

SERFF Tracking Number: GBAC-125825805 State: Arkansas
Filing Company: Degree of Honor Protective Association State Tracking Number: 40432
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: DOH ULIVZ 2008
Project Name/Number: DOH ULIVZ 2008/

Filing at a Glance

Company: Degree of Honor Protective Association

Product Name: DOH ULIVZ 2008

SERFF Tr Num: GBAC-125825805 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 40432

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Mary Gardner

Disposition Date: 10/14/2008

Date Submitted: 10/01/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: DOH ULIVZ 2008

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: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/14/2008

Deemer Date:

State Status Changed: 10/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION - NAIC #57088 - FEIN #41-0216310

On behalf of Degree of Honor Protective Association, a fraternal benefit society incorporated under laws of the State of Minnesota, we are submitting the above-referenced individual life form and two accompanying riders for approval.

ULIVZF(AR) is a flexible premium adjustable death benefit life insurance policy. The minimum death benefit amount is

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\$25,000 for ages 0 through 54 and \$15,000 for ages 55 through 85. The new UL form replaces UL-95 approved by your department March 8, 1995.

The form will be illustrated.

MD 9-08 is a monthly disability benefit rider which replaces U-MD7-98 approved by your department November 17, 1998.

CTI-RDR-08 is a children's term insurance rider which replaces U-CTI-RDR-92 approved by your department June 16, 1993.

Junior Application APP JRF-06(AR) will be used with the form for ages 0-17 and was approved by your department September 5, 2006. Application APP ADULTF-06(AR) Rev. 6/06 will be used for ages 18+ (adult) and was approved by your department July 12, 2006.

The plan will be marketed by the Association's licensed agents, with no changes from current marketing practices.

The Flesch score for the forms submitted are certified as follows:

Form # Flesch Score
ULIVZF(AR) 57.10
MD 9-08 50.00
CTI-RDR-08 57.70

Mary Gardner
Compliance Coordinator

Company and Contact

Filing Contact Information

(This filing was made by a third party - griffithballardandco)

Mary Gardner, mgardner@lifebase.com

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100 First Avenue N.E. (319) 896-5970 [Phone]
Cedar Rapids, IA 52401 (319) 896-5979[FAX]

Filing Company Information

Degree of Honor Protective Association CoCode: 57088 State of Domicile: Minnesota
400 Robert Street N Group Code: Company Type: Fraternal
Suite 1600
St. Paul, MN 55101-2029 Group Name: State ID Number:
(651) 228-7600 ext. [Phone] FEIN Number: 41-0216310

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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: 1 form and accompanying riders \$150.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Degree of Honor Protective Association	\$150.00	10/01/2008	22856341

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/14/2008	10/14/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/14/2008	10/14/2008	Mary Gardner	10/14/2008	10/14/2008

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Disposition

Disposition Date: 10/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Analysis and Self Support Test		No
Supporting Document	Filing Authorization		Yes
Supporting Document	Illustration Certification		Yes
Supporting Document	Certification of Compliance Reg 19		Yes
Form	Flexible Premium Adjustable Death Benefit Life Insurance		Yes
Form	Monthly Disability Benefit Rider		Yes
Form	Children's Term Insurance Rider		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/14/2008
Submitted Date 10/14/2008

Respond By Date

Dear Mary Gardner,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/14/2008
Submitted Date 10/14/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Ms. Bird:

I have attached Certification of Compliance Rule and Regulation 34 per your objection of 10/14/08. This was inadvertently omitted from the original filing.

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Thank you,

Mary Gardner

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance Reg 19

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Mary Gardner

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Form Schedule

Lead Form Number: ULIVZF(AR)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ULIVZF(AR)	Policy/Cont	Flexible Premium ract/Fratern al Benefit Life Certificate Insurance	Initial		57	ULIVZF(AR).doc.pdf
	MD 9-08	Policy/Cont	Monthly Disability ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	MD 9-08.pdf
	CTI-RDR-08	Policy/Cont	Children's Term ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58	CTI-RDR-08.pdf



Degree of Honor Protective Association

A Fraternal Benefit Society

400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
651.228.7600 or 800.947.5812
degreeofhonor.org

DEGREE OF HONOR PROTECTIVE ASSOCIATION shall pay the death benefit proceeds of this Policy to the Beneficiary, subject to the provisions herein, upon receipt of proof of the Insured's death prior to the termination of this Policy. The death benefit proceeds are defined in Section 6. We also shall provide the other rights and benefits of this Policy.

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

THIS IS A LEGAL CONTRACT BETWEEN YOU, THE OWNER, AND DEGREE OF HONOR PROTECTIVE ASSOCIATION. READ YOUR POLICY CAREFULLY. If there is a question, or if there is a claim, contact Your agent or Our Home Office.

Executed by Degree of Honor Protective Association at Saint Paul, Minnesota, as of the Policy Date.


CHIEF EXECUTIVE OFFICER


CHIEF EXECUTIVE SECRETARY

RIGHT TO CANCEL. You may cancel this Policy by delivering or mailing a Written Request to Our agent or Our Home Office at Degree of Honor Protective Association, 400 Robert Street North, Suite 1600, Saint Paul, Minnesota 55101, and returning the Policy to Us or Our agent before midnight of the 30th day after the date You received the Policy. Notice given by mail and return of the Policy by mail are effective upon being postmarked, properly addressed and postage prepaid. We will return all premiums paid, including any fees or charges, for this Policy within ten days after We receive notice of cancellation and the returned Policy. If this occurs the Policy will be considered void from the beginning.

FLEXIBLE PREMIUM ADJUSTABLE DEATH BENEFIT LIFE INSURANCE

**Adjustable Death Benefit Payable Upon the Death of the Insured
Flexible Premiums Payable During the Lifetime of the Insured
Participating**

Excess Interest and Reduced Cost of Insurance Rates May Be Declared

TABLE OF CONTENTS

Your Policy contains the following sections:

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SECTION 4	DEFINITIONS	8.3	Monthly Deduction
SECTION 5	GENERAL PROVISIONS	8.4	Monthly Cost of Insurance
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5.14	Termination	10.3	Interest
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7.3	Unplanned Premium Payments		
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7.5	Guaranteed Coverage Monthly Premium		
7.6	Reinstatement		

SECTION 1
POLICY DATA

OWNER: John Doe

BENEFICIARY: As stated in the application, unless subsequently changed.

BENEFITS

PLAN: Flexible Premium Adjustable Life

FACE AMOUNT: \$50,000

DEATH BENEFIT OPTION: A

PREMIUMS

FIRST PREMIUM: \$682.20

PLANNED PREMIUM: \$682.20

FREQUENCY: Annually

IMPORTANT NOTICE

IT IS POSSIBLE THAT COVERAGE WILL TERMINATE IF PREMIUMS ARE NOT PAID OR PREMIUMS ARE NOT SUFFICIENT TO CONTINUE COVERAGE.

POLICY NUMBER: 123456

INSURED	AGE	SEX	RISK CLASS	POLICY GUARANTEED COVERAGE MONTHLY PREMIUM
John Doe	35	Male	Non-Tobacco	\$4.50

POLICY DATE: July 1, 2008

SECTION 1

POLICY DATA (CONTINUED)

RIDERS

CHILDREN'S TERM BENEFIT AMOUNT \$2,000	RISK CLASS FACTOR STANDARD MONTHLY COST OF INSURANCE = \$1.00	EFFECTIVE DATE 07/01/2008
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MONTHLY DISABILITY BENEFIT AMOUNT \$50.00	RISK CLASS FACTOR STANDARD	EFFECTIVE DATE 7/01/2008
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SECTION 2
POLICY GUARANTEES

GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
35	.093	50	.288	65	1.353	80	5.977	95	22.851	110	49.888
36	.098	51	.314	66	1.482	81	6.653	96	24.265	111	52.486
37	.103	52	.347	67	1.617	82	7.368	97	25.772	112	55.236
38	.111	53	.384	68	1.759	83	8.150	98	27.378	113	58.146
39	.118	54	.432	69	1.919	84	9.019	99	29.093	114	61.221
40	.127	55	.485	70	2.106	85	9.986	100	30.730	115	64.469
41	.138	56	.540	71	2.333	86	11.049	101	32.183	116	67.897
42	.151	57	.593	72	2.598	87	12.198	102	33.728	117	71.511
43	.167	58	.647	73	2.877	88	13.420	103	35.370	118	75.317
44	.184	59	.709	74	3.177	89	14.702	104	37.106	119	79.306
45	.203	60	.785	75	3.503	90	15.978	105	38.934	120	83.333
46	.223	61	.878	76	3.872	91	17.235	106	40.875	121+	0.00
47	.238	62	.985	77	4.300	92	18.552	107	42.934		
48	.251	63	1.103	78	4.798	93	19.940	108	45.119		
49	.267	64	1.225	79	5.355	94	21.403	109	47.435		

THE BASIS OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES IS THE 2001 COMMISSIONERS STANDARD ORDINARY ULTIMATE TABLE, AGE LAST BIRTHDAY, MALE OR FEMALE. AGGREGATE SMOKER MORTALITY IS USED FOR AGES UNDER 21 AND SMOKER-DISTINCT MORTALITY FOR AGES GREATER THAN OR EQUAL TO 21. INSUREDS UNDER AGE 21 ON THE POLICY DATE WILL BE CONSIDERED TOBACCO USERS AT AGE 21 UNLESS REQUALIFICATION TO NON TOBACCO USER STATUS OCCURS. RATES REFLECT THE APPROPRIATE INCREASE FOR RATED RISKS.

THE POLICY GUARANTEED INTEREST RATE IS 4% PER ANNUM.

THE MONTHLY ADMINISTRATIVE FEE IS \$.415 PER MONTH PER \$1,000 OF DEATH BENEFIT AMOUNT FOR THE FIRST POLICY YEAR AND \$.0925 PER MONTH PER \$1,000 OF DEATH BENEFIT AMOUNT FOR THE SECOND AND SUBSEQUENT POLICY YEARS UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER. THE PREMIUM EXPENSE CHARGE IS 3% OF EACH PREMIUM UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER.

THE POLICY LOAN INTEREST RATE IS 8% PER ANNUM, PAYABLE IN ARREARS.

POLICY SURRENDER CHARGES FOR THE FACE AMOUNT IN EFFECT ON THE POLICY DATE:

POLICY YEAR	POLICY YEAR	POLICY YEAR			
1	896.00	6	689.00	11	344.50
2	896.00	7	620.50	12	275.50
3	896.00	8	551.50	13	207.00
4	827.00	9	482.50	14	138.00
5	758.00	10	413.50	15	69.00
				16 AND LATER	0.00

AN ADDITIONAL SURRENDER CHARGE TABLE WILL APPLY FOR EACH INCREASE IN THE DEATH BENEFIT AMOUNT. THE 15 YEAR PERIOD FOR ANY ADDITIONAL TABLE WILL BEGIN ON THE EFFECTIVE DATE OF THE INCREASE.

THE MINIMUM DEATH BENEFIT AMOUNT IS \$25,000 FOR ISSUE AGES LESS THAN 55; \$15,000 FOR ISSUE AGES 55 AND ABOVE. THE MINIMUM INCREASE IN THE FACE AMOUNT IS \$5,000.

THE MINIMUM WITHDRAWAL AMOUNT IS \$500. THERE IS A \$25.00 WITHDRAWAL FEE FOR EACH PARTIAL WITHDRAWAL.

THE MINIMUM PREMIUM PAYMENT AMOUNT IS \$10.00.

SECTION 2 (CONTINUED)

RIDER TABLES OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES

Monthly Disability Benefit Cost of Insurance Rates per Dollar of Monthly Benefit

Age									
35	0.01800	40	0.02400	45	0.03600	50	0.05500	55	0.08500
36	0.01900	41	0.02600	46	0.03900	51	0.06000	56	0.09200
37	0.02000	42	0.02800	47	0.04200	52	0.06600	57	0.09900
38	0.02100	43	0.03000	48	0.04600	53	0.07200	58	0.10700
39	0.02300	44	0.03300	49	0.05100	54	0.07800	59	0.11500

SECTION 3

SETTLEMENT OPTION INCOME TABLES

OPTION 1. INSTALLMENTS FOR A FIXED PERIOD. We will pay a monthly, quarterly, semiannual or annual income for a fixed number of installments. The amount of each installment is based on a rate of interest of 2% per annum. If the Payee dies before all installments have been paid, the remaining installments will be paid to the Beneficiary of this settlement option. The amount of annual or monthly income per \$1,000 of proceeds is:

<u>Years Payable</u>	----- INSTALLMENTS -----	
	<u>Annual</u>	<u>Monthly</u>
5	\$208.00	\$17.49
6	175.03	14.72
7	151.48	12.74
8	133.83	11.25
9	120.11	10.10
10	109.14	9.18
15	76.30	6.42
20	59.96	5.04

Amounts for other durations or frequencies will be furnished upon request.

OPTION 2. LIFE ANNUITY WITH PERIOD CERTAIN. We will pay a monthly income to one specified Payee for a specified period of 10 or 20 years. We will continue the monthly payments after the expiration of the specified period as long as that Payee is alive. If that Payee dies before the expiration of the specified period, monthly payments for the remainder of the specified period will be paid to the Beneficiary of this settlement option. The amount of monthly income per \$1,000 of proceeds is:

<u>Age</u>	----- LIFE ANNUITY WITH PERIOD CERTAIN -----			
	10 Years		20 Years	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
45	\$3.19	\$3.00	\$3.15	\$2.98
50	3.49	3.26	3.40	3.21
55	3.86	3.58	3.70	3.49
60	4.34	4.00	4.04	3.83
65	4.95	4.54	4.38	4.20
70	5.70	5.25	4.68	4.56

Amounts are based on the Annuity 2000 Mortality Table and an interest rate of 2% per annum. Amounts for other ages will be furnished upon request.

OPTION 3. INSTALLMENTS FOR A FIXED AMOUNT. We will make equal payments every one, three, six or twelve months as chosen. The payments will continue until the proceeds applied together with interest at the rate of at least 2% a year on the unpaid balance are fully paid. The final payment will be any balance equal to or less than one payment. If the Payee dies before all installments have been paid, the remaining balance, including accrued interest, will be paid to the Beneficiary of this settlement option.

OPTION 4. LIFE ANNUITY. We will pay a monthly income to one specified Payee for the life of that Payee. Monthly payments will cease at the death of the Payee. The amount of monthly income per \$1,000 of proceeds is:

<u>Age</u>	<u>Male</u>	<u>Female</u>
45	\$3.21	\$3.01
50	3.51	3.27
55	3.90	3.60
60	4.42	4.04
65	5.12	4.63
70	6.10	5.46
75	7.44	6.66
80	9.31	8.44

Amounts are based on the Annuity 2000 Mortality Table and an interest rate of 2% per annum. Amounts for other ages will be furnished upon request.

SECTION 4

DEFINITIONS

ACCOUNT VALUE is the accumulation at interest of net premiums paid, less monthly deductions less monthly cost of insurance less any withdrawals.

AGE means the Age of the Insured on his or her last birthday on the Policy Date.

ATTAINED AGE is the Age last birthday on each Policy Anniversary.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

CASH VALUE is the Account Value less any applicable Surrender Charge.

The **CONTRACT** is this Policy, together with the application and with Riders and Endorsements, if any, any required medical examination or declaration of insurability, and Our Articles of Incorporation and Bylaws, as amended from time to time.

An **ENDORSEMENT** is an attachment to the Policy that modifies the Policy.

IN FORCE means the Insured's life remains insured under the terms of this Policy. This Policy is in effect.

The **INSURED** is the person named as the Insured in Section 1. The Insured shall be a member of Degree of Honor Protective Association and shall have all rights of membership.

The **OWNER** is as shown in Section 1, unless later changed as provided in this Policy. The Owner may be someone other than the Insured. Unless the Insured and the Owner are the same person, the Owner shall have no rights of membership.

The **PAYEE** is any person who has the right to receive the proceeds according to the provisions of Section 11.

The **POLICY** is this basic document plus any amendments or Endorsements, not including the application or any Riders.

The **POLICY DATE** is the date this Policy goes into effect. It is shown in Section 1.

POLICY MONTHLY DATE is the same day each calendar month as specified by the Policy Date.

POLICY YEARS, ANNIVERSARIES and **MONTHS** are measured from the Policy Date shown in Section 1. Policy Anniversary means the same month and day as the Policy Date for each year the Policy remains In Force. The first Policy Year begins on the Policy Date and ends at 11:59 p.m. on the day prior to the first Policy Anniversary. Subsequent Policy Years begin on a Policy Anniversary and end at 11:59 p.m. on the day prior to the next Policy Anniversary.

A **RIDER** is an attachment to the Policy. It provides additional benefits.

The **SETTLEMENT OPTION AGREEMENT** is an agreement that states the terms and conditions under which Settlement Option payments shall be made in accordance with the Settlement Option selected.

SURRENDER CHARGE is the charge, if any, We make against the Account Value if the Policy is cash surrendered.

SURRENDER VALUE is the Cash Value less any unpaid loan balance.

TERMINATE means the Insured's life is no longer insured under any of the terms of this Policy. This Policy is no longer in effect.

WE, OUR or **US** means Degree of Honor Protective Association.

WRITTEN NOTICE or **WRITTEN REQUEST** means information received at Our Home Office. Such information must be written, signed by You, and acceptable to Us.

YOU or **YOUR** means the Owner of this Contract. The Owner is as shown in Section 1, unless later changed as provided in this Policy. The Owner may be someone other than the Insured.

SECTION 5

GENERAL PROVISIONS

5.1 THE CONTRACT

This Contract is issued in consideration of:

- a. Your application;
- b. the payment of premiums;
- c. the Policy provisions; and
- d. the Rider and Endorsement provisions, if any.

The entire Contract consists of:

1. this Policy;
2. any additional benefits provided by Rider;
3. any Endorsements;
3. the attached application;
4. any required medical examination or declaration of insurability; and
5. Our Articles of Incorporation and Bylaws, as amended from time to time.

No change in Our Articles of Incorporation and Bylaws made after the Policy Date shall reduce or change the benefits promised in this Policy. You may continue this Policy In Force even if membership in the Degree of Honor Protective Association is Terminated.

All statements made in the application are representations and not warranties. We cannot use any statement to invalidate the Policy nor to defend against a claim unless that statement is contained in the written application.

No agent or person other than the Chief Executive Officer or Chief Executive Secretary has the authority to change or modify this Policy or waive any of its provisions.

5.2 OWNER

The Owner is the person named in Section 1. While the Insured is alive, the rights and privileges contained in this Policy may be exercised only by You, the Owner. This includes the right to change the Ownership. You can exercise those rights by making Written Notice to Us.

5.3 CHANGE OF OWNER

You may transfer Ownership at any time during the Insured's lifetime. To make a transfer, We must receive a Written Notice at Our Home Office. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change shall be effective on the date the transfer was signed or on the date it was received at the Home Office if no date appears on the transfer. A transfer of Ownership shall be subject to any payment made or action taken by Us before the transfer is received. We have the right to require that You send Us this Policy so We can record the change.

5.4 BENEFICIARY

The Beneficiary:

- a. shall receive the proceeds when the Insured dies;
- b. is named in the application for this Policy; and
- c. may be changed by the Owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

1. The interest of any Beneficiary who dies before the Insured shall pass to any other beneficiaries according to their interests.
2. If no named Beneficiary survives the Insured, the proceeds shall be paid to the Owner, if living, otherwise to the Owner's estate.
3. All proceeds not otherwise payable above within three years of the Insured's death shall be paid to the Degree of Honor Foundation.

5.5 CHANGE OF BENEFICIARY

The Owner may change the Beneficiary designation:

- a. while the Insured is alive; and
- b. if the prior designation does not prohibit such a change. Consent of an irrevocable Beneficiary must be received before a change can be made.

A change shall revoke any prior designation. You must send Us a Written Notice. Our approval is needed and no change is effective until We approve and record it. If approved and once recorded, the change is effective as of the date You signed it; or, if no date appears on the designation, on the date We received it. We have the right to require that You send Us this Policy so We can record the change.

5.6 ASSIGNMENT

An assignment of this Policy shall not be binding on Us unless:

- a. it is in writing; and
- b. it is received by Us at Our Home Office; and
- c. it is approved and recorded by Us.

We shall not be responsible for the validity or effect of any assignment. We shall not be liable for any payments made or actions taken before receipt of Written Notice of an assignment.

5.7 CONFORMITY

This Policy is subject to the laws of the state in which the Policy was delivered. If part of it does not follow that law, it shall be treated as if it does.

5.8 INCONTESTABILITY

We cannot contest this Policy after it has been In Force during the Insured's life for a period of two years from the Policy Date, except for:

- a. increases in the face amount, and
- b. reinstatements.

Increases in the face amount after the Policy Date shall be incontestable after the increase has been In Force during the Insured's life for two years following the effective date of the increase.

If this Policy Terminates and is reinstated, We cannot contest statements made in the application for reinstatement after the reinstated Policy has been In Force during the Insured's life for a period of two years from the effective date of the reinstatement.

5.9 MISSTATEMENT OF AGE OR SEX

If the issue Age or sex of the Insured is not correctly shown in Section 1, We shall make adjustments based on the correct Age and sex.

If it is discovered prior to the Insured's death that the Age or sex has been misstated, no change in the face amount shall be made. However, the Account Value shall be adjusted on the basis of the difference between the monthly cost of insurance deducted and the monthly cost of insurance which should have been deducted, accumulated at the interest rates that were credited to the Account Value. Subsequent cost of insurance rates shall be the rates that would apply had this Policy been based on the correct Age and sex.

If after the Insured's death a misstatement of Age or sex is found, the death benefit proceeds shall reflect the face amount that would have been supported by the most recent monthly cost of insurance based on the then current cost of insurance rate for the correct Age and sex.

5.10 RESERVES AND MAINTENANCE OF SOLVENCY

The reserves held on Your Policy are computed according to the standards prescribed by law. If, for any reason at any time, We do not have sufficient assets to cover the reserves, the amount of such deficiency shall be equitably apportioned to all outstanding policies. The amount thus apportioned to Your Policy shall either:

- a. be paid in cash by You; or
- b. be an indebtedness against Your Policy at a rate of interest of 6% per annum.

5.11 ANNUAL REPORT

At least once each year, We shall send You a report which shows:

- a. The beginning and ending date of the report period.
- b. The Account and Surrender Values at the beginning and end of the report period.
- c. The premiums paid, withdrawals taken, and interest credited during the report period.
- d. Charges made against the Account Value during the report period.
- e. Any Policy loan balance at the end of the report period.
- f. The current death benefit on each life Insured at the end of the report period.
- g. Any other information required by the state in which this Policy is delivered.

We shall also provide a projection of future death benefits and Policy values upon Your Written Notice. A reasonable service fee may be charged. The fee shall be the one then in effect for this service but in no event greater than \$50. The projection shall be based on stated assumptions as to:

1. Future amounts of coverage.
2. Coverage options.
3. Future premium payments.
4. Interest and monthly cost of insurance rates.

5.12 INTERNAL REVENUE CODE COMPLIANCE

We reserve the right to refuse or limit any action (including premium payment amounts, withdrawals or Policy changes) which would disqualify this Policy as a life insurance Policy under the Internal Revenue Code, as amended.

5.13 PARTICIPATION

Beginning not later than the end of the third Policy Year, as annually ascertained by Our Board of Directors, You may participate in Our divisible surplus. Divisible surplus:

- a. accrues from participating policies only;
- b. is apportioned by Our Board of Directors; and
- c. is distributed in the form of refunds.

Refunds, if any, shall be credited to the Account Value, or, if You elect, be paid in cash.

As of the Policy Date, We do not expect this Policy to contribute to divisible surplus.

5.14 TERMINATION

The Policy shall Terminate:

- a. when We receive Written Notice to Terminate; or
- b. when the Insured dies; or
- c. if sufficient premium has not been paid by the end of the grace period.

SECTION 6

DEATH BENEFITS

6.1 DEATH BENEFIT AMOUNT

The death benefit amount is based on the face amount and the death benefit option shown in Section 1.

There are two death benefit options:

Option A (Level) – The death benefit amount will be equal to the face amount less the sum of all amounts previously withdrawn.

Option B (Increasing) – The death benefit amount will be equal to the face amount plus the Account Value on the date of death.

For both Option A and Option B the death benefit amount will never be less than the Account Value multiplied by the percentage shown in the following table:

Attained Age as of the Beginning of a Policy Year	Percentage of Account Value	Attained Age as of the Beginning of a Policy Year	Percentage of Account Value
0-40	250%	60	130%
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
		95+	100

6.2 DEATH BENEFIT PROCEEDS DEFINED

The death benefit proceeds are payable upon receipt of proof that the Insured has died while this Policy is In Force. The Policy Terminates upon the death of the Insured. We will require return of the Policy. The death benefit proceeds consist of:

- the death benefit amount as defined above; less
- any indebtedness; less
- any amounts needed in accordance with the Grace Period provision.

6.3 SUICIDE

If the Insured dies by intentional self-destruction within two years of the Policy Date, the only amount payable to the Beneficiary shall be the sum of the premiums paid, less any indebtedness and any withdrawals.

If the Insured dies by intentional self-destruction within two years from the effective date of a requested increase in the death benefit amount, the death benefit amount with respect to the increase shall be the sum of the monthly costs of insurance for the increase plus any administrative fees associated with the increase amount which have been deducted in the Account Value calculation.

6.4 PAYMENT OF PROCEEDS

The death benefit proceeds shall be paid to the Beneficiary within 30 days after We receive due proof of the Insured's death. The proceeds shall be paid in a single sum unless a settlement option has been selected. All payments by Us are payable at Our Home Office.

Interest shall accrue on death benefit proceeds from the date of the Insured's death to the date of payment. The rate of such interest shall be determined by us, but never less than the rate required by law.

SECTION 7

PREMIUMS

7.1 PAYMENT OF PREMIUMS

Premium payments are flexible. This means You can choose the amount and frequency of payments subject to the provisions set forth in this section. All premiums are payable at Our Home Office. We shall furnish a receipt upon request.

7.2 PLANNED PREMIUM PAYMENTS

The first premium shown in Section 1 is due on the Policy Date and must be paid to place this Policy In Force.

Planned premium payments may be made periodically thereafter during the Insured's lifetime. The amount and frequency of Your planned premium are shown in Section 1.

You may change the frequency or increase or decrease the amount of planned payments.

7.3 UNPLANNED PREMIUM PAYMENTS

Unplanned premium payments may be made at any time during the Insured's lifetime.

7.4 GRACE PERIOD

A grace period of 61 days shall begin if, on any Policy Monthly Date, the Surrender Value is not sufficient to cover both the monthly deduction and monthly cost of insurance. Sufficient premium to cover the monthly deductions and monthly costs of insurance for the grace period must be paid by the end of the grace period or the Policy shall Terminate, except as provided in the Guaranteed Coverage Monthly Premium provision below. We shall mail notice to You and to any assignee as shown in Our records at least 31 days before such termination.

If the Insured dies during the grace period, the above required premium amount shall be deducted from the death benefit proceeds.

7.5 GUARANTEED COVERAGE MONTHLY PREMIUM

The guaranteed coverage monthly premium shown in Section 1 is the monthly amount needed to assure this Policy stays In Force during the first Policy Year.

This Policy shall stay In Force during the first Policy Year, even if the Surrender Value is not sufficient to cover the next monthly deduction and monthly cost of insurance, provided:

- a. the sum of the premiums paid to date, less any withdrawals and partial Surrender Charges, and less any indebtedness;
equals or exceeds
- b. the guaranteed coverage monthly premium times the number of monthly dates since the Policy Date.

7.6 REINSTATEMENT

The Policy may be reinstated within five years after termination if it had not been surrendered for cash. To reinstate this Policy We require:

- a. evidence of the Insured's insurability acceptable to Us;
- b. payment of any monthly deduction and monthly cost of insurance amounts for the grace period; and
- c. payment of enough premium to keep the Policy In Force for 2 months beyond the date of reinstatement.

A reinstatement shall be effective on the monthly date following the date the application for reinstatement is approved at Our Home Office. Any Account Value and any indebtedness existing at the beginning of the grace period shall be restored.

SECTION 8

POLICY VALUES

8.1 ACCOUNT VALUE

The Account Value on the Policy Date is equal to the net premium paid on the Policy Date less the monthly deduction and the monthly cost of insurance for the month that follows the Policy Date. The Policy Date is the first monthly date.

The Account Value on any subsequent monthly date is:

- a. the Account Value on the preceding monthly date; plus
- b. one month's interest on the Account Value in a. above; plus
- c. net premiums received since the preceding monthly date, including interest compounded daily from the date received; less
- d. any withdrawals, withdrawal fees and partial Surrender Charges since the preceding monthly date, including interest compounded daily from the date withdrawn; less
- e. the monthly deduction for the next following Policy Month; less
- f. the monthly cost of insurance for the next following Policy Month.

Net premiums are premiums received less the premium expense charge shown in Section 2.

On any day other than a monthly date, the Account Value shall be calculated in a like manner. This includes interest, compounded daily to the day of calculation, on the Account Value as of the immediately preceding monthly date, and on net premiums received or withdrawals made since the immediately preceding monthly date.

8.2 INTEREST

Interest is calculated on a daily basis. The effective annual rate used to calculate Account Values is shown in Section 2 as the guaranteed interest rate. We may use an interest rate determined by Our Board of Directors in excess of, but never less than, the guaranteed rate. This is the current interest rate.

If a Policy loan is in effect, the effective annual interest rates used in the Account Value calculation shall be modified. First, the amount of Policy indebtedness shall be allocated to the Account Value in the following order:

Amount A equals total indebtedness not to exceed: (a) the Cash Value; less (b) the sum of all premiums paid.

Amount B equals total indebtedness less Amount A.

The portion of the Account Value equal to Amount A shall be credited at the loan interest rate shown in Section 2. The portion of the Account Value equal to Amount B will be credited at the loan interest rate less 2%. The balance of the Account Value shall be credited at the current interest rate.

8.3 MONTHLY DEDUCTION

The monthly deduction is:

- a. the monthly administrative fee shown in Section 2; plus
- b. the monthly cost of any Rider attached to this Policy.

8.4 MONTHLY COST OF INSURANCE

The monthly cost of insurance is equal to the amount at risk times the monthly cost of insurance rate times .001.

The amount at risk is:

- a. the death benefit amount on the Policy Monthly Date divided by 1.0032737; less
- b. the Account Value on the Policy Monthly Date before deduction of the monthly cost of insurance for the next following month.

The monthly cost of insurance rate is based on the Insured's sex, Attained Age and risk class. Such bases may be separately determined for the death benefit amount in effect on the Policy Date and each subsequent increase in the death benefit amount. Our Board of Directors can change the rates from time to time but they shall never be more than the maximum rates shown in the table of guaranteed maximum monthly cost of insurance rates in Section 2. Any change in the rates shall be determined on a uniform basis for Insureds of the same sex, Attained Age and risk class. No change in rates for existing coverages shall occur because of deterioration of the Insured's risk class. Any change in rates shall be based upon future expectations for such factors as mortality, interest, expense and persistency and shall be in accordance with procedures and standards on file with the insurance department of the state in which this Policy was delivered.

8.5 CASH VALUE AND SURRENDER CHARGE

Your Policy has value during the life of the Insured. This is the Cash Value. The Cash Value is the Account Value less a net Surrender Charge.

The net Surrender Charge consists of the following:

- a. The net Surrender Charges shown in Section 2. This includes the Surrender Charges from the schedule in effect on the Policy Date plus any additional Surrender Charges from the schedule(s) which result from any increase(s) in the face amount made in accordance with Section 9; less
- b. the sum of all partial Surrender Charges assessed from previous withdrawals;

provided a.-b. is greater than 0. Otherwise, the net Surrender Charge is 0.

8.6 SURRENDER VALUE

You can return this Policy at any time during the Insured's life and request the Surrender Value be paid to You. We need Your Written Notice. We can defer payment of any Surrender Value up to 6 months from the date of request for payment. During any deferred period of 30 days or more, the amount payable shall earn interest at a rate not less than 4% per annum.

The Surrender Value can be paid in a lump sum or applied as provided in Section 11. When We pay or apply this amount, this Policy shall be Terminated.

The Surrender Value is equal to:

- a. the Cash Value on the date of surrender; less
- b. any indebtedness.

If this Policy is surrendered within 30 days of a Policy Anniversary, the Cash Value shall not be less than the Cash Value on that Policy Anniversary.

8.7 WITHDRAWALS

After the first Policy Year You can, by Written Notice during the Insured's life, withdraw part of the surrender value. This is called a withdrawal. The minimum amount that can be withdrawn at any one time is shown in Section 2. The maximum amount that can be withdrawn is the current surrender value. One withdrawal may be made each Policy Year.

In the event of a withdrawal the Account Value shall be reduced by:

- a. the amount withdrawn; plus
- b. a withdrawal fee as shown in Section 2; plus
- c. a partial Surrender Charge. A partial Surrender Charge will be computed as a proportion of the net Surrender Charge. The proportion is the amount withdrawn divided by the Surrender Value immediately prior to the withdrawal.

As noted in Section 6, if death benefit Option A is in effect, a withdrawal shall decrease the death benefit amount. A withdrawal may not reduce the death benefit amount below the minimum death benefit shown in Section 2.

8.8 CONTINUATION OF INSURANCE COVERAGE

Coverage under this Policy will continue as long as the Surrender Value is sufficient to cover the monthly deduction and monthly cost of insurance. This applies even if You stop paying premiums. If the Surrender Value is not sufficient to cover the monthly deduction and the monthly cost of insurance, the Grace Period provision shall apply. During the first Policy Year, the Guaranteed Coverage Monthly Premium provision also is applicable.

8.9 BASIS OF CALCULATION

Minimum Policy values are at least equal to those required by the statutes of the jurisdiction in which this Policy was delivered. The basis of guaranteed maximum monthly cost of insurance rates and the guaranteed effective annual interest rate are shown in Section 2. A detailed statement of the method of computing values is filed with the insurance department of the state in which this Policy was delivered.

SECTION 9
POLICY CHANGES

9.1 POLICY CHANGES

By Written Notice You can make the following changes after the first Policy Anniversary, subject to the provisions set forth in this section:

- a. increase the face amount; or
- b. decrease the face amount; or
- c. change the death benefit option.

The effective date of any change shall be the monthly date on, or next following, the date We approve the request.

9.2 INCREASE THE FACE AMOUNT

You must apply for an increase in the face amount on a supplemental application. We shall require evidence of the Insured's insurability satisfactory to Us. The Insured must be under Age 81 at the time of application. Each increase must be equal to or greater than the minimum increase in the face amount shown in Section 2. Additional Surrender Charges shall be imposed with each increase in the face amount.

We shall send You a supplement to Sections 1 and 2 showing the increase and the additional Surrender Charges.

9.3 DECREASE THE FACE AMOUNT

The face amount remaining in effect after a decrease must be such that the death benefit amount is never less than the minimum death benefit shown in Section 2. The face amount shall be decreased in the following order:

- a. against the most recent increase in the face amount;
- b. against the next most recent increases;
- c. against the initial face amount.

We shall send You a supplement to Section 1 showing the decrease.

9.4 CHANGE THE DEATH BENEFIT OPTION

At any time You may change from:

Option A to Option B – This shall decrease the face amount to the death benefit amount defined under Option A of Section 6, less the Account Value on the effective date of the change. We will not make this change if the death benefit amount after the change would be less than the minimum death benefit shown in Section 2.

Option B to Option A – This shall increase the face amount to the death benefit amount defined under Option B in Section 6 on the effective date of the change.

We will send You a supplement to Section 1 showing the change.

SECTION 10

LOANS

10.1 LOAN VALUE

The maximum loan value available is the Surrender Value.

10.2 CASH LOANS

During the Insured's life You may obtain a cash loan from Us at any time Your Policy has a loan value. We require Your Written Notice in a form acceptable to Us. This Policy is the sole security for any loan.

We have the right to delay making a cash loan for up to six months after the date the loan is requested, unless the loan is to pay a premium on any Policy with Us.

10.3 INTEREST

Interest on loans accrues daily at the rate shown in Section 2. It is due and payable at the end of the Policy Year. Any interest not paid when due is added to the loan principal and bears interest at the same rate.

10.4 REPAYMENT

You may repay all or part of a Policy loan at any time during the Insured's life. Any loan repayment must be at least \$25.00.

10.5 INDEBTEDNESS

Indebtedness means the total of all unpaid loans on this Policy, plus:

- a. all unpaid interest; and
- b. any accrued interest as of the date the amount of indebtedness is determined.

If at any time the Policy has a loan and if on any Policy Monthly Date the Cash Value less Indebtedness is not sufficient to cover both the monthly deduction and monthly cost of insurance, the Policy will enter the Grace Period as defined in the Grace Period provision in Section 7.

SECTION 11

SETTLEMENT OPTIONS

11.1 GENERAL

Normally at the Insured's death the proceeds of the Policy are paid in a single sum. However, prior to the Insured's death, You may select any other form of settlement which may be mutually agreed upon with Us, unless the previous choice provides otherwise.

If no settlement option has been selected at the Insured's death, the Beneficiary may make such a selection.

If You cash surrender this Policy, the Surrender Value of Your Policy may be applied under any form of settlement mutually agreed upon with Us.

A person named to receive payments under an option is a Payee under the option. A person to be a Payee must be a natural person receiving payments in his or her own right.

11.2 CONDITIONS

A choice of a settlement option must be in writing in a form approved by Us. Our consent is needed for a settlement option to be used for any Payee under any of these conditions:

- a. The Payee is not a natural person.
- b. The proceeds to be applied to the option are less than \$5,000.
- c. Each payment to the Payee would be less than \$100.

11.3 OPTIONS

You may select one of the options in Section 3. In addition, You may select any other option, or combination of options, which is mutually agreeable to You and Us.

We may, at the time a settlement option is exercised under Options 1, 2 or 4, provide an income in excess of that guaranteed in Section 3. The amount shall never be less than the amount which could be purchased under a comparable single premium immediate annuity which We offer at that time.

In addition to the payment guaranteed under Option 3, excess interest may be paid or credited from time to time at such rate as We shall declare.

11.4 SETTLEMENT OPTION AGREEMENT

We shall issue a Settlement Option Agreement on the date of settlement. It shall show the rights and benefits of the Payee under the settlement option elected. The agreement shall include provisions regarding withdrawal rights and the payment of proceeds remaining at the death of the Payee. So far as permitted by law, no amount payable under these settlement options shall be assigned or pledged or subject to the claims of creditors of the Payee.

11.5 PROOF OF AGE AND SURVIVAL

Before making payments under Option 2 or 4, We may require satisfactory proof of the Age and sex of the person on whose life payments are based. If payment under an option depends on survival of the Payee, We may require satisfactory evidence that the Payee is living when the payment becomes due.



Degree of Honor Protective Association

A Fraternal Benefit Society

400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
651.228.7600 or 800.947.5812
degreeofhonor.org

FLEXIBLE PREMIUM ADJUSTABLE DEATH BENEFIT LIFE INSURANCE

**Adjustable Death Benefit Payable Upon the Death of the Insured
Flexible Premiums Payable During the Lifetime of the Insured
Participating
Excess Interest and Reduced Cost of Insurance Rates May Be Declared**

ULIVZF(AR)



**DEGREE OF HONOR
PROTECTIVE ASSOCIATION**
A Fraternal Benefit Society

400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101-2029

MONTHLY DISABILITY BENEFIT RIDER

BENEFIT

We agree to pay the monthly disability benefit shown in Section 1 during the continuance of total disability of the insured. Disability must commence on or after the policy anniversary when the insured is age 18 but before the policy anniversary when the insured is age 60. Benefits will commence with the first monthly due date following disablement. Benefits will be paid by crediting the monthly disability benefit amount to this policy as a premium payment.

DEFINITIONS

Total disability means the insured has become totally disabled by bodily injury or disease and is thereby completely prevented from performing all of the substantial and material duties of the insured's occupation for wage or profit.

Occupation means:

1. During the first 24 months of any period of continuous total disability, the complete inability of the insured to perform all the substantial and material duties of the insured's regular occupation.
2. After the first 24 months of any period of continuous total disability, the complete inability of the insured to be engaged in any employment or occupation for which the insured is qualified by reason of education, training or experience.

REQUIREMENTS

Coverage under this rider shall apply only if the total disability:

1. first began on or after the policy anniversary following the insured's 18th birthday and before termination of this rider;
2. first began before the expiration of the applicable grace period in the attached policy; and
3. has been continuous for a period not less than six months.

LIMITATIONS

This benefit shall not be payable if the insured's disability resulted from:

1. intentional self-inflicted injury; or
2. the commission of or the attempt to commit a felony; or
3. riding in or descent from any kind of aircraft, if the insured participated in training or had any duties whatsoever aboard such aircraft, or if such aircraft was operated by or for the armed forces; or
4. war, whether declared or undeclared, or from any action incidental thereto, or from any of the hazards thereof.

NOTICE AND PROOF OF DISABILITY

Written notice of a claim and written proof of uninterrupted total disability must be given to us while the insured is living and totally disabled and within one year after the total disability starts. Failure to give notice and furnish proof within one year will not disqualify or lessen a claim if it is shown that notice and proof were given as soon as possible. However, no disability benefit will be granted for more than one year prior to our receipt of proof of total disability.

Before approval of any claim any physician acting for us shall be allowed to examine the insured at our expense.

CONTINUATION OF DISABILITY

Proof of continued total disability shall be furnished as often as we may reasonably require. Any physician acting for us shall be allowed to examine the insured at our expense in respect to any alleged disability. We will not require such examination more than once each year after two years from the date the first claim was allowed.

We will not pay monthly disability benefits if the insured or person acting on his behalf fails to furnish satisfactory proof that total disability continues. We will mail written request for such proof to the last known address.

RECOVERY

If and when the insured has recovered from total disability, monthly disability benefit payments will cease.

TERMINATION

This rider shall terminate:

1. upon your written request; or
2. when the policy is terminated; or
3. upon the policy anniversary on or following the insured's 60th birthday, unless we are providing benefits due to the disability of the insured which began before age 60.

COST OF RIDER

The monthly cost for this rider is included in the monthly deduction for this policy.

The monthly cost is equal to the monthly disability rate times the monthly disability benefit amount shown in Section 1. The monthly disability rate is based on the insured's sex and attained age. The table of rates is shown in Section 2.

GENERAL

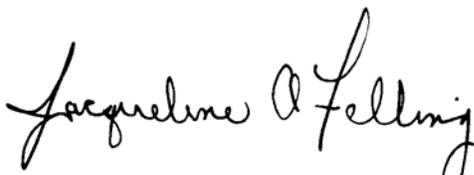
This rider is a part of the policy to which it is attached. All provisions contained in the policy which are not inconsistent with this rider are applicable to this rider.

This rider is effective on the policy date unless a different date is shown in Section 1.

This rider is issued in consideration of:

1. the application; and
2. the payment of the monthly cost.

Executed by Degree of Honor Protective Association at St. Paul, Minnesota on the policy date.


CHIEF EXECUTIVE OFFICER


CHIEF EXECUTIVE SECRETARY



**DEGREE OF HONOR
PROTECTIVE ASSOCIATION**
A Fraternal Benefit Society

400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101-2029

CHILDREN'S TERM INSURANCE RIDER

DEFINITION OF INSURED CHILD

Insured Child means a child who is at least 15 days old but less than attained age 23 and:

1. is the insured's natural child or legally adopted child named in the application for this rider and was less than age 18 on the date of the application; or
2. is born to the insured after the date of the application; or
3. is legally adopted by the insured after the date of the application but before the child reaches age 18.

BENEFIT

This rider provides level term life insurance on each Insured Child. We will pay the Insured Child benefit amount to the beneficiary upon receipt of proof acceptable to us of death of an Insured Child prior to the termination of this rider. The Insured Child benefit amount is shown in Section 1.

BENEFICIARY

The beneficiary of this rider is:

1. first, the insured, if living; then
2. the estate of the Insured Child.

The beneficiary may be changed in the application, or by endorsement upon our approval of your written request.

CONVERSION PRIVILEGE

The term insurance on an Insured Child may be converted to a new life insurance policy, without proof of insurability, provided this policy and this rider are in force.

CONVERSION DATE

The conversion date for an Insured Child is the earlier of:

1. the policy anniversary on or next following the Insured Child's 23rd birthday; or
2. the policy anniversary on or next following the Insured's 65th birthday.

CONVERSION REQUIREMENTS

This conversion privilege is subject to the following conditions:

1. we must receive a signed application not later than 31 days following the applicable conversion date;
2. we must receive the first premium for the new policy not later than 31 days following the conversion date;
3. the policy date of the new policy will be the later of the conversion date or the date we receive the application for conversion accompanied by the first premium;
4. the Insured Child must be living on the date that the application and the first premium are received at our Home Office;
5. the premium for the new policy will be determined by the Insured Child's attained age, sex and risk class in effect for this rider on the conversion date and the plan of insurance selected;
6. the amount of insurance provided by the new policy may not be more than five times the amount of insurance provided by this rider at the time of conversion, nor less than \$10,000;
7. the new policy may be for any plan of permanent life insurance we then offer; and
8. the Suicide and Incontestability provision of the new policy will be amended to be effective from the date of issue of this rider.

Supplementary benefits will not be granted on the new policy unless evidence of insurability, acceptable to us, is submitted to our Home Office.

INSURED'S DEATH

This rider will terminate on the date of the insured's death. All children insured on that date may convert their term coverage, subject to the conditions set forth above. We must receive a written request for conversion not more than 60 days after the death of the insured. The conversion date will be the date we receive the application for conversion accompanied by the first premium.

MISSTATEMENT OF AGE

If there has been a misstatement of age of any Insured Child, coverage for the Insured Child shall be determined with reference to the correct age.

COST OF RIDER

The monthly cost for this rider is included in the monthly deduction for this policy and is shown in Section 1.

INCONTESTABILITY

This rider is incontestable after it has been in force for 2 years from the date of issue of this rider.

If this rider is reinstated, the 2 year period will begin again on the date of reinstatement, but only in reference to statements made in the reinstatement application.

TERMINATION

This rider will terminate:

1. on the first monthly due date after we receive your written request;
2. when the policy is terminated;
3. upon the policy anniversary on or next following the insured's 65th birthday; or
4. upon conversion of all coverage under this rider.

GENERAL

This rider is a part of the policy to which it is attached. All provisions contained in the policy which are not in conflict with this rider are applicable to this rider. In this rider insured means the insured under the policy to which this rider is attached.

The date of issue of this rider is the policy date unless a different date is shown in Section 1. The date of issue is the effective date of coverage under this rider.

This rider is issued in consideration of:

1. its application; and
2. the payment of its monthly cost.

No separate account value is provided by this rider, but the addition of this rider will affect the account value of the policy.

Executed by Degree of Honor Protective Association at St. Paul, Minnesota on the policy date.


CHIEF EXECUTIVE OFFICER


CHIEF EXECUTIVE SECRETARY

SERFF Tracking Number: GBAC-125825805 *State:* Arkansas
Filing Company: Degree of Honor Protective Association *State Tracking Number:* 40432
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: DOH ULIVZ 2008
Project Name/Number: DOH ULIVZ 2008/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GBAC-125825805 State: Arkansas
Filing Company: Degree of Honor Protective Association State Tracking Number: 40432
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: DOH ULIVZ 2008
Project Name/Number: DOH ULIVZ 2008/

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 09/22/2008

Comments:

Attachments:

AR Cert Comp 19.pdf
AR Limitations and Exclus.pdf
AR Flesch.pdf
AR Co.-Agent NOTICE .pdf

Review Status:
Satisfied -Name: Application 09/22/2008

Comments:

Attachments:

APP ADULTF-06(AR) Rev.6-06.pdf
APP JRF-06(AR).pdf

Review Status:
Satisfied -Name: Filing Authorization 09/29/2008

Comments:

Attachment:

Authorization Letter-F.pdf

Review Status:
Satisfied -Name: Illustration Certification 09/29/2008

Comments:

Attachment:

Ill Reg Non-Guar Certif ULIVZF.pdf

Review Status:
Satisfied -Name: Certification of Compliance Reg 19 10/14/2008

Comments:

SERFF Tracking Number: GBAC-125825805 *State:* Arkansas
Filing Company: Degree of Honor Protective Association *State Tracking Number:* 40432
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: DOH ULIVZ 2008
Project Name/Number: DOH ULIVZ 2008/

Attachment:

AR Cert Comp 34.pdf

STATE OF ARKANSAS

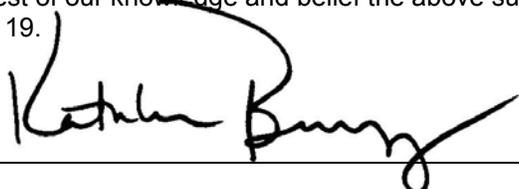
1200 West Third Street
Little Rock, AR 72201

***Certification of Compliance
Rule and Regulation 19***

Carrier: **DEGREE OF HONOR PROTECTIVE ASSOCIATION**

Form Number and Title: **ULIVZF(AR) Flexible Premium Adjustable Death Benefit Life Insurance**
MD 9-08 Monthly Disability Benefit Rider
CTI-RDR-08 Children's Term Insurance Rider

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 19.

Signature of Officer:  _____

Name (typed or printed): Kathleen Brownrigg

Title or business affiliation: Chief Executive Secretary

Date: September 25, 2008

Signature of Actuary :  _____

Name (typed or printed): John D. Ballard

Title or business affiliation: Consulting Actuary, Griffith, Ballard and Company

Date: September 25, 2008

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

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

DISCLAIMER

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

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

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division 1023 West Capitol Little Rock, Arkansas 72201

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

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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

STATE OF ARKANSAS

DEPARTMENT OF INSURANCE

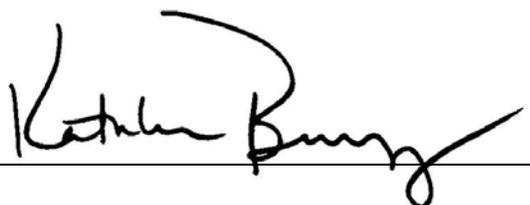
1200 West Third Street
Little Rock, AR 72201

CERTIFICATION

Readability Requirement

DEGREE OF HONOR PROTECTIVE ASSOCIATION hereby certifies that this filing complies with Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and achieves a Flesch reading ease test score as follows:

<u>Form #</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables/ Characters</u>	<u>Flesch Score</u>
ULIVZF(AR)	284	3,972	6,364	57.10
MD 9-08	38	523	883	50.00
CTR-RDR-08	54	773	1,230	57.70



Signature

Kathleen Brownrigg

Name (Signed by Officer of Company)

Chief Executive Secretary

Title

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

**INSURANCE COMPANY:
Degree of Honor Protective Association
Member Services
400 Robert Street North, Ste. 1600
St. Paul, MN 55101-2029
1-800-947-5812 or (651) 228-7600**

YOUR AGENT:

Name: _____

Address: _____

City, State & Zip Code: _____

Phone: _____

You can also contact the ARKANSAS INSURANCE DEPARTMENT, a state agency which enforces Arkansas's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting:

**Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494 or (501)371-2640**



***Degree of Honor
Protective Association***

A Fraternal Benefit Society

***Application for Adult Membership
and Life Insurance***

**400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.com**

Identification Verification for Proposed Insured and Owner. The identification must be an unexpired government-issued identification card or document that includes a **photograph** and one or more of the following: driver's license, taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence.

A. PROPOSED INSURED *Please print* Mail policy to Agent Owner Other _____

1. _____
First Name Middle Name Last Name

2. _____
Street Address - RFD - Box Number

3. _____
City State Zip Code

4. Social Security Number _____ 5. Date of Birth _____ 6. Age _____

7. Sex Male Female 8. Marital Status _____ 9. Former Last Name _____

10. E-mail address _____ 11. Driver's License # _____

12. Home Telephone # _____ Best time to call (CST) _____ AM _____ PM

13. Business Telephone # _____ Best time to call (CST) _____ AM _____ PM

14. Type of ID(s) _____ ID #(s) _____

B. OWNERSHIP *Must comply with Fraternal Code*

Owner (if other than Proposed Insured) _____
First Name Middle Name Last Name

_____ Street Address - RFD - Box Number City State Zip Code

_____ Relationship to Proposed Insured Home Telephone # E-mail Address Social Security # Date of Birth

Type of ID(s) _____ ID #(s) _____

C. PRIMARY INSURED BENEFICIARY DESIGNATION *Must comply with Fraternal Code. Use Page 2 for more space.*

Primary Beneficiary(ies)	SSN	%	Date of Birth	Relationship to Proposed Insured	Home Telephone #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Contingent Beneficiary(ies)	SSN	%	Date of Birth	Relationship to Proposed Insured	Home Telephone #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If there is no surviving Beneficiary as designated, the proceeds shall be paid to the Owner or the Owner's estate. Should the Owner or the Owner's estate fail to claim the funds within three years of the Insured's death, the funds shall be paid to the Degree of Honor Foundation.

Beneficiary Designation if Spouse and/or Children's Riders are applied for: The Beneficiary Designation on the Spouse and/or Children's Rider shall be the Primary Insured if living; otherwise the estate of the person insured by the Rider. The above shall apply unless otherwise indicated by a Beneficiary Designation form.

D. INSURANCE AND BENEFITS APPLIED FOR

- 1. Plan of Insurance _____ 2. Amount of Basic Plan \$ _____
- 3. Death Benefit Option (U.L. only) A - Level B - Increasing
- 4. Extended No Lapse Guarantee (U.L. only) Yes No
- 5. **Additional Benefit Riders**
- Spouse Term (U.L. only) \$ _____ Primary Insured Term \$ _____
- Children's Term (U.L. only) \$ _____ Accidental Death Benefit \$ _____
- Monthly Disability Benefit (U.L. only) \$ _____ Disability Waiver (Traditional only) Yes No
- Guaranteed Insurability Option (U.L.) \$ _____ Guaranteed Insurability Option (Traditional) \$ _____
- Cost of Living (U.L. only) Yes No

E. PREMIUM INFORMATION

- 1. Planned annual premium \$ _____ 2. Amount paid per Conditional Receipt \$ _____
- 3. Method of payment Monthly (EFT only) Quarterly Semi-annual Annual Single Premium
 List Bill Government Allotment
- 4. Premium paid by Check Cash Other _____

F. DIVIDEND OPTION (Traditional Only) Paid in Cash Paid-Up Additions Accumulate at Interest

G. AUTOMATIC PREMIUM LOAN (Traditional Only) Yes No

H. EXISTING AND PROPOSED INSURANCE

Does the Proposed Insured have existing life insurance or annuities? Yes No
 Is the policy applied for intended to replace, change or borrow on any existing life insurance or annuity in this or any other company? Yes No If "yes", complete Replacement Forms and attach any required transfer forms.
 If replacing: Company _____ Policy # _____ Amount _____

 Address City, State, and Zip Code Telephone Number

List Other Life Insurance In Force and Currently Applied For

1. Degree of Honor Protective Association

Company _____

Year Issued	Life Insurance Plan	Life Insurance Amount	ADB Amount	MDB/DW Yes or No	Disability Income Yes or No

2. _____
 Company _____

Year Issued	Life Insurance Plan	Life Insurance Amount	ADB Amount	MDB/DW Yes or No	Disability Income Yes or No

I. SPECIAL REQUESTS For example: special issue date. _____

J. PROPOSED INSURED'S OCCUPATION

Employer	Employer Address	Duration
Duties		
Employer	Employer Address	Duration
Duties		

DECLARATION OF INSURABILITY

K. INFORMATION FOR ALL PROPOSED INSUREDS including those to be insured under Spouse/Children Rider
Proposed Insured

Height _____ Weight _____ Weight One(1) Year Ago _____ Reason for Weight Change _____
 Primary physician or clinic (If none, check) _____
Name

Street Address, City, State, Zip Code _____ Telephone Number with Area Code _____

Date and reason last consulted _____

Type of treatment and/or medication _____

For Universal Life Riders Complete if Spouse/Children are proposed for insurance. Use Page 2 for more space.

For Identification Verification: the identification must be an unexpired government-issued identification card or document that includes a **photograph** and one or more of the following: driver's license, taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence.

1. _____
First Name, Middle Initial, Last Name Relationship to Proposed Insured

Date of Birth	Age	Sex	Height	Weight	Social Security Number
Type of ID(s) _____			ID #(s) _____		

2. _____
First Name, Middle Initial, Last Name Relationship to Proposed Insured

Date of Birth	Age	Sex	Height	Weight	Social Security Number
Type of ID(s) _____			ID #(s) _____		

3. _____
First Name, Middle Initial, Last Name Relationship to Proposed Insured

Date of Birth	Age	Sex	Height	Weight	Social Security Number
Type of ID(s) _____			ID #(s) _____		

4. _____
First Name, Middle Initial, Last Name Relationship to Proposed Insured

Date of Birth	Age	Sex	Height	Weight	Social Security Number
Type of ID(s) _____			ID #(s) _____		

Has(have) spouse and/or any child had a weight change during the last year? Yes No If "Yes", who and why?

ACKNOWLEDGEMENT

I understand and agree that:

1. I have read and received the Notice of Insurance Information Practices and the MIB, Inc. Pre-Notice.
2. I have read the previous statements and answers and to the best of my knowledge they are true and complete.
3. This application shall become part of the insurance contract together with our Articles of Incorporation and Bylaws, as amended from time to time.
4. No change in this application shall be made without my written consent.
5. No agent of Degree of Honor Protective Association is authorized to make or alter any contract or waive any Degree of Honor Protective Association rights or requirements.
6. No insurance shall take effect (unless otherwise provided in a completed Conditional Receipt) until:
 - a) the Policy is delivered;
 - b) the first full premium is paid during the lifetime of the Insured; and
 - c) the insurability of the Proposed Insured remains as described in this application.

Signed at _____, this _____ day of _____, _____
City, State Month Year

Signature of Proposed Insured

Signature of Owner if different than Proposed Insured

Signature of Spouse if Spouse Rider Applied For

Authorized Agent

Fraud warning: 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.

ILLUSTRATION CERTIFICATION

I have received an illustration with this application. Yes No (If "no", complete acknowledgement below)

Owner Acknowledgement

I did not receive an illustration at the time I applied for my Degree of Honor Protective Association life insurance policy. I understand that an illustration conforming to the policy issued shall be provided no later than at the time of policy delivery.

Signature of Owner _____ Date _____

Authorized Agent Acknowledgement

I certify that I did not present an illustration to the above-named Owner at the time of application.

Signature of Authorized Agent _____ Date _____

LODGE/SERVICE CLUB MEMBERSHIP Must be signed. Not applicable for Proposed Insureds age 17 or less.

Is(Are) Proposed Insured(s) now a member of the Association? Yes Lodge/Service Club # _____ State _____
 No (If "no", complete membership application below)

APPLICATION FOR MEMBERSHIP TO DEGREE OF HONOR PROTECTIVE ASSOCIATION

I **herely apply** for membership in the Association and its local Lodge/Service Club # _____ State of _____

I **understand** that unless I select a specific Lodge/Service Club, the Association will select the Lodge/Service Club to which I will be assigned membership.

I **agree** if accepted, to abide by the Articles of Incorporation and Bylaws of the Association and the Bylaws of said Lodge/Service Club, all as the same now exist or are hereafter amended.

I **herely affirm** my belief in: Christian beliefs and values and demonstration of high moral character. The protection and support of family members and their dependents through fraternal insurance products. Promotion of the family unit and the seeking of ways to strengthen it. Assistance to members, their dependents and others in times of adversity. The desire to help others in need through community service and adherence to the principals of volunteerism. Maintenance of a representative form of government by providing members with the opportunity to become involved in structured events, club meetings and programs. Respect for and allegiance to the United States of America and its flag by promoting patriotism. Adherence to the Golden Rule "Do unto others as you would have them do unto you."

Signature of Proposed Member _____ Date _____

Signature of Proposed Member _____ Date _____

DEGREE OF HONOR PROTECTIVE ASSOCIATION
 BANK INFORMATION FOR ELECTRONIC FUNDS TRANSFER

I(We) hereby authorize the above-named Association to initiate automatic premium payments to be charged to my(our) account indicated below and the financial institution named below to charge these premiums to such account.

Financial Institution _____

EFT WITHDRAWAL METHOD Checking Account* Savings Account**
 EFT WITHDRAWAL BUSINESS DAY OF THE MONTH 1st Day 8th Day 16th Day 23rd Day

* If choosing EFT from **Checking Account**, attach a voided check for account and transit numbers.
 ** If choosing EFT from **Savings Account**, attach a voided withdrawal or deposit slip with the preprinted account and transit numbers.

NOTICE TO POLICYHOLDERS: This authority is to remain in full force and effect until the Financial Institution has received written notification from you of its termination in such time and in such manner as to afford the Financial Institution a reasonable opportunity to act on it. You have the right to stop payment of a premium by notification to the Financial Institution prior to charging the account. After the account has been charged, a customer has the right to have the amount of an erroneous payment immediately credited to his(her) account by the Financial Institution up to 15 days following notification.

List Name and Policy Number for those policies to be paid under this Agreement

NAME	POLICY #	NAME	POLICY #
_____	_____	_____	_____
NAME	POLICY #	NAME	POLICY #
_____	_____	_____	_____

Account Holder(s) (Please print) _____

Signature **Both Signatures Required if This is a Joint Account** 2nd Signature if Joint Account

AGENT'S CONFIDENTIAL REPORT

1. Did you personally see the Proposed Insured and ask each question? Yes No
2. How well do you know the Proposed Insured? Very well Casually Just met
3. Did the Proposed Insured contact you for this insurance? Yes No
4. Purpose for insurance? Estate liquidity (estate taxes, clearance costs) Business insurance (Give details. Must comply with Fraternal Code.) Family income (survivor, retirement, etc) Other _____
 Other personal needs (personal loan)
5. Your estimate of Proposed Insured's income and worth?
 Earned (annual) _____ Other (amount/source) _____ Estimated net worth _____
6. Are any other family members who are not on this application applying for insurance at this time? YES NO

Name(s) & Date	Relationship to Proposed Insured	Company	Plan/Amount
Name(s) & Date	Relationship to Proposed Insured	Company	Plan/Amount
Name(s) & Date	Relationship to Proposed Insured	Company	Plan/Amount

7. Indicate type of arrangements made

- | Proposed Insured | Spouse | Proposed Insured | Spouse |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Nonmedical only | <input type="checkbox"/> | <input type="checkbox"/> H.O. Urine specimen(send to H.O.R.L.) |
| <input type="checkbox"/> | <input type="checkbox"/> Medical examination by MD | <input type="checkbox"/> | <input type="checkbox"/> Paramedical with ECG |
| <input type="checkbox"/> | <input type="checkbox"/> Basic paramedical | <input type="checkbox"/> | <input type="checkbox"/> Blood chemistry profile |
| <input type="checkbox"/> | <input type="checkbox"/> Other (indicate) _____ | | |

Name and address of paramedical facility or medical doctor being used _____

Scheduled date of completion _____ Telephone # _____

8. Was the premium paid with this application? Yes No
9. Who paid the premium? Owner Proposed Insured Other (explain below)
10. Additional information and explanations: _____

To the best of my knowledge and belief:

1. I have asked all questions and recorded all answers as they were given to me by the Proposed Insured and/or Owner.
2. I know nothing about Proposed Insured's health, habits, avocations or life style affecting insurability which has not been stated in this application.
3. The Proposed Insured **does** **does not** have existing life insurance policies or annuity contracts.
4. The insurance applied for on this application **is** **is not** intended to replace or change any life insurance or annuity with this or any other organization, except as indicated. Section H must be completed.
5. The Notice of Insurance Information Practices and MIB, Inc. Pre-Notice and disclosure or outline(s) of coverage, if required, were left with the Proposed Insured and Owner.
6. I have explained the anti-money laundering/terrorist financing information collecting requirements to the Owner and Proposed Insured.
7. I **have seen** **have not seen** the Owner's photo id and verified such identity.
 I **have seen** **have not seen** the Proposed Insured's photo id (as applicable) and verified such identity(ies).

DATED _____ SIGNED _____
Authorized Agent

AGENT PERSISTENCY NUMBER IS REQUIRED. PLEASE FULLY COMPLETE THIS SECTION.

<small>Persistency Number</small>	<small>Persistency Number</small>
<small>Print Agent's Name</small>	<small>Print Agent's Name</small>
<small>Agent's Signature</small>	<small>Agent's Signature</small>
<small>Agent's E-mail Address</small>	<small>Agent's Telephone Number</small>
<small>Agent's Telephone Number</small>	<small>Agent's E-mail Address</small>
<small>Percent (%)</small>	<small>Percent (%)</small>

CONDITIONAL RECEIPT

Detach and deliver to applicant only if first premium is received.

- A. WHEN INSURANCE IS EFFECTIVE. It is mutually agreed that the insurance applied for will take effect prior to delivery of a policy as of the latest of the date hereof or the date of any required medical examination only if: (1) the application is fully and truthfully completed; (2) the Proposed Insured(s) is(are) eligible as of the Policy Date for the plan and amount of insurance applied for; (3) the Proposed Insured(s) is(are) approved as an insurable risk at standard rates under Association rules after receipt of required information; and (4) the required first full premium is paid.
- B. WHEN RECEIPT IS VOID. This receipt shall be void and no insurance shall be in force hereunder if: (1) any of the required conditions in A above are not fulfilled; or (2) if any plan or amount applied for is declined or is not approved for issuance within 60 days of the date of the application; or (3) if a check in payment of premium is not honored on first presentation; or (4) if death occurs as a result of suicide or attempted suicide.

NO AGENT OR REPRESENTATIVE OF THE ASSOCIATION IS AUTHORIZED TO WAIVE ANY OF THE FOREGOING CONDITIONS

Received from _____ the sum of _____ as first premium for application
Please print

dated _____ relating to _____
Proposed Insured(s)

subject to the foregoing terms and conditions.

Degree of Honor Protective Association
400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101-2029
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.com

Authorized Agent

NOTICE OF INSURANCE INFORMATION PRACTICES and MIB, INC. PRE-NOTICE

Always detach and give to the Proposed Insured or Parent or Guardian

Degree of Honor Protective Association appreciates your application and the confidence you have shown in us. Information regarding insurability is necessary to equitably evaluate your application. All information will be treated as confidential. Sources for this information include statements made on the application or possibly in a telephone interview from the Home Office, examination results, medical studies, and reports we receive from doctors, practitioners, medical facilities, the Medical Information Bureau, Inc. (MIB), or from investigative consumer reports.

Degree of Honor and its reinsurers provide information in coded form to the Medical Information Bureau, a nonprofit membership organization of life insurance companies and societies which operates an information exchange on behalf of its members. Upon request from another member of MIB to which you apply for life or health coverage or to which a claim for benefits is submitted, the MIB will supply that company or society with the information it has in its file. You may request from MIB disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician). If you question the accuracy of the information in MIB's file, you may contact them and seek correction in accordance with procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112; telephone number (617) 426-3660.

In addition, we may get an investigative report from a consumer reporting agency. This report may include personal interviews with your neighbors, friends or other acquaintances for information as to your general reputation, personal characteristics and mode of living. Upon written request, you will be informed if such a report was obtained and, if so, the name and address of the consumer reporting agency to whom such a request was made. You may contact that agency and ask for a copy of this report.

Upon request, Degree of Honor will furnish details on how to obtain and correct personal information in its file.



Degree of Honor
Protective Association

A Fraternal Benefit Society

400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.com



*Degree of Honor
Protective Association*

A Fraternal Benefit Society

*Application for
Juvenile Life Insurance*

**400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.com**

E. INSURANCE AND BENEFITS APPLIED FOR

- 1. Plan of Insurance _____ 2. Amount of Basic Plan _____
- 3. Death Benefit Option (U.L. Only) A-Level B-Increasing 4. Extended No Lapse Guarantee (U.L. Only) Yes No
- 5. Additional Benefits: Monthly Disability Benefit (U.L. Only) \$ _____ Cost of Living (U.L. Only) Yes No
- Accidental Death Benefit \$ _____ Disability Waiver (Traditional Only) Yes No
- Accelerated Death Benefit Yes No Guaranteed Insurability Option Rider \$ _____

F. PREMIUM INFORMATION

- 1. Planned annual premium \$ _____ 2. Amount paid per conditional receipt \$ _____
- 3. Method of payment Monthly (EFT Only) Quarterly Semi-annual Annual Single Premium
- List Bill Government Allotment
- 4. Premium paid by Check Cash Other _____

G. DIVIDEND OPTION (Traditional Only) Paid in Cash Paid-Up Additions Accumulate at Interest

H. AUTOMATIC PREMIUM LOAN (Traditional Only) Yes No

I. INSURANCE HISTORY

Does the Proposed Insured have existing life insurance or annuities? Yes No

Is the policy applied for intended to replace, change or borrow on any existing life insurance or annuity in this or any other company? Yes No If "yes", complete Replacement Forms and attach any required transfer forms.

Record all insurance in force or pending (Check if none:)

1. Degree of Honor Protective Association

Company _____

Year Issued	Life Insurance Plan	Life Insurance Amount	ADB Amount	MDB/DW Yes or No

2. _____

Company _____

Year Issued	Life Insurance Plan	Life Insurance Amount	ADB Amount	MDB/DW Yes or No

J. DETAILS AND SPECIAL REQUESTS (Example: special issue date, etc.) _____

K. PROPOSED INSURED'S LODGE/SERVICE CLUB ASSIGNMENT

Lodge/Service Club # _____ State _____

L. ILLUSTRATION CERTIFICATION

I have received an illustration with this application Yes No (If "No", complete acknowledgement below)

Owner Acknowledgement

I did not receive an illustration at the time I applied for this Degree of Honor Protective Association life insurance policy. I understand that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Signature of Owner _____ Date _____

Authorized Agent Acknowledgement

I certify that I did not present an illustration to the above named Owner at the time of application.

Signature of Authorized Agent _____ Date _____

M. DECLARATION OF INSURABILITY Proposed Insured (Child)

1. Height _____ Weight _____ Weight 1 year ago or birthweight if under age 1 _____
2. Reason for weight change _____
3. Primary physician or clinic (If none, check)

Name _____ Address _____ City _____ State and Zip code _____ Telephone # _____

4. Date and reason last consulted _____
5. Type of treatment and/or medication _____

WITHIN THE PAST FIVE YEARS HAS THE CHILD (List details below): **YES** **NO**

1. Had any physical, mental, nervous, or congenital disorder, disease, illness or injury?
2. Had an electrocardiogram, x-ray, blood studies or tests?
3. Received counseling, special training or special schooling?
4. Had any medication prescribed or taken any medication for any reason?
5. Had any checkup, physical consultation, or been advised to restrict or avoid normal activities?
6. Ever had a life insurance application declined, postponed, rated or withdrawn?

If yes, give name of company(ies) date and reason: _____

N. FAMILY HISTORY

7. Have the child's parents, brothers or sisters ever had:
 Cancer High Blood Pressure Heart Disease Congenital Disorder Mental Illness Diabetes
 If so, give relationship to child, condition, current age or age at death _____

LIST DETAILS OF ANY "YES" ANSWERS FROM ABOVE *Use a separate piece of paper for more space.*

Question Number	Illness-Medication-Treatment-Restrictions or Explanation of Nonmedical "Yes" Answer	Doctor-Hospital-Medical Facility Address-Telephone Number	Date Began	Date Recovered

ACKNOWLEDGEMENT

I understand and agree that:

1. I have received the Notice of Insurance Information Practices and MIB, Inc. Pre-Notice.
2. I have read the above statements and answers and to the best of my knowledge they are true and complete.
3. This application shall become part of the insurance contract.
4. No change in this application shall be made without my written consent.
5. No agent of Degree of Honor Protective Association is authorized to make or alter any contract or waive any Degree of Honor Protective Association rights or requirements.
6. No insurance shall take effect except as otherwise provided in the Conditional Receipt until: the Policy is delivered, the first full premium is paid during the lifetime of the Proposed Insured, and the insurability of the Proposed Insured remains as described in this application.

Signed at _____, this _____ day of _____, _____
Month Year

Signature of Parent or Guardian

Authorized Agent

Signature of Owner if other than Parent or Guardian

Fraud Warning: 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 or confinement in prison.

DEGREE OF HONOR PROTECTIVE ASSOCIATION
BANK INFORMATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

I(we) hereby authorize the above-named association to initiate automatic premium payments to be charged to my(our) account indicated below and the financial institution named below to charge these premiums to such account.

Financial Institution: _____

EFT WITHDRAWAL METHOD Checking Account* Savings Account**
EFT WITHDRAWAL BUSINESS DAY OF THE MONTH 1st Day 8th Day 16th Day 23rd Day

* If choosing EFT from **checking account**, attach a voided check for account and transit numbers.
** If choosing EFT from **savings account**, attach a voided withdrawal or deposit slip with the preprinted account and transit numbers. (If not available, please provide: **Account #** _____ and **9-digit transit #** _____)

NOTE TO POLICYHOLDER: This authority is to remain in full force and effect until Financial Institution has received written notification from you of its termination in such time and in such manner as to afford Financial Institution a reasonable opportunity to act on it. The Policyholder has the right to stop payment of a premium by notification to the Financial Institution prior to charging the account. After the account has been charged, a customer has the right to have the amount of an erroneous payment immediately credited to his(her) account by the Financial Institution up to 15 days following notification.

List Name and Policy Number for those policies to be paid under this Agreement

NAME	POLICY #	NAME	POLICY #
------	----------	------	----------

Account Holder(s) (Please print) _____

Signature (Both signatures required if this is a joint account) **Signature**

DOH 531

AGENT'S CONFIDENTIAL REPORT

1. Did you personally see the Proposed Insured (child)? Yes No If "No", explain below.
2. Did parent or guardian provide all answers to the questions? Yes No If "No", explain below.
3. How well do you know the child or family? Very well Casually Just met
4. Did you initially contact the parents for this insurance? Yes No If "No", explain below.
5. Are any other family members applying for insurance at this time? Yes No

Names(s) & Date	Relationship to Child	Company	Plan/Amount

6. Provide amount of insurance in force on each parent and sibling:

Father: \$ _____ Total Amount of Insurance	Mother: \$ _____ Total Amount of Insurance
Sibling #1: \$ _____ Total Amount of Insurance	Sibling #2: \$ _____ Total Amount of Insurance
Sibling #3: \$ _____ Total Amount of Insurance	Sibling #4: \$ _____ Total Amount of Insurance

7. Have you arranged for any additional evidence of insurability in connection with this application? Yes No
 If "Yes", provide details:

8. Was the premium paid with this application? Yes No If "Yes", amount: \$ _____

9. Additional information and explanations: _____

To the best of my knowledge and belief:

1. I have asked all questions and recorded all answers as they were given to me by the Proposed Insured's parent or guardian.
2. I know nothing about Proposed Insured's health, habits, avocations or lifestyle affecting insurability which has not been stated in this application.
3. The insurance applied for on this application: is or is not intended to replace or change any insurance or annuity with this or any other organization, except as indicated.
4. Notice of Insurance Information Practices and MIB, Inc. Pre-Notice and disclosure or outline(s) of coverage, if required, were left with the Applicant.
5. I have explained the anti-money laundering/terrorist financing information collecting requirements to the Owner.
6. I have seen or have not seen the Owner's photo id and verified such identity.
 I have seen or have not seen the Proposed Insured's photo id and verified such identity.

DATED _____ SIGNED _____
Authorized Agent

AGENT PERSISTENCY NUMBER IS NECESSARY TO CREATE A COMMISSION STATEMENT.

_____ Persistency Number	_____ Persistency Number
_____ Print Agent's Name	_____ Print Agent's Name
_____ Agent's Signature	_____ Agent's Signature
_____ Agent's Telephone Number	_____ Agent's Telephone Number
_____ Agent's E-mail Address	_____ Agent's E-mail Address
_____ Percent (%)	_____ Percent (%)

CONDITIONAL RECEIPT

Detach and deliver to applicant only if first premium is received.

A. WHEN INSURANCE IS EFFECTIVE. It is mutually agreed that the insurance applied for will take effect prior to delivery of a policy as of the latest of the date hereof or the date of any required medical examination only if: (1) the application is fully and truthfully completed; (2) the Proposed Insured is eligible as of the Policy Date for the plan and amount of insurance applied for; (3) the Proposed Insured is approved as an insurable risk at standard rates under Degree of Honor rules after receipt of required information; and (4) the required first full premium is paid.

B. WHEN RECEIPT IS VOID. This receipt shall be void and no insurance shall be in force hereunder if: (1) any of the required conditions in A above are not fulfilled; or (2) if any plan or amount applied for is declined or is not approved for issuance within 60 days of the date of the application; or (3) if a check in payment of premium is not honored on first presentation; or (4) if death occurs as a result of suicide or attempted suicide.

NO AGENT OR REPRESENTATIVE OF THE ASSOCIATION IS AUTHORIZED TO WAIVE ANY OF THE FOREGOING CONDITIONS.

Received from _____ the sum of \$ _____ as first premium for application dated _____ relating to _____, subject to the foregoing terms and conditions.

Proposed Insured

Degree of Honor Protective Association
400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101-2029
651.228.7600, 800.947.5812
degreeofhonor.com

Authorized Agent

NOTICE OF INSURANCE INFORMATION PRACTICES and MIB, INC. PRE-NOTICE

Always detach and give to the Proposed Insured's parent or guardian.

Degree of Honor Protective Association appreciates your application and the confidence you have shown in us. Information regarding insurability is necessary to equitably evaluate your application. All information will be treated as confidential. Sources for this information include statements made on the application or possibly in a telephone interview from the home office, examination results, medical studies and reports we receive from doctors, practitioners, medical facilities, the Medical Information Bureau, Inc. (MIB) or from investigative consumer reports.

Degree of Honor and its reinsurers provide information in coded form to the Medical Information Bureau, a nonprofit membership organization of life insurance companies and societies which operates an information exchange on behalf of its members. Upon request from another member of MIB to which you apply for life or health coverage or to which a claim for benefits is submitted, the MIB will supply that company or society with the information it has in its file. You may request from MIB disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician). If you question the accuracy of the information in MIB's file, you may contact them and seek correction in accordance with procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

In addition, we may get an investigative report from a consumer reporting agency. This report may include personal interviews with your neighbors, friends or other acquaintances for information as to your general reputation, personal characteristics and mode of living. Upon written request, you will be informed if such a report was obtained and, if so, the name and address of the consumer reporting agency to whom such a request was made. You may contact that agency and ask for a copy of this report.

Upon request, Degree of Honor will furnish details on how to obtain and correct personal information in its file.



***Degree of Honor
Protective Association***

A Fraternal Benefit Society

400 Robert Street North, Suite 1600
Saint Paul, Minnesota 55101
Telephone: 651.228.7600, 800.947.5812
degreeofhonor.com



Degree of Honor Protective Association

400 Robert Street N., Suite 1600
Saint Paul, Minnesota 55101-2029
1-800-947-5812 • (651) 228-7600 • FAX: (651) 224-7446
degreeofhonor.com

September 24, 2008

Re: **DEGREE OF HONOR PROTECTIVE ASSOCIATION – NAIC #57088**

ULIVZF	Flexible Premium Adjustable Death Benefit Life Insurance
MD 9-08	Monthly Disability Benefit Rider
CTI-RDR-08	Children's Term Insurance Rider

To Whom it May Concern:

I HEREBY CERTIFY that Griffith, Ballard and Company has supervised the development of the forms included in this submission, and that they are authorized to submit these forms on behalf of DEGREE OF HONOR PROTECTIVE ASSOCIATION.

Any questions regarding this submission should be directed to John D. Ballard of Griffith, Ballard and Company, as the individual responsible for this filing.

A handwritten signature in black ink, appearing to read 'Kathleen Brownrigg', written over a horizontal line.

Kathleen Brownrigg
Chief Executive Secretary

ILLUSTRATION REGULATION CERTIFICATION

DEGREE OF HONOR PROTECTIVE ASSOCIATION

FORM NUMBER(S) AND TITLE(S):

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION – NAIC #57088

ULIVZF Flexible Premium Adjustable Death Benefit Life Insurance

I hereby certify that the above-referenced form will be marketed with illustrations containing non-guaranteed elements. The illustrated scales for this plan are in conformity with the Actuarial Standards of Practice for compliance with the National Association of Insurance Commissions Model Regulation on Life Insurance Illustrations promulgated by the Actuarial Standards Board. Illustrated scales meet the requirements of the Illustration Regulation.



John D. Ballard
Illustration Actuary

DEGREE OF HONOR PROTECTIVE ASSOCIATION

STATE OF ARKANSAS

1200 West Third Street
Little Rock, AR 72201

*Certification of Compliance
Rule and Regulation 34*

Carrier: **Degree of Honor Protective Association**

Form Number and Title: ULIVZF (AR) Flexible Premium Adjustable Death Benefit Life Insurance
MD 9-08 Monthly Disability Benefit Rider
CTI-RDR-08 Children's Term Insurance Rider

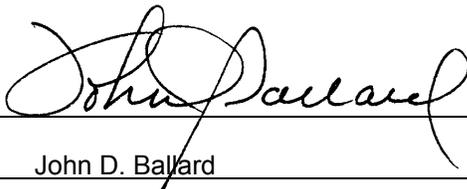
We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 34.

Signature of Officer: _____ 

Name (typed or printed): _____ Kathleen Brownrigg _____

Title or business affiliation: _____ Chief Executive Secretary _____

Date: October 14, 2008

Signature of Actuary : _____ 

Name (typed or printed): _____ John D. Ballard _____

Title or business affiliation: _____ Consulting Actuary, Griffith, Ballard and Company _____

Date: October 14, 2008