployment.

"Proceeds" - the monthly amount We will pay as a benefit.

"Proof of Loss" - a properly completed claim form, plus written proof acceptable to Us.

"Protected Program" - the program for which this certificate provides coverage.

"We," "Us," and "Our" - American Bankers Insurance Company of Florida

"You" and "Your" - the Insured.

DISABILITY INSURANCE PROVISIONS

Disability insurance benefit: We will pay the Proceeds shown on Your application for insurance, if You become totally disabled as a result of an Injury or Illness and:

1. if You applied for this benefit;
2. if such application for insurance was approved;
3. if the premium was paid;
4. as stated in the "Benefit" provision; and
5. subject to the provisions of this Certificate.

We must have received proof that You:

1. became totally disabled while Insured;
2. have been totally disabled for 30 consecutive days; and
3. have received routine health care.

Benefit: The maximum monthly benefit amount is shown in Your application for insurance. The maximum monthly benefit amount, the term of coverage, the maximum number of monthly benefit payments per benefit period, and the premium amount are also shown in Your application for insurance. We will pay the Proceeds for Your disability after the 30-day waiting period and beginning with the 1st day of disability. The Proceeds will cease when You are no longer disabled as defined in the certificate, or the maximum number of monthly benefit payments for that period of disability has been paid (see the Re-eligibility For Benefits provision for information on additional periods of disability). The Proceeds will be paid monthly to the Group Policyholder and may not be assigned.

For each day of disability, benefits will be calculated at 1/30th of the monthly benefit.

Re-eligibility For Benefits: You will be re-eligible for benefits after the completion of payments for a period of disability under a disability claim if You have been working:

1. for salary or wages at least 30 hours a week; and
2. at least 90 consecutive days.

If You incur another loss within 90 days following a paid prior loss, then the new period of loss will:

1. not be subject to another waiting period;
2. be considered a continuation of the preceding period of loss; and
3. be subject to the unused portion of the maximum number of monthly benefit payments for the prior period of disability.

Exclusions: No benefits will be paid for disability caused by:

1. normal pregnancy or childbirth; or
2. preexisting Illness as described in the "Definitions" section.

Proof of Disability: During the initial period of disability, You will have Your attending physician or surgeon submit a statement that You are:

1. totally disabled; and
2. unable to resume employment because of the described disability.

Upon Our request, You will give proof of Your continuing disability.

GENERAL PROVISIONS FOR DISABILITY

Consideration: This certificate is issued on the basis of:

1. Your application for insurance; and
2. the payment of the first premium.

Eligibility for Insurance: To be eligible for this insurance, on the Effective date You must:

1. be a member of the Group Policyholder's group;
2. be at least 18 years of Age; and
3. not be projected to reach the age of [65] before the plan is scheduled to be repaid.

Misstatement of Age: If You misstate Your Age, Our liability is limited to a refund of premium if You:

1. are under 18 on the Effective Date; or
2. will be [65] years of age or over on the date the plan is scheduled to be repaid.

Term of Individual Insurance: Coverage under this certificate will begin on the Effective Date shown in Your application for insurance.

The term of this insurance:

1. is monthly;
2. begins on Your Effective Date;
3. may be renewed by the payment of premiums; and
4. ends:
 - a. on the last day of the month following Your [65th] birthday; or
 - b. when the group master policy terminates; or
 - c. when You are no longer a member of the Group Policyholder's group; or
 - d. when You stop paying the monthly premium; or
 - e. when the Group Policyholder stops paying the monthly premium; or
 - f. 30 days after notice of cancellation:
 - 1) by You; or
 - 2) by Us.

For item 4.f. above:

1. You must:
 - a. give notice:
 - 1) to Us at Our Administrative Offices; or
 - 2) to the Group Policyholder;
 - b. state when such cancellation is effective; and
 - c. provide notice within 30 days of the requested Effective date of cancellation; and
2. We must mail written notice to You:
 - a. at least 30 days in advance; and
 - b. to Your last known address.

If the certificate is cancelled by Us, such cancellation will not affect any claim then in progress or for which We are liable at the time of such cancellation. We will not be liable for losses that begin after the Effective Date of cancellation.

We will honor all valid claims that arise prior to the termination date.

Renewability: This insurance coverage will remain In Force with the continuation of the Insured's payment of the required premiums.

Insured's Grace Period: We allow 90 days after the due date for the payment of any premium except the first. This certificate stays In Force during this grace period. If the premium is not paid by the end of the grace period, this certificate will Lapse. If You die during the grace period, one monthly premium will be deducted from the Proceeds paid.

Conformity with state statutes: Any provision of this Certificate which, on its Effective date, is in conflict with the statutes of the state in which it was issued is changed to conform to the minimum standards of those statutes.

Incontestability: Except for nonpayment of premium, We will not contest this insurance:

1. after it has been In Force for two years during Your lifetime; and
2. during the first two years it is In Force, unless the contest is based on a statement in a written application for insurance signed by You.

Except in the case of fraud, all statements made by the Policyholder or in Your application for insurance are deemed to be:

1. representations; and
2. not warranties.

Physical Exams: We have the right and opportunity to make an exam:

1. by a physician of Our choice;
2. at Our own expense;
3. while a claim is pending or being paid; and
4. at reasonable intervals.

Time of payment of claims: Upon receipt of proof acceptable to Us, We will pay the proceeds for the Insured's disability after the 30 day waiting period and beginning with the 1st day of disability.

Notice of claim: Written notice of claim must be given to Us within 30 days from the date of loss.

Notice may be given to Us:

1. at Our Administrative Offices; or
2. through one of Our authorized agents; or
3. through the Group Policyholder.

Claim forms: Claim forms will be given to the claimant:

1. for filing Proof of Loss; and
2. within 15 days after We receive notice of claim.

If We do not do so, the claimant can comply with the requirements for filing Proof of Loss by giving Us this proof within the term fixed on the "Proof of Loss" provision.

Proof of Loss: Written Proof of Loss:

1. must be furnished to Us at Our Administrative Offices; and
2. should be furnished within 90 days after the period for which We are liable.

Failure to furnish the proof within that time will not invalidate or reduce the claim if proof is furnished as soon as is reasonably possible.

Legal action: No action at law or in equity may be brought:

1. before 60 days after We receive Proof of Loss; or
2. more than 5 years after the time limit for Proof of Loss.

PREMIUM PROVISIONS

Premiums: The premium for this insurance is payable in the mode or frequency in which the Protected Program's payment obligation is payable.

If the Protected Program's payment obligation is subject to any change during the term of this certificate, the premium amount for coverage under this program may increase or decrease. However the premium rate will remain the same.

The premium will be included in the benefit during any claim period.

Refunds: Any unearned premium refund will be calculated using the Pro-Rata method.

Premium Rate Change: We reserve the right to increase or decrease the premium for coverage issued under the group master policy:

1. at the end of the policy year;
2. on any premium due date thereafter; and
3. not more than every 6 months.

We will give 30 days written notice prior to any rate change.

DEFINITIONS

"Age" - Your Age at the last birthday as shown in Your application for insurance.

"Effective date" - the date this certificate is put In Force.

"Group Policyholder" - [Trustee] or the legal entity in whose name this Policy is issued as shown on the Schedule.

"He", "His" and "Him" - refer to both genders.

"Health care" - means:

1. medical advice;
2. medical diagnosis; or
3. regular treatment.

Health care must be received from a licensed physician other than the insured.

"Insured's Grace period" - the 90 days after the date a premium is due. Payment within this period will keep the insurance In Force.

"Illness" - means a disease that:

1. causes the abnormal function of: a) an organ; b) system of the body; or c) the whole body;

2. is caused by a: a) pathogenic change; or b) physiological disturbance; and
3. results in: a) total disability; or b) death.

"In Force" - the group master policy or this certificate is in effect, premiums are paid and all conditions are met.

"Injury" - accidental bodily Injury which:

1. results from an accident directly and independently of all other causes;
2. occurs after the Effective Date of coverage for such Injury; and
3. results in: a) total disability; or b) death.

"Insured" - The person named as primary under the Protected Program:

1. who is a member of the Group Policyholder's group; and
2. who is Insured by the group master policy.

Only one individual is insured per certificate.

"Lapse" - the insurance is no longer In Force; the premium was not paid by the end of the grace period.

"Maximum Monthly Benefit Amount" - Is the amount of benefit including the cost of insurance to be paid in the event of a covered loss.

"Member" - the person who is a member of the Group Policyholder's group.

"Maximum Number of Monthly Benefit Payments (per benefit period)" - Is the maximum number of monthly benefits to be paid for each period of disability.

"Protected Program" - The program for which this certificate provides coverage.

"Preexisting Illness" - means a disease, Illness or physical condition which:

1. within twelve months before this certificate's Effective date required You to seek health care; and
2. caused the disability within twelve months after this certificate's Effective Date.

Disability from a preexisting Illness starting twelve months after this certificate Effective Date will be covered.

"Proceeds" - means the monthly amount We will pay as a benefit.

"Proof of loss" - a properly completed claim form, plus written proof acceptable to Us.

"Totally disabled" or "disability" - means You are under the regular care and attention of a licensed physician other than Yourself and You are unable to perform the regular duties of any occupation that You are reasonably qualified for by: a) education; b) training; or c) experience.

Disability will be computed from the first visit with the physician.

"We", "Us" and "Our" - American Bankers Insurance Company of Florida.

"You" and "Your" - the Insured.


SECRETARY


PRESIDENT

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

[A Stock Insurance Company]

Administrative Office: [11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]

APPLICATION FOR INSURANCE

INSURED'S NAME:		CASE / CERTIFICATE NUMBER:	
INSURED'S ADDRESS:			
DATE OF BIRTH / /		AGE	DAYTIME PHONE NUMBER ()
MAXIMUM MONTHLY BENEFIT AMOUNT: \$	MAXIMUM NUMBER OF MONTHLY BENEFIT PAYMENTS (PER BENEFIT PERIOD):	TERM OF COVERAGE IN MONTHS: [(EQUAL TO THE TERM OF THE REPAYMENT PLAN)]:	
PREMIUM AMOUNT: \$	[GROUP MASTER POLICY HOLDER] NAME:	[TRUSTEE] NUMBER:	EFFECTIVE DATE OF COVERAGE (Date of Confirmation or Modification):

READ CAREFULLY AND CHECK YES OR NO:

1. Are you employed by another, as opposed to being self-employed? Yes No
2. Have you been employed for at least 90 consecutive days and for the same employer? Yes No
3. Do you work at least 30 hours per week in a non-seasonal occupation? Yes No
4. Is it true that you will not reach age [65] before the [Chapter 13] plan is completed? Yes No
5. Is the monthly repayment amount equal to or less than \$1,000? Yes No

If you answered no to any of the above questions, you are not eligible for Insurance coverage.

THE PURCHASE OF THIS COVERAGE IS COMPLETELY VOLUNTARY [AND HAS NOT BEEN MADE A CONDITION OF THE REPAYMENT PLAN].

THIS INSURANCE IS EFFECTIVE AS OF THE DATE YOUR REPAYMENT PLAN AND YOUR COVERAGE IS APPROVED BY THE COURT. IT IS NOT EFFECTIVE ON THE DATE THIS APPLICATION IS SIGNED.

INSURED'S SIGNATURE X	DATE / /
[LICENSED RESIDENT AGENT (WHERE REQUIRED)] X	DATE / /

AJ9231AH-0608

SERFF Tracking Number: ASPX-125738882 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: ML AR03121AIF01
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
Product Name: Bankruptcy Repayment Protection (BRP)
Project Name/Number: Bankruptcy Repayment Protection (BRP)/ML AR03121AIF01

Supporting Document Schedules

Satisfied -Name: Manual Page **Review Status:** Approved 08/12/2008
Comments:
Attachment:
Manual Page.PDF

Satisfied -Name: Rates **Review Status:** Approved 08/12/2008
Comments:
Attachments:
Rates.PDF
Rates.XLS

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/12/2008
Comments:
Attachments:
Form Filing Schedule.PDF
Property & Casualty Transmittal Document.PDF

American Bankers Insurance Company Of Florida

[A Stock Insurance Company]

Administrative Office: [11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]

Bankruptcy Repayment Protection Program

MANUAL PAGE - ARKANSAS

A. FORMS

- 1. Master Policy AJ9851PH-0708
- 2. Certificate Insurance..... AJ9852CH-0708
- 3. Application for Insurance AJ9231AH-0608

B. RATE

The rate will be 6.70% of the monthly scheduled payment.

American Bankers Insurance Company of Florida
Bankruptcy Repayment Protection Program

Rate Page

The rate will be 6.70% of the monthly scheduled payment.

American Bankers Insurance Company of Florida
NAME OF PRODUCT HERE

Expenses

Losses	50.0%
Commissions	25.0%
Premium Tax	3.0%
General Expenses	11.0%
<u>Other Acquisition Expenses</u>	<u>6.0%</u>
Total Losses and Expenses	95.0%
Underwriting Profit	5.0%

American Bankers Insurance Company of Florida
NAME OF PRODUCT HERE

Expenses

Losses	50.0%
Commissions	25.0%
Premium Tax	3.0%
General Expenses	11.0%
Other Acquisition Expenses	6.0%
<hr/>	<hr/>
Total Losses and Expenses	95.0%
Underwriting Profit	5.0%

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking #	ML AR03121AIF01
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2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Master Policy	AJ9851PH- 0708	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AJ9353PPC-0207	
02	Certificate	AJ9852CH- 0708	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AJ9354CPC-0207	
03	Application	AJ9231AH- 0608	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AJ9231AH-0706	
04	Manual Page	BR-MP-AR (07/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BR-MP-AR (09/06)	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Assurant, Inc. Group	0019			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Bankers Insurance Company of Florida	FL	10111	59-0593886	

5. Company Tracking Number	ML AR03121AIF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Deborah S. Reel 11222 Quail Roost Drive Miami, FL 33157	Contract Compliance Analyst	770-463-2047	770-859-4296	Deborah.reel@assurant.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Deborah S. Reel		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	33.0 Other Lines of Business		
10.	Sub-Type of Insurance (Sub-TOI)	33.0001 Other Personal Lines		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]			
12.	Company Program Title (Marketing Title)			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:	1 st of the month following 90 days	Renewal: N/A
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	July 17, 2008		
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

