

SERFF Tracking Number: AMMH-125811065 State: Arkansas
Filing Company: Southern Pioneer Life Insurance Company State Tracking Number: 40477
Company Tracking Number:
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
Product Name: Single Premium Credit Life & Disability
Project Name/Number: /

Filing at a Glance

Company: Southern Pioneer Life Insurance Company

Product Name: Single Premium Credit Life & Disability SERFF Tr Num: AMMH-125811065 State: ArkansasLH

TOI: CR04G Group Credit - Life	SERFF Status: Closed	State Tr Num: 40477
Sub-TOI: CR04G.003 Single Premium	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Joe Elms	Disposition Date: 10/15/2008
	Date Submitted: 10/07/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Other
Filing Status Changed: 10/15/2008	
State Status Changed: 10/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The attached filing is a group single premium credit life and credit disability product with a group policy, group policy application, certificate, certificate schedule/application and a prima facie rate schedule.

Company and Contact

Filing Contact Information

Joe Elms, Vice President FID

jelms@amig.com

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7000 Midland Blvd. (800) 759-9008 [Phone]
Amelia, OH 45102 (513) 388-5152[FAX]

Filing Company Information

Southern Pioneer Life Insurance Company CoCode: 74365 State of Domicile: Arkansas
7000 Midland Blvd Group Code: 127 Company Type: Life
Amelia, OH 45102 Group Name: American Modern Ins State ID Number:
Group
(800) 759-9008 ext. [Phone] FEIN Number: 62-0754973

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50.00 for forms
\$50.00 for rates
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southern Pioneer Life Insurance Company	\$50.00	10/07/2008	23002014

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/15/2008	10/15/2008

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Disposition

Disposition Date: 10/15/2008

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Southern Pioneer Life Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Submission Letter		Yes
Supporting Document	SERFF Transmittal Document		Yes
Form	Group Single Premium Credit Life & Disability Policy		Yes
Form	Group Single Premium Credit Life & Disability Policy Application		Yes
Form	Group Single Premium Credit Life & Disability Application/Schedule		Yes
Form	Group Single Premium Credit Life & Disability Certificate		Yes
Form	Group Single Premium Credit Life & Disability Underwriting Guidelines		Yes
Rate	Single Premium Credit Life & Disability Rate Sheet		Yes

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Form Schedule

Lead Form Number: AR-SPLD-P (09-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AR-SPLD-P (09-08)	Policy/Cont	Group Single ract/Fratern al & Disability Certificate	Initial		45	AR SPLIC Single Prem. Group Policy 09-08.pdf
	AR-SPLD-MPA (09-08)	Application/Group	Single Enrollment Form & Disability Application	Initial		60	AR SPLIC Single Prem. Group Pol. App. 09-08.pdf
	AR-SPLD-App/Sch (09-08)	Application/Group	Single Enrollment Form & Disability Application/Schedule	Initial		60	AR SPLIC Single Prem. Cert App & Sch 09-08.pdf
	AR-SPLD-C (09-08)	Certificate	Group Single Premium Credit Life & Disability Certificate	Initial		50	AR SPLIC Single Prem. Cert App & Sch 09-08.pdf
	AR-SPLD-UG (09-08)	Other	Group Single Premium Credit Life & Disability Underwriting Guidelines	Initial		45	AR SPLIC Single Prem. Underwriting Guide 09-08.pdf

Southern Pioneer Life Insurance Company

HOME OFFICE: Trumann, Arkansas
Mailing Address: P.O. Box 119, Cincinnati, Ohio 45201-0119 • (800) 482-9260
(Herein called "the Company", "We", "Us" or "Our")
in consideration of the application by

[ABC Bank, Any City, Arkansas]

(Herein called "Creditor" or "Group Policyholder")

for this Policy, and payment of the premium for each applicable coverage, agrees subject to the provisions and limits stated in this Policy and in each certificate of insurance ("Certificate") issued by the Creditor hereunder to pay benefits provided by the kind or kinds of insurance coverage evidenced by the Certificate and authorized by the Company from among the following:

1. Reducing Life Insurance: Insurance in a uniformly reducing amount on the life of the Insured Debtor, or on the joint lives of the Insured Debtor and Insured Co-Debtor.
2. Level Life Insurance: Insurance in a level stated amount on the life of the Insured Debtor, or on the joint lives of the Insured Debtor and Insured Co-Debtor.
3. Disability Insurance: Insurance on the Total Disability of the Insured Debtor (not available on Insured Co-Debtors).

The Company grants authority to the Creditor to issue the kinds of insurance indicated on the attached Group Policy Application.

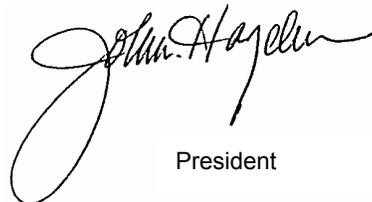
Minimum number of persons newly eligible anticipated each year: [100].

The provisions on the following pages are a part of this Policy.

SOUTHERN PIONEER LIFE INSURANCE COMPANY has signed this policy to take effect as of the Effective Date.



Secretary



President

CREDITOR'S POLICY OF GROUP INSURANCE COVERAGE
CREDIT LIFE - CREDIT DISABILITY
Single Premium
Non-Participating

DEFINITIONS

“Actively Employed” (Applicable to Disability Insurance Only) means that You are actively at work at a full time gainful occupation on the Effective Date of Insurance. “Full Time” means during a regular work week of not less than the number of hours shown in the Schedule for a period of not less than fourteen (14) consecutive days immediately prior to the Effective Date of Insurance. You shall be deemed to be actively at work if absent due solely to regular day off, holiday, or paid vacation.

“Balloon Amount” means the scheduled final payment of the Loan when such final payment is larger than the Scheduled Monthly Payment. This amount may include any residual value in a lease contract. The residual value is insurable only if the lessee is obligated to purchase the leased property at the end of the lease term. If the lessee has the option of purchasing the property or returning it, the residual value is not a Loan and cannot be insured.

“Creditor” means the lender of money or vendor or lessor of goods, services or property, for which payment is arranged through a credit transaction.

“Debtor” means a natural person (i.e., business entities, corporations, partnerships, associations, etc., are not eligible for this insurance) and includes borrowers of money, purchasers or lessees of goods, services or property for which payment is arranged through a credit transaction.

“Injury” means bodily injury caused by or resulting from an accident.

“Insured Debtor” means the first signer of the loan and will be referred to as “Insured Debtor,” “Debtor,” or “You.”

“Insured Co-Debtor” means the second signer of the loan and will be referred to as “Insured Co-Debtor,” “Co-Debtor,” or “Debtor.” The term “Insured Co-Debtor” means only a spouse, business partner, co-maker, guarantor or an endorser and such person must be jointly and severally liable for repayment of a single indebtedness and must be a joint signer of the instrument of indebtedness.

“Loan” means the loan obligation to the Creditor to which the Debtor and any Co-Debtor agree as of the Effective Date.

“Policy” means the written statement of a contract effecting insurance, or Certificates thereof, and including all riders, endorsements and papers attached thereto and made part thereof.

“Premium Charge” means the premium charge stated in the Certificate Schedule for each selected insurance coverage and computed by use of premium rates provided by the Company.

“Schedule” means the Application/Schedule attached to the Certificate, and each reference and heading used in the Schedule carries the same meaning throughout the Certificate as well as this Policy.

“Sickness” means an illness or disease.

“Term of Insurance” means the time period so identified in the Certificate Schedule and starts on the Effective Date.

“Total Disability” or “Totally Disabled” means Disability which begins while the coverage is in force and results from Sickness or Injury. During the first 12 consecutive months of Total Disability, You must be unable to perform the regular duties of the occupation You were engaged in at the time of loss. After the first 12 consecutive months of Total Disability, the definition changes and requires that You be unable to perform the regular duties of any occupation for which You are reasonably qualified by education, training or experience. You must be under the regular care and attendance of a licensed physician other than Yourself or a member of Your immediate family.

DELIVERY OF CERTIFICATES

The Company will furnish the Creditor with certificate of insurance forms to evidence one or more kinds of insurance coverage under this Policy. The Creditor shall deliver to each Debtor a Certificate to evidence the kind or kinds of insurance coverage for which the Debtor has applied, is eligible, and paid the premium charges.

The Creditor is not authorized to issue any Certificate for any insurance coverage which: (i) exceeds any limitations stated; (ii) the applicant, as known to the Creditor, is not eligible; (iii) the Premium Charges have not been paid; or (iv) no application by the Debtor and any Co-Debtor has been made. An Insured Debtor can void a certificate by giving Us written notice within 30 days of its receipt. The insurance will be deemed void from the start. We will refund all premiums paid for it.

Eligible Debtors will be issued coverage for which they: (i) are qualified; (ii) request the coverage which is designated in the Certificate Schedule; and (iii) have paid premiums for the coverage designated.

TO BE ELIGIBLE, each Debtor must (i) owe the Debt; (ii) have truthfully signed in person the Application for insurance; (iii) provide satisfactory proof of insurability and (iv) not exceed the Maximum Eligible Age stated in the Group Policy Application.

MAXIMUM AGE AND MISSTATEMENT OF AGE: No Debtor is eligible for this insurance if he will exceed the Maximum Eligible Age stated in the Master Policy Application. If the Debtor misstates his age and his correct age exceeds the age limit, no insurance under a certificate will take effect. We will return all premiums paid. If the Insured Co-Debtor misstates his age and his correct age exceeds the age limit, no Joint Life Insurance under a certificate will take effect. We will refund the difference between the Joint Life premium charge and the amount required to provide the Insured Debtor with Single Life Insurance. Single Life Insurance (and Disability Insurance if applicable) will remain in force on the Insured Debtor. If any Debtor correctly states his age as being over the age limit, We must refund the premiums within [90] days from the Effective Date and prior to a claim, or the insurance will remain in force.

RENEWAL OR REFINANCING OF THE DEBT: If Insured Debtor's and the Insured Co-Debtor's (if any) debt results from the renewal or refinancing of another debt that was insured under the Group Policy, We will not use the Limitations, Exclusions, Eligibility or Incontestability provisions in this Group Policy and the Certificate to deny benefits that would have been paid had the renewal or refinancing not happened.

WHEN INSURANCE TAKES EFFECT: If the Premium Charge has been paid, each kind of insurance coverage stated in the Certificate Schedule for which the Insured Debtor is eligible, and for which any Co-Debtor is eligible, takes effect on the Effective Date.

NOTICE REGARDING EARLY PAYOFF OF YOUR LOAN: To receive a refund or credit of any unearned premium that may be due, the Insured Debtor must give Us written notice of the early termination of his loan. Notice should be mailed to Us at P.O. Box 119, Cincinnati, Ohio 45201-0119, or to the You as the Creditor that sold the insurance. We have the right to require proof of the date of termination of the loan. If You or the Insured Debtor have a question as to how to obtain a refund, call (800) 482-9260, extension (9) 5652.

LIFE INSURANCE

AMOUNT OF LIFE INSURANCE (Subject to the Maximum Amount of Life Insurance stated in the Group Policy Application):

- (i) **Reducing Life Insurance:** If this coverage is in effect, the amount of life insurance in force is the Initial Insurance Amount shown in the Certificate Schedule until the due date of the first scheduled payment on the Loan. On that date and each scheduled payment date thereafter, the life insurance reduces by an equal amount. That amount is the Initial Insurance Amount divided by the number of scheduled payments in the Term of Insurance.
- (ii) **Level Life Insurance:** If this coverage is in effect, the amount of life insurance in force is the Initial Amount of Insurance stated.
- (iii) **Combination:** If both Reducing Life Insurance and Level Life Insurance are in effect, the amount of life insurance in force is the sum of the amounts of life insurance determined in (i) and (ii) above. This sum must not exceed the Maximum Amount of Life Insurance.

WHAT WE WILL PAY:

Single Life Insurance Benefit: If the Debtor dies while Single Life Insurance is in effect, We will pay the amount of life insurance in force at the time of his death, upon receipt of due proof of loss.

Joint Life Insurance Benefit: If the Insured Debtor and/or Insured Co-Debtor die while Joint Life Insurance is in effect, We will pay, upon receipt of due proof of loss, the amount of life insurance in force at the time of death of the first to die. Only one death benefit is payable under the Debtor's certificate of insurance.

WHAT WE WILL NOT PAY.

Suicide: If the Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to all life insurance premium paid plus any unearned disability premium as of the date of death. All coverage under the Debtor's Certificate will stop on the date of death. If Joint Life is elected and the Co-Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to the difference between the Joint Life Insurance premium charged and the amount of premium required to provide the Debtor with Single Life Insurance coverage. All coverage on the Debtor will remain in force.

Flight in Non-Scheduled Aircraft: We will not pay a life claim if the Insured Debtor or Insured Co-Debtor's death results from flight in a non-scheduled aircraft.

TOTAL DISABILITY INSURANCE

(On Insured Debtor only - Insured Co-Debtor is not covered)

AMOUNT OF DISABILITY INSURANCE (Subject to the Maximum Amount of Disability Insurance stated in the Group Policy Application):

If this coverage is in effect, the amount of disability insurance in force is the amount equal to the Monthly Benefit times the Term of Insurance, not to exceed the Maximum Amount of Disability Insurance shown in the Schedule.

WHAT WE WILL PAY:

Disability Benefit: If this coverage is in effect, the amount of the Disability Benefit will be the lesser of the Maximum Monthly Disability Benefit or the Monthly Benefit shown in the Certificate Schedule. Upon receipt of notice and due proof of loss, We will pay a Disability Benefit for each calendar month of incurred Disability. Benefits for less than a calendar month will be calculated at 1/30th of the Disability Benefit for each day of covered disability. Total Disability must continue, without interruption, for the number of days shown in the Waiting Period. Benefits are payable as either Retroactive or Non-Retroactive. Retroactive benefits begin on the first day of Total Disability after the scheduled Waiting Period. Non-Retroactive benefits begin on the day after the scheduled Waiting Period. Disability Benefits end when: (i) the Debtor is no longer Totally Disabled; or (ii) benefits are paid to the end of the Term of Insurance; or (iii) a death benefit is paid.

Balloon Coverage: If the Insured Debtor's debt includes a balloon payment (a payment that is larger than the others) that is scheduled to be paid during the term of insurance, the balloon payment will only be insured for an amount equal to the Monthly Disability Benefit.

WHAT WE WILL NOT PAY:

Total Disability Not Covered: We will not pay a disability claim if the Insured Debtor's Total Disability is caused by or results from: (i) normal pregnancy; (ii) intentionally self-inflicted injury; (iii) foreign travel or residence; (iv) flight in a non-scheduled aircraft; (v) war or military service; or (vi) pre-existing illness, disease or physical condition for which You received medical advice, consultation, diagnosis or treatment during the six month period immediately preceding the Effective Date and which caused Your Total Disability to commence within six months after the Effective Date.

GENERAL PROVISIONS

Amounts Not Covered:

- (i) **Maximums:** No insurance coverage will be issued to the Insured Debtor, or the Insured Co-Debtor, which exceeds the maximums stated in the Certificate Schedule or which exceeds the amount of the Debt. Such insurance never takes effect and We will refund any premium paid for it. Insurance on any person insured under the Group Policy, whether insured under one or more certificates, shall not exceed the Maximum Amount of Life Insurance or the Maximum Monthly Disability Benefit stated in the Certificate Schedule. The excess insurance shall be void, and any insurance charge to the Debtor for such excess will be refunded.
- (ii) **Partial Life Coverage:** If the Initial Amount of Insurance is less than the Amount Financed, the Life Insurance Benefit may not completely pay off the Debt. See "Amount of Life Insurance".
- (iii) **Partial Disability Coverage:** If the Disability Benefit is less than the Monthly Payment, this insurance will not completely cover the Debt. The Insured Debtor will be responsible for any uninsured portion of his Monthly Payment.
- (iv) **Debt Increases:** This insurance does not cover late charges or any other amount added to the Debt after the Effective Date.

Incontestability: The Certificate, the attached Application for Insurance, and the Group Policy are the complete contract of insurance. No statement can be used to void the Certificate unless it is in the signed Application for Insurance. In the absence of fraud, the Certificate shall be incontestable after it has been in force for two years during the lifetime of the Debtor and prior to the time a claim arose. No statement relating to insurability shall be used to contest the insurance after the expiration of such two year period. All statements made by the Debtor shall be deemed representations and not warranties.

Rules for Filing a Claim: Written notice of a claim must be furnished within 30 days after the loss occurs or as soon as reasonably possible. We will send a claim form within 15 days. If We do not send it within 15 days, the claimant can: (i) if filing a life claim, send Us a certified copy of the death certificate with a written statement regarding the death; or (ii) if filing a disability claim, send Us written proof signed by a licensed physician of the Total Disability including the date, cause and seriousness. The Insured Debtor is required to give Us written proof of his continuing Total Disability at reasonable intervals.

Proofs of Loss: Written proof of loss must be furnished to Us at Our office in case of claim within 90 days after the start of the period for which We are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Who We Will Pay: Benefits are payable to the Creditor, its successors, or assigns to pay off or reduce the Debt. If benefits exceed the balance of the Debt, the difference will be paid to the Insured Debtor, if living and to the Second Beneficiary if the Insured Debtor is deceased. If Joint Life Insurance is in effect, benefits are payable to the survivor between the Insured Debtor and the Insured Co-Debtor. If both die within 10 days of each other, benefits are payable to the Insured Debtor's Estate.

When Insurance Stops: The Insured Debtor has the right to cancel this insurance at any time. He must make His cancellation request in writing to Us in order for it to take effect. If He notifies You rather than Us of His desire to cancel this insurance, then You must provide Us with written notice of the cancellation in order for it to take effect. All insurance under a certificate shall terminate on the earliest of the following: (1) the date of the Insured Debtor's cancellation request; (2) the end of the Term of Insurance shown in the Insured Debtor's Certificate Schedule; (3) the date the insured Debt is paid in full; (4) the date the insured Debt is renewed or refinanced; (5) the date the Creditor repossesses the insured Debt's collateral; (6) the date the insured Debt is legally determined to be in default; (7) upon the death of the Insured Debtor; (8) upon payment of a death benefit; or (9) the date the insured Debt otherwise stops. Termination of coverage shall be without prejudice to any claim incurred prior to termination.

Refunds: If the insurance stops before the end of the Term of Insurance, We will on written notice refund any unearned premium. We will pay it to the Creditor to reduce or pay off the Debt. Any remainder will be paid to the Insured Debtor. For the purposes of determining months expired, no charge will be made for the first 15 days of a loan month. A full month will be charged for 16 days or more of a loan month. Refunds of less than \$2.00 will not be made. Refunds will be

computed as of the date the insurance stops: (i) by the Rule of 78 method for Decreasing Life and Total Disability Insurance; and (ii) by the Pro-rata method for Level Life. If We pay a Life Insurance benefit, the Life premium is deemed fully earned and any unearned Total Disability premium will be refunded. If during a claim for total disability benefits We elect to pay off the Insured Debtor's loan, the Disability premium shall be fully earned and any unearned Life premium will be refunded.

Legal Action: An Insured Debtor cannot start any legal action until 60 days after he sends Us proof of loss. He cannot start any legal action more than three years after proof of loss is due.

Gender Usage: When a pronoun is used in the male gender (i.e., he, his, him), it should be understood to include the female gender, unless the context clearly indicates otherwise.

Physical Examination and Autopsy: We have the right to examine the Insured Debtor's person at Our expense as often as is reasonably required while a disability claim is pending. We also may request an autopsy be made at Our expense if it is not forbidden by law.

Premiums: Premium Charges for each kind of insurance coverage provided with respect to each Debt will be computed at the rates shown on the attached Rate Schedule(s) for the full term of such insurance on the initial amount thereof. Each such Premium Rate is based upon the plan of payment of the Debt. The Creditor agrees to furnish the Company with all data necessary to determine each of the Premium Charges payable hereunder and, upon request, to permit the Company to examine the relevant books and records of the Creditor at any time. All Premiums for such insurance will be due and payable in full by the Creditor on the [10th] -day of the calendar month immediately following the calendar month in which such insurance became effective. No charge for insurance hereunder will be made by the Creditor to any Insured Debtor in excess of the Premium Charge payable by the Creditor.

Grace Period: A grace period of 31 days, without interest charges, will be allowed for the payment of each premium. If any premium is not paid within this grace period, this Policy shall terminate at the end of this grace period, unless earlier terminated as provided under Terms of the Policy.

Currency: All money payable under this Policy to or by the Company is payable in the lawful currency of the United States of America.

Terms of the Policy: This Policy will take effect on the Effective Date shown on the first page, and will remain in force until terminated by either of the parties as herein stated. In any year the number of insured Debtors newly insured will not be less than the minimum number of persons newly eligible for insurance anticipated each year as shown on the first page. This Policy may be terminated at any time and for any reason by the Creditor by giving 30 days written notice to the Company at its Administrative Office or by the Company giving 30 days written notice to the Creditor at its address last known to the Company. No insurance will be effective with respect to any Debt incurred before the Effective date or on or after any termination of this Policy, but this Policy will remain in effect and all provisions will continue to apply to any Insured Debtor or Insured Co-Debtor with respect to any Debt incurred after the Effective Date and prior to such termination.

Authority: No agent has the authority to change or amend the provisions or exceed the maximum limits stated in the Certificate Schedule.

Changes: This Policy may be amended at any time, without the consent of any Insured Debtor or Insured Co-Debtor insured hereunder, but no amendment or alteration of the Policy and no waiver of any of its provisions shall be valid unless made in writing and signed by an officer of the Company.

Conformity with State Statutes: Any part of the Group Policy which on the Effective Date of the Group Policy conflicts with the statutes of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes.

Non-Participating: This Policy shall not be entitled to share in any of the Company's profits or surplus.

APPLICATION is Hereby Made to
Southern Pioneer Life Insurance Company

Home Office: Trumann, Arkansas
Mailing Address: P.O. Box 119, Cincinnati, Ohio 45201-0119 • (800) 482-9260
(Herein Called the "Company", We", "Us", or "Our")
by

[ABC Bank] [6789 Lender Road, Any City, Arkansas 00000]
(Herein called the Creditor) (Address)

for a group policy (called Policy) to provide insurance for persons who are or who will become indebted to the Creditor.
CLASSES TO BE INSURED. The classes of indebtedness to be insured are as follows:

INSURANCE PROVIDED. The Company will provide the type(s) of insurance indicated below, subject to the terms and limitations of the Policy:

Life Insurance (check plans desired)	Premium Rates (per 12 months)
<input checked="" type="checkbox"/> Single Gross Reducing	\$ <u>0.65</u> per <u>\$100</u>
<input checked="" type="checkbox"/> Joint Gross Reducing	\$ <u>1.10</u> per <u>\$100</u>
<input checked="" type="checkbox"/> Single Level	\$ <u>1.20</u> per <u>\$100</u>
<input checked="" type="checkbox"/> Joint Level	\$ <u>2.04</u> per <u>\$100</u>

Disability Insurance (check plans desired) Plan	Premiums Rates
<input checked="" type="checkbox"/> 14 day Retroactive	\$ _____ per <u>see attached rate sheet</u>
<input checked="" type="checkbox"/> 14 day Elimination	\$ _____ per <u>see attached rate sheet</u>
<input checked="" type="checkbox"/> 30 day Retroactive	\$ _____ per <u>see attached rate sheet</u>
<input checked="" type="checkbox"/> 30 day Elimination	\$ _____ per <u>see attached rate sheet</u>

LIMITATIONS OF LIFE INSURANCE: *See attached Underwriting guidelines.*

LIMITATIONS OF DISABILITY INSURANCE: *See attached Underwriting guidelines*

COLLECTION OF PREMIUMS: Premiums are to be collected by the Creditor from the Debtors as a Single Premium collected in advance for the full term of insurance.

REMITTING OF PREMIUMS. The Creditor shall remit premiums collected from the Debtors to the Company on a Single Premium basis collected in advance for the full term of insurance.

ELIGIBILITY AGE: *See attached Underwriting guidelines.*

TERMINATION AGE: *See attached Underwriting guidelines.*

SPECIAL PROVISIONS: *See attached Underwriting guidelines.*

EFFECTIVE DATE. If this application is accepted by the Company, the Policy shall be effective from 12:01 AM, Standard Time, at the Creditor's address, on the [1st] day of [September], 20[08], for the term of one year and unless discontinued as provided herein, this Policy shall be automatically renewed from year to year upon payment of premiums as provided herein.

Dated at: Any City, Arkansas this [1st] day of [September], 20[08]

[I.B. Agent]
Witness
[Agent]
Title

[ABC Bank, Any City, Arkansas]
Creditor
[/s/ Thomas Banker], Vice President]
Title

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.

Southern Pioneer Life Insurance Company

Trumann, Arkansas

Mailing Address: P.O. Box 119, Cincinnati, Ohio 45201-0119 • (800) 482-9260

CREDIT INSURANCE UNDERWRITING GUIDELINES

Credit Life Insurance:

Birthdate	Maximum Amount	Level Term	Decreasing Term	Medical Requirement
18-59	\$100,000	84 mos.	120 mos.	Signed Application
60-65	\$ 50,000	60 mos.	72 mos.	Signed Application *
66-69	\$ 20,000	24 mos.	48 mos.	Signed Application *

ALL CREDIT LIFE CERTIFICATES MUST EXPIRE BY INSURED'S 71ST BIRTHDAY

Disability Insurance with Credit Life Insurance:

Birthdate	Maximum Amount	Maximum Term	Medical Requirement
18-59	\$1,000 / mo.	72 mos.**	Signed Application
60-65	\$750 / mo.	60 mos.	Signed Application*

Disability Insurance only:

Birthdate	Maximum Amount	Maximum Term	Medical Requirement
18-49	\$1,000 / mo.	72 mos.**	Signed Application
50-65	\$750 / mo.	72 mos.	Health Questionnaire***

* Health questionnaire required on all policies where applicant is over 60 years of age and amount exceeds \$25,000.

** Maximum disability benefits shall not exceed \$50,000 as to term and monthly indemnity.

*** Health questionnaire required on all disability only certificates when customer is age 50 or above.

No disability insurance written unless applicant is employed a minimum of 30 hours per week.

SERFF Tracking Number: AMMH-125811065 State: Arkansas
 Filing Company: Southern Pioneer Life Insurance Company State Tracking Number: 40477
 Company Tracking Number:
 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
 Product Name: Single Premium Credit Life & Disability
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: prima facie
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 10/23/2008
Filing Method of Last Filing: new

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Southern Pioneer Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: AMMH-125811065 State: Arkansas
 Filing Company: Southern Pioneer Life Insurance Company State Tracking Number: 40477
 Company Tracking Number:
 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
 Product Name: Single Premium Credit Life & Disability
 Project Name/Number: /

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Single Premium Credit Life & Disability Rate Sheet	AR-SPLD-P (09-08), AR-SPLD-C (09-08), AR-SPLD-MPA (09-08), AR-SPLD-App/Sch (09-08)	New		AR SPLIC Single Prem. Rate Sheet 09-08.pdf

Southern Pioneer Life Insurance Company Arkansas

Credit Life - Credit Disability Rates

Credit Life Rates - Per \$100 per year

Single Decreasing Life	0.65
Joint Decreasing Life	1.10
Single Level Life	1.20
Joint Level Life	2.04

Credit Disability Rates - Per Initial \$100 of Insured Indebtedness

Number of Monthly Installments	Nonretroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
	Nonretroactive	Nonretroactive	Retroactive	Retroactive	Retroactive
1	0.13	--	0.58	0.40	--
2	0.42	0.13	1.01	0.81	0.56
3	0.68	0.35	1.34	1.12	0.91
4	0.90	0.53	1.60	1.36	1.17
5	1.08	0.70	1.82	1.55	1.38
6	1.24	0.85	2.01	1.71	1.54
7	1.37	0.98	2.18	1.86	1.69
8	1.50	1.09	2.32	1.98	1.82
9	1.61	1.20	2.46	2.10	1.94
10	1.71	1.30	2.58	2.20	2.04
11	1.81	1.39	2.69	2.30	2.14
12	1.89	1.48	2.79	2.39	2.23
13	1.97	1.56	2.89	2.47	2.32
14	2.05	1.63	2.98	2.55	2.40
15	2.12	1.70	3.06	2.62	2.47
16	2.19	1.77	3.14	2.69	2.55
17	2.26	1.83	3.22	2.76	2.61
18	2.32	1.89	3.29	2.82	2.68
19	2.38	1.95	3.36	2.88	2.74
20	2.44	2.01	3.43	2.94	2.80
21	2.49	2.07	3.50	3.00	2.85
22	2.55	2.12	3.56	3.05	2.91
23	2.60	2.17	3.62	3.11	2.96
24	2.65	2.22	3.68	3.16	3.02
25	2.70	2.27	3.74	3.21	3.06
26	2.75	2.32	3.79	3.26	3.12
27	2.80	2.37	3.85	3.31	3.16
28	2.84	2.41	3.90	3.35	3.21
29	2.89	2.46	3.95	3.40	3.26
30	2.93	2.50	4.01	3.44	3.30
31	2.97	2.54	4.06	3.49	3.35
32	3.02	2.59	4.11	3.53	3.39
33	3.06	2.63	4.16	3.57	3.43

Credit Disability Rates - Per Initial \$100 of Insured Indebtedness

Number of Monthly Installments	Nonretroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
	Nonretroactive	Nonretroactive	Retroactive	Retroactive	Retroactive
34	3.10	2.67	4.21	3.61	3.47
35	3.14	2.71	4.25	3.65	3.51
36	3.18	2.75	4.30	3.69	3.55
37	3.22	2.79	4.35	3.73	3.59
38	3.26	2.83	4.39	3.77	3.63
39	3.30	2.86	4.44	3.81	3.67
40	3.34	2.90	4.48	3.85	3.71
41	3.37	2.94	4.52	3.89	3.75
42	3.41	2.98	4.57	3.92	3.78
43	3.45	3.01	4.61	3.96	3.82
44	3.48	3.05	4.65	3.99	3.85
45	3.52	3.08	4.69	4.03	3.89
46	3.55	3.12	4.73	4.06	3.93
47	3.59	3.15	4.77	4.10	3.96
48	3.62	3.18	4.81	4.13	4.00
49	3.65	3.22	4.85	4.17	4.03
50	3.69	3.25	4.89	4.20	4.06
51	3.72	3.28	4.93	4.23	4.10
52	3.75	3.32	4.97	4.27	4.13
53	3.79	3.35	5.00	4.30	4.16
54	3.82	3.38	5.04	4.33	4.19
55	3.85	3.42	5.08	4.36	4.22
56	3.88	3.44	5.11	4.39	4.25
57	3.91	3.47	5.15	4.42	4.29
58	3.94	3.50	5.18	4.45	4.32
59	3.97	3.54	5.22	4.49	4.35
60	4.00	3.57	5.26	4.52	4.38
61	4.03	3.60	5.30	4.55	4.41
62	4.06	3.63	5.34	4.58	4.44
63	4.09	3.66	5.37	4.61	4.47
64	4.12	3.69	5.41	4.64	4.50
65	4.15	3.72	5.45	4.67	4.53
66	4.19	3.75	5.49	4.71	4.57
67	4.22	3.78	5.52	4.74	4.60
68	4.25	3.81	5.56	4.77	4.63
69	4.28	3.84	5.60	4.80	4.66
70	4.31	3.87	5.64	4.83	4.69
71	4.34	3.90	5.67	4.86	4.72
72	4.37	3.93	5.71	4.89	4.75
73	4.40	3.96	5.75	4.92	4.78
74	4.43	3.99	5.79	4.95	4.81
75	4.46	4.02	5.82	4.98	4.84
76	4.48	4.05	5.86	5.00	4.87
77	4.51	4.08	5.90	5.03	4.90
78	4.54	4.11	5.94	5.06	4.93

Credit Disability Rates - Per Initial \$100 of Insured Indebtedness

Number of Monthly Installments	Nonretroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
	Nonretroactive	Nonretroactive	Retroactive	Retroactive	Retroactive
79	4.57	4.14	5.97	5.09	4.95
80	4.60	4.17	6.01	5.12	4.98
81	4.63	4.20	6.05	5.15	5.01
82	4.65	4.23	6.09	5.17	5.04
83	4.68	4.26	6.12	5.20	5.07
84	4.71	4.29	6.16	5.23	5.10
85	4.74	4.32	6.20	5.26	5.13
86	4.76	4.35	6.24	5.28	5.15
87	4.79	4.38	6.27	5.31	5.18
88	4.82	4.41	6.31	5.34	5.20
89	4.84	4.44	6.35	5.36	5.23
90	4.87	4.47	6.39	5.39	5.26
91	4.90	4.50	6.42	5.42	5.28
92	4.92	4.53	6.46	5.44	5.31
93	4.95	4.56	6.50	5.47	5.33
94	4.98	4.59	6.54	5.50	5.36
95	5.00	4.62	6.57	5.52	5.38
96	5.03	4.65	6.61	5.55	5.41
97	5.05	4.68	6.65	5.57	5.44
98	5.08	4.71	6.69	5.60	5.46
99	5.10	4.74	6.72	5.62	5.49
100	5.13	4.77	6.76	5.65	5.51
101	5.15	4.80	6.80	5.67	5.54
102	5.18	4.83	6.84	5.70	5.56
103	5.20	4.86	6.87	5.72	5.59
104	5.22	4.89	6.91	5.74	5.61
105	5.25	4.92	6.95	5.77	5.64
106	5.27	4.95	6.99	5.79	5.66
107	5.30	4.98	7.02	5.82	5.69
108	5.32	5.01	7.06	5.84	5.71
109	5.34	5.04	7.10	5.86	5.73
110	5.37	5.07	7.14	5.89	5.76
111	5.39	5.10	7.17	5.91	5.78
112	5.41	5.13	7.21	5.93	5.80
113	5.44	5.16	7.25	5.96	5.83
114	5.46	5.19	7.29	5.98	5.85
115	5.48	5.22	7.32	6.00	5.87
116	5.51	5.25	7.36	6.03	5.90
117	5.53	5.28	7.40	6.05	5.92
118	5.55	5.31	7.44	6.07	5.94
119	5.58	5.34	7.47	6.10	5.97
120	5.60	5.37	7.51	6.12	5.99

SERFF Tracking Number: AMMH-125811065 State: Arkansas
Filing Company: Southern Pioneer Life Insurance Company State Tracking Number: 40477
Company Tracking Number:
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
Product Name: Single Premium Credit Life & Disability
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/10/2008

Comments:

Attached are the required certification notices.

Attachment:

AR FleschCert.pdf

Review Status:

Satisfied -Name: Application 09/10/2008

Comments:

Applications to be used with the sumiotted Group Policy and Group Certificate are under the Form tab.

Review Status:

Satisfied -Name: Statement of Variability 10/06/2008

Comments:

Attached is the required Statemenmt of Variability.

Attachment:

AR STATEMENT OF VARIABILITY.pdf

Review Status:

Satisfied -Name: Submission Letter 10/07/2008

Comments:

Attached below mis our submission letter for this filing.

Attachment:

AR Submission Ltr 10-07-08.pdf

Review Status:

Satisfied -Name: SERFF Transmittal Document 10/07/2008

Comments:

An NAIC SERFF Transmitatl Document is attached.

Attachment:

SERFF Transmittal Doc SPLIC.doc

STATE OF ARKANSAS
SOUTHERN PIONEER LIFE INSURANCE COMPANY

This is to certify that AR-SPLD-P (09-08), et al (form number) meets the requirements of Rule and Regulation 19, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-SPLD-P (09-08), et al (form number) meets the requirements of Rule and Regulation 49, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-SPLD-P (09-08), et al (form number) meets the requirements of the Consumer Information Notice, as required under ACA 23-79-138 and Bulletin 11-88.

This is to further certify that AR-SPLD-P (09-08), et al (form number) meets the requirements for simplified policy forms as required by Section 66-3251 through 66-3258 of the Arkansas Insurance Code.

1. The Flesch Reading Ease Test Score for each form is shown below:
2. The form is printed, except for specifications page, schedules and tables, in not less than ten point type, one point leaded.
3. The text contains See below words.
4. Exception should be made for the following language or terminology:
For the following reasons: _____

5. The form was analyzed as follows: MicroPower

6. Related forms scored separately? Yes

The Flesch Reading Ease Test Score for these forms are as follows:

Form #	Form Description	Flesch Score	Words
<u>AR-SPLD-P (09-08)</u>	Group Credit Master Policy	45	3849
<u>AR-SPLD-MPA (09-08)</u>	Group Credit Master Policy Application	60	373
<u>AR-SPLD-C (09-08)</u>	Group Credit Certificate	50	2878
<u>AR-SPLD-App/Sch (09-08)</u>	Group Debtor Application/Schedule	60	570
<u>AR-SPLD-UG (09-08)</u>	Group Credit Underwriting Guideline	45	412

Southern Pioneer Life Insurance Company



Joe R. Elms, Vice President
October 7, 2008

ARKANSAS STATEMENT OF VARIABILITY

MASTER POLICY, Form AR-SPLD-P (09-08)

This is the Master Policy that will be used with each of the Debtor Applications and Debtor Certificates.

1. **Group Policy Number, Effective Date and Policyholder name:** will be customized for each Policyholder
2. **Terms of the Policy.** The number of days notice required prior to be given prior to termination may be extended in 15 day increments from 30 to 90 days.
3. **Signature.** The officer's signature locations are shown as a variable in the event that an officer change occurs.
4. **Premiums.** All premiums for insurance are due on the 10th day of the month but may be changed to a different date mutually agreeable by the Company and Creditor (Policy

MASTER POLICY APPLICATION, Form AR-SPLD-MPA (09-08)

This form will be issued in conjunction with the Master Policy (form AR-SPLD-P (09-08)), and will be used with each of the Debtor Application and Debtor Certificate.

1. **Creditor Name and Address:** Customized for each Creditor (Policyholder).
2. **Insurance Provided:** The type of life and/or disability coverage selected will vary based upon the requirement of the Creditor.
3. **Effective Date:** This will vary as per the effective date of the master policy. The Creditor name, address and signor of the application will change with each Creditor.

APPLICATION and SCHEDULE FORM AR-SPLD-App/Sch (09-08)

This application contains an actively-at-work statement for disability.

1. **Debtor and/or Co-Debtor, Date of Birth, Social security #:** This information is individualized for each Debtor.
2. **Loan/Certificate Number:** Customized for each Debtor.
3. **Group Policy #:** will be individualized for each Creditor Group Policyholder.
4. **Interest rate:** The interest rate will match the Debtor's loan interest rate for his loan obligation with the Creditor.
5. **Loan Officer Code:** will be a code number assigned by the Creditor to track the loan officer that offered credit insurance to the debtor.
6. **Creditor/First Beneficiary:** Will be the Creditor which is the irrevocable creditor beneficiary.
7. **Second Beneficiary:** The second beneficiary will be chosen by the debtor. If no second beneficiary is chosen, Estate of the Debtor will be used.
8. **Loan Term:** This is the loan term in months and will vary by the debtor's loan term.
9. **Insurance Term.** This is the insurance term of coverage chosen by the debtor. Will match the details of e individual debtor's loan.
10. **First Payment Date:** This is the date of the Debtor's first payment due on his loan obligation contract.
11. **Loan Amount:** This is the principal amount loaned to the debtor(s).
12. **Life Insurance Effective Date:** This is the date the debtor's life insurance is effective.
13. **Life Insurance Expiry Date:** This is the scheduled life insurance expiry date.
14. **Disability Insurance Effective Date:** This is the date the debtor's disability insurance is effective.
15. **Disability Insurance Expiry Date:** This is the scheduled disability insurance expiry date.
16. **Life Coverage:** Either single life or joint life coverage reducing term and/or level term life insurance is elected by the debtor to cover the debtor's loan obligation with life insurance.
17. **Disability Coverage:** Single disability coverage may be elected and the type of plan is selected, eith 14 or 30 day retroactive or non-retro-active coverage.
18. **Initial Amount of Life Insurance, Monthly Disability Benefit, Life Premium, Disability Premium and Total Premium:** This will depend on the coverage selected and the term and amount of the debtor's loan obligation covered by credit insurance.

19. **Credit Insurance Maximum Terms, Amounts and Ages:** The underwriting guidelines will be administered as written but may be modified at a later date if the Company changes their underwriting guidelines.
20. **Debtor and Co-Debtor Signature lines:** The appropriate debtor will sign where required for standard loan and when the customer has purchased level term insurance.

CERTIFICATE, Form AR-SPLD-C (09-08)

Page One

1. **Maximum Age and Misstatement of Age:** The age will never be less than that required by statute but may be increased upon the request of the Creditor.
2. **Refund of Premium when the Debtor correctly states his age as over the maximum:** We will refund the premium within 90 days, but may increase or decrease the term based on the requirements of the creditor.

UNDERWRITING GUIDELINE, Form AR-SPLD-UG (09-08)

1. The maximums shown in the guideline may be changed if the Company retention limit changes.



SOUTHERN PIONEER LIFE INSURANCE COMPANY

October 7, 2008

Ms. Linda Bird
Life & Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: **Southern Pioneer Life Insurance Company, NAIC # 74365
Policy Form & Rate Filing**

<u>Form Number</u>	<u>Description</u>
AR-SPLD-P (09-08)	Group Single Premium Credit Life & Disability Policy
AR-SPLD-MPA (09-08)	Group Single Premium Credit Life & Disability Policy Application
AR-SPLD-App/Sch (09-08)	Single Premium Credit Life & Disability Certificate Schedule/Application
AR-SPLD-C (09-08)	Group Single Premium Credit Life & Disability Certificate
AR-SPLD-RS (09-08)	Group Single Premium Credit Life & Disability Rate Schedule
AR-SPLD-UG (09-08)	Group Single Premium Credit Life & Disability Underwriting Guideline

Dear Ms. Bird:

The referenced forms are being submitted for your review and approval. These forms are new and are not intended to replace any form previously approved by your Department. All required transmittal certifications are enclosed. The submitted forms provide both credit life and credit disability written on a group basis to be written primarily through financial institutions.

Form AR-SPLD-P (09-08) is the group master policy that will be issued to the creditor. The provisions pertaining to the creditor master policyholder's rights and obligations are contained in the policy. Master policy application, form AR-SPLD-MPA (09-08), will be attached to the master policy at issue. The Creditor will select the various optional benefits contained in the Master Policy Application based on their specific lending requirements. The Creditor will select from the following coverages:

LIFE:

- a. Single and Joint coverage
- b. Reducing and/or Level Term

DISABILITY:

- a. 14 or 30 Day Retroactive coverage (Single coverage only)
- b. 14 or 30 Day Non-Retroactive coverage (Single coverage only)

Based on the Creditor's choices, customized applications and certificate will be issued to each insured Debtor. Application form AR-SPLD-App/Sch (09-08) contains an actively-at-work eligibility statement for disability only. The Application form also contains optional health questions with multiple options of material health conditions. Based upon the form requirements of each Creditor, the health questions will be customized by account.



Ms. Linda Bird
October 7, 2008
Page 2

Form AR-SPLD-C (09-08) is a group single premium credit life and disability certificate of insurance that will be issued to eligible debtors of the creditor. The certificate provides full term single and joint credit life, offered on a full or truncated basis. Single credit disability is also offered on a 14 or 30-day retroactive or non-retroactive basis.

Form AR-SPLD-RS (09-08) lists the proposed single premium life and disability rates we are submitting for approval. Form AR-SPLD-UG (09-08) is the Company's underwriting guideline that will be attached to the group policy application outlining the maximum terms and amounts the Company's will accept on any one insured debtor. The Company may revise the underwriting guideline from time to time.

All variable information is bracketed, and is more fully described in the attached Statement of Variability. Variable items will never be more than the maximum or less than the minimum required by your Department. Unless otherwise notified by you, we may vary the Schedule form format, (i.e., line spacing, form width, height, etc) to meet the system requirements of future accounts. No items will be added or deleted; only the format will vary.

Should there be any questions regarding this filing, do not hesitate to contact me. You may reach me by email at jelms@amig.com or by telephone at (800) 482-9260. You may also send a fax to (513) 388-5152.

Sincerely yours,

Joe R. Elms
Vice President

SERFF Tracking Number: *AMMH-125811065* *State:* *Arkansas*
Filing Company: *Southern Pioneer Life Insurance Company* *State Tracking Number:* *40477*
Company Tracking Number:
TOI: *CR04G Group Credit - Life* *Sub-TOI:* *CR04G.003 Single Premium*
Product Name: *Single Premium Credit Life & Disability*
Project Name/Number: /

Attachment "SERFF Transmittal Doc SPLIC.doc" is not a PDF document and cannot be reproduced here.