

SERFF Tracking Number: NGLI-125715187 State: Arkansas
Filing Company: National Guardian Life State Tracking Number: 39518
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.202 Early Duration Reduced Benefit - Level
Premium - Any Policy Design - Funeral Expense
Product Name: NPNDFD2008
Project Name/Number: NPNDFD2008/

Filing at a Glance

Company: National Guardian Life

Product Name: NPNDFD2008

TOI: L071 Individual Life - Whole

Sub-TOI: L071.202 Early Duration Reduced
Benefit - Level Premium - Any Policy Design -
Funeral Expense

Filing Type: Form

SERFF Tr Num: NGLI-125715187 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39518

Co Tr Num:

State Status: Withdrawn

Co Status:

Reviewer(s): Linda Bird

Author: Peggy Kratz

Disposition Date: 10/03/2008

Date Submitted: 07/02/2008

Disposition Status: Withdrawn

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: NPNDFD2008

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/03/2008

State Status Changed: 10/03/2008

Corresponding Filing Tracking Number:

Filing Description:

See Cover Letter

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

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Peggy Kratz, Senior Policy Forms Specialist plkratz@nglic.com
P.O. Box 1191 (608) 443-5325 [Phone]
Madison, WI 53701-1191 (608) 443-5365[FAX]

Filing Company Information

National Guardian Life CoCode: 66583 State of Domicile: Wisconsin
P.O. Box 1191 Group Code: Company Type: LAH
Madison, WI 53701-1191 Group Name: State ID Number:
(800) 626-7931 ext. 5790[Phone] FEIN Number: 39-0493780

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life	\$50.00	07/02/2008	21228410

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Product Name: NPNDFD2008

Project Name/Number: NPNDFD2008/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Linda Bird	10/03/2008	10/03/2008

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	08/12/2008	08/12/2008	Peggy Kratz	10/03/2008	10/03/2008
Pending Industry Response	Linda Bird	07/30/2008	07/30/2008	Peggy Kratz	08/08/2008	08/08/2008
Pending Industry Response	Linda Bird	07/08/2008	07/08/2008	Peggy Kratz	07/21/2008	07/21/2008

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Disposition

Disposition Date: 10/03/2008

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

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 Product Name: NPNDFD2008
 Project Name/Number: NPNDFD2008/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Death Benefit Tables		Yes
Supporting Document	Amount at Risk Demonstration		Yes
Form (revised)	Limited Pay Whole Life Policy		Yes
Form	Limited Pay Whole Life Policy		Yes
Form	Application		Yes

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Product Name: NPNDFD2008
Project Name/Number: NPNDFD2008/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/12/2008
Submitted Date 08/12/2008

Respond By Date

Dear Peggy Kratz,

This will acknowledge receipt of the captioned filing.

Objection 1

- Limited Pay Whole Life Policy (Form)

Comment: Thank you for your comments. We can not make exceptions, this form does not meet current requirements.

The death benefit will need to be revised, the filing can be withdrawn, or we can disapprove the submission.

We will hold your filing in a pending status awaiting your reply.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/03/2008
Submitted Date 10/03/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird,

We have decided not to amend this filing and ask that you withdraw it from further consideration at this time.

SERFF Tracking Number: NGLI-125715187 *State:* Arkansas
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Project Name/Number: NPNDFD2008/

Thanks very much for your assistance.

Related Objection 1

Applies To:

- Limited Pay Whole Life Policy (Form)

Comment:

Thank you for your comments. We can not make exceptions, this form does not meet current requirements.

The death benefit will need to be revised, the filing can be withdrawn, or we can disapprove the submission.

We will hold your filing in a pending status awaiting your reply.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Peggy Kratz

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Product Name: NPNDFD2008
Project Name/Number: NPNDFD2008/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/30/2008
Submitted Date 07/30/2008

Respond By Date

Dear Peggy Kratz,

This will acknowledge receipt of the captioned filing.

Objection 1

- Limited Pay Whole Life Policy (Form)

Comment: The revised policy form does not meet current requirements. The problem with this policy is that the insurer assumes no risk the first policy year returning a death benefit equal only to the premium paid. Although the death benefit increases each year, the insurer has very little risk until later years.

The Commissioner is charged with determining that there is a reasonableness of the relation of benefits to the premium charged. If the death benefit is revised, particularly in the first year whereby National Guardian does take risk, the policy can be approved.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/08/2008
Submitted Date 08/08/2008

Dear Linda Bird,

Comments:

Response 1

Comments: We respectfully ask that you reconsider your objection. This product was designed for individuals who cannot afford an initial lump sum payment to fund a pre-arranged funeral contract. It is a guaranteed issue product, with

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no underwriting.

While not a large amount, the Company does take some risk under each plan during the first policy year. I have attached , to the Supporting Documentation Tab, a table provided by our actuary which shows the risk per unit of insurance.

In addition, we are at risk for all premium tax paid, at the rate of 2.5%.

Your continued review and reconsideration of this product would be greatly appreciated.

Related Objection 1

Applies To:

- Limited Pay Whole Life Policy (Form)

Comment:

The revised policy form does not meet current requirements. The problem with this policy is that the insurer assumes no risk the first policy year returning a death benefit equal only to the premium paid. Although the death benefit increases each year, the insurer has very little risk until later years.

The Commissioner is charged with determining that there is a reasonableness of the relation of benefits to the premium charged. If the death benefit is revised, particularly in the first year whereby National Guardian does take risk, the policy can be approved.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Amount at Risk Demonstration

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Peggy Kratz

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Product Name: NPNDFD2008
Project Name/Number: NPNDFD2008/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/08/2008
Submitted Date 07/08/2008

Respond By Date

Dear Peggy Kratz,

This will acknowledge receipt of the captioned filing.

Objection 1

- Limited Pay Whole Life Policy (Form)

Comment: Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The policy is in violation of Guideline One of this bulletin.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/21/2008
Submitted Date 07/21/2008

Dear Linda Bird,

Comments:

Response 1

Comments: We have revised the policy form by adding the following prominent description to the title of the policy:

"With Reduced Benefits In Early Policy Years"

Your continued review is greatly appreciated.

Related Objection 1

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 Premium - Any Policy Design - Funeral Expense
 Product Name: NPNDFD2008
 Project Name/Number: NPNDFD2008/

Applies To:

- Limited Pay Whole Life Policy (Form)

Comment:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The policy is in violation of Guideline One of this bulletin.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Limited Pay Whole Life Policy	NPNDFD2008-AR		Policy/Contract/Fraternal Certificate	Revised	Same	56	NPNDFD2008-AR Rev.pdf
Previous Version							
Limited Pay Whole Life Policy	NPNDFD2008-AR		Policy/Contract/Fraternal Certificate	Initial		56	NPNDFD2008-AR.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Peggy Kratz

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 Premium - Any Policy Design - Funeral Expense
 Product Name: NPNDFFD2008
 Project Name/Number: NPNDFFD2008/

Form Schedule

Lead Form Number: NPNDFFD2008-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NPNDFFD2008-AR	Policy/Contract	Limited Pay Whole Fraternal Life Policy Certificate	Revised	Replaced Form #: Same Previous Filing #: NPNDFFD2008-AR	56	NPNDFFD2008-AR Rev.pdf
	2815PN-I-AR 05/08	Application/Enrollment Form	Application	Initial			2815PN-I-AR 05-08.pdf



A Mutual Company Incorporated in 1909
 Two East Gilman Street • PO Box 1191
 Madison WI 53701-1191 • Phone 800-988-0826

**LIMITED PAY WHOLE LIFE POLICY
 WITH REDUCED BENEFITS IN EARLY POLICY YEARS**

AGREEMENT	<p>This insurance policy provides life insurance for the Insured shown on the Schedule. The death benefit will be paid to the Beneficiary upon the death of the Insured, subject to terms of this policy including any assignment of rights or benefits made by You. If this policy is assigned in connection with a prearranged funeral plan, cancellation of the plan does not automatically cancel the policy.</p> <p>For information or service on this policy, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this policy by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the policy before midnight of the thirtieth (30th) day after the date You receive this policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this policy to You within ten (10) days after We receive notice of cancellation and the returned policy. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p align="center">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.

Sherril A. Kiczak
 Secretary

J. Johnson
 President

Monthly Increasing Death Benefit During The Premium Paying Period

Premiums Payable For Period Specified On The Schedule Or Until Prior Death

Participating

GUIDE TO YOUR POLICY			
Definitions	2	Policy Loan Provisions	5
Schedule of Benefits	3	Nonforfeiture Provisions	5
Death Benefit Table	3a	Owner and Beneficiary	6
Policy Summary	4	General Provisions	6
Premium Payment	4	Basis of Values	6
Death Benefit	5		

DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the annual date right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the policy.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The initial Declared Annual Growth Rate is shown on the Schedule. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this policy. The Insured may or may not be the Owner.
Issue Date	The date coverage is effective for this policy as shown on the Schedule.
Loans	Any amount owed Us as a result of Policy Loans, including unpaid, accrued interest.
Monthly Anniversary	The same date each month as the Issue Date of this policy.
Notice To Us	Written request or notice received at our Home Office in a form which meets Our needs.
Owner	The person who owns the policy as shown on Our records. You have all the rights in this policy while the Insured is living.
Policy Anniversary	The same date each year as the Issue Date of this policy.
Policy Month	The period between the Issue Date and the first Monthly Anniversary, or from one Monthly Anniversary to another.
Policy Year	The period between the Issue Date and the first Policy Anniversary, or from one Policy Anniversary to another.
Premium Paying Period	The number of years during which premiums are payable, as shown on the Schedule. The Death Benefit payable during the Premium Paying Period is shown on the Schedule of Benefits and Premiums.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Schedule	Any current policy Schedule, amended policy Schedule or endorsement sent to You by Us.
Ultimate Policy Amount	<p>The Ultimate Policy Amount is used to determine the death benefit after the Premium Paying Period. It is shown on the Policy Schedule.</p> <p>The Ultimate Policy Amount may be increased after the Premium Paying Period, as follows.</p> <p>On each Policy Anniversary, the amount of the increase is equal to (a) times (b); where</p> <ul style="list-style-type: none"> • (a) is the number of Units of Insurance multiplied by 1,000, and • (b) is the Declared Annual Growth Rate. <p>During the Policy Year, the amount of the increase each day since the Policy Anniversary is equal to (a) times (c); where</p> <ul style="list-style-type: none"> • (a) is the number of Units of Insurance multiplied by 1,000, and • (c) is 1/365th of the Declared Annual Growth Rate.
We, Our, and Us	Is National Guardian Life Insurance Company.
You and Your	The Owner of this Policy.

SCHEDULE OF BENEFITS AND PREMIUMS

POLICY NUMBER [APL0001908] ISSUE DATE [JUNE 01, 2008]

Plan	Units of Insurance	Annual Premium	Premium Paying Period	Maturity Date
Limited Pay Whole Life	[1]	[\$100.00]	[10 Years]	Life
Premium Payable:	Annually [\$100.00]	Semi-Annually [\$50.00]	Quarterly [\$25.00]	Monthly [\$8.33]

The Death Benefit during the Premium Paying Period is shown in the Table on Page 3a.
After the Premium Paying Period, the Death Benefit is the Ultimate Policy Amount defined on Page 4.

Table of Guaranteed Cash Values and Paid-Up Insurance

(Figures do not include future growth, if any)

<u>End of Policy Year</u>	<u>Cash or Loan Value</u>	<u>Paid-Up Insurance</u>
1	[0.00]	[0.00]
2	[25.27]	[124.61]
3	[57.50]	[272.54]
4	[91.05]	[414.94]
5	[125.94]	[551.98]
6	[162.21]	[683.97]
7	[199.86]	[810.99]
8	[238.94]	[933.40]
9	[279.48]	[1,051.31]
10	[321.50]	[1,165.00]
11	[333.64]	[1,165.00]
12	[346.13]	[1,165.00]
13	[358.98]	[1,165.00]
14	[372.19]	[1,165.00]
15	[385.76]	[1,165.00]
16	[399.69]	[1,165.00]
17	[413.95]	[1,165.00]
18	[428.51]	[1,165.00]
19	[443.34]	[1,165.00]
20	[458.43]	[1,165.00]
Age 55	[458.43]	[1,165.00]
Age 60	[537.78]	[1,165.00]
Age 65	[622.33]	[1,165.00]

Ultimate Policy Amount: \$1,165.00
 Declared Annual Growth Rate: [3%], Non-Guaranteed – Applies Only After Premium Paying Period
 Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values:
 Mortality Table: 1980 Commissioner's Standard Ordinary
 Interest Rate: 5.00%
 Method: 1980 CSO Standard Nonforfeiture Law Minimum

Insured: [John Doe]
 Age: [35 Male]
 Beneficiary: As Stated In The Application Or Last Recorded Endorsement
 Owner: [John Doe]

SCHEDULE OF BENEFITS AND PREMIUMS (continued)

POLICY NUMBER [APL0001908] ISSUE DATE: [JUNE 01, 2008]

DEATH BENEFIT TABLE

The benefit shown is for the total number of Units of Insurance purchased.

<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>
1	\$8.58	41	389.33	81	801.25
2	17.17	42	400.00	82	811.17
3	25.75	43	410.67	83	821.08
4	34.33	44	421.33	84	831.00
5	42.92	45	432.00	85	840.67
6	51.50	46	442.67	86	850.33
7	60.08	47	453.33	87	860.00
8	68.67	48	464.00	88	869.67
9	77.25	49	474.42	89	879.33
10	85.83	50	484.83	90	889.00
11	94.42	51	495.25	91	898.67
12	103.00	52	505.67	92	908.33
13	111.83	53	516.08	93	918.00
14	120.67	54	526.50	94	927.67
15	129.50	55	536.92	95	937.33
16	138.33	56	547.33	96	947.00
17	147.17	57	557.75	97	956.25
18	156.00	58	568.17	98	965.50
19	164.83	59	578.58	99	974.75
20	173.67	60	589.00	100	984.00
21	182.50	61	599.25	101	993.25
22	191.33	62	609.50	102	1,002.50
23	200.17	63	619.75	103	1,011.75
24	209.00	64	630.00	104	1,021.00
25	219.58	65	640.25	105	1,030.25
26	230.17	66	650.50	106	1,039.50
27	240.75	67	660.75	107	1,048.75
28	251.33	68	671.00	108	1,058.00
29	261.92	69	681.25	109	1,066.92
30	272.50	70	691.50	110	1,075.83
31	283.08	71	701.75	111	1,084.75
32	293.67	72	712.00	112	1,093.67
33	304.25	73	721.92	113	1,102.58
34	314.83	74	731.83	114	1,111.50
35	325.42	75	741.75	115	1,120.42
36	336.00	76	751.67	116	1,129.33
37	346.67	77	761.58	117	1,138.25
38	357.33	78	771.50	118	1,147.17
39	368.00	79	781.42	119	1,156.08
40	378.67	80	791.33	120	1,165.00

POLICY SUMMARY

Summary	This Summary briefly describes some of the major policy provisions. Since it does not go into detail, the actual provisions will control. See those provisions for full information and any limits that may apply. The Guide to Your Policy on page 1 shows where these provisions may be found.
Death Benefit	This is a whole life insurance policy with an increasing death benefit. We will pay a death benefit if the Insured dies while the policy is in force. "In force" means that the insurance has not terminated.
Payment of Premiums	Premiums are payable in advance during the lifetime of the Insured. We allow a 31-day grace period for payment of each premium after the first one. If a premium is not paid by the end of the grace period, the policy will lapse as of the due date of that premium. If this policy lapses, the insurance may terminate or it may continue in force for a limited amount.
Rights of Owner	If this policy lapses, there is a right to reinstate the policy. There are other rights available to the Owner while the Insured is living. These include: <ul style="list-style-type: none">• The right to assign this policy.• The right to change the Owner or any Beneficiary.• The right to make Policy Loans.• The right to surrender this policy.

PREMIUM PAYMENT

Premiums	The payments needed to keep this policy in full force. Premiums for this policy are shown on the Schedule. They are payable during the Premium Paying Period. Pay each premium at Our Home Office or to any person We authorize to collect premiums.
Premium Due Dates	Premiums are payable in advance during the Insured's lifetime. The first one is due on the Issue Date. Each subsequent premium is due when the period covered by the preceding premium ends. Premiums may be paid in any mode shown on the Schedule.
Grace Period	We will keep this policy in full force for 31 days after each premium due date. Any past due premium will be deducted from the benefits payable if the Insured dies within the grace period.
Lapse or Termination	If the premium is not paid by the end of 31 days after the due date, the policy will terminate as of the due date, unless it has a cash or loan value. If it has cash or loan value, see the "Lapse Benefits" section of this policy.

DEATH BENEFIT

Amount of Death Benefit	We pay a benefit if the Insured dies while covered under this Policy. The amount of the death benefit depends on: (1) the Premium Paying Period selected by You; and (2) the date of death of the Insured. <ul style="list-style-type: none">• During the Premium Paying Period: The death benefit is the amount shown in the Death Benefit Table for the Policy Month in which death occurs, less any Loans. The Death Benefit Table is shown on Page 3a.• After the Premium Paying Period: The death benefit is the Ultimate Policy Amount on the date of death less any Loans.
Unearned Premium Refund	We refund any unearned premium at the time of the Insured's death. It is paid to the Beneficiary. Unearned premium is any amount paid beyond the month of the Insured's death.
Proof of Death	We will pay the death benefit within thirty (30) days after we receive Proof of the Insured's death at our Home Office. If We wait more than thirty (30) days to pay death benefits, interest at the guaranteed rate, or such other rate as may be required by applicable state law if such a rate is greater, will be added for the time We waited.
Suicide Exclusion	If the Insured commits suicide within two (2) years (one (1) year in Colorado or North Dakota) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

POLICY LOAN PROVISIONS

Policy Loans	Policy Loans are the loans which the Owner may obtain from Us while this policy is in force. This policy is the only security needed for a Policy Loan. We will make Policy Loans only after we receive a request signed by You. We may delay granting any Policy Loan for up to six (6) months except when made to pay premiums.
Loan Interest	The interest rate on Policy Loans is 8% per year. Interest is due in arrears on each Policy Anniversary. If not paid when due, interest will be added to the Policy Loan and will bear interest at the same rate.
Loan Value	The Loan Value is the maximum amount that may be borrowed under one or more Policy Loans. The Loan Value will be the largest amount which with interest to the next Policy Anniversary does not exceed the Cash Value on such date. The unused Loan Value is equal to the Loan Value less the total current Policy Loan(s). We will terminate this policy if the Cash Surrender Value is reduced to zero. We will mail a written notice of termination to You and any Assignee shown in Our records at their last known address. This policy will terminate 31 days after We send the notice unless We receive an amount that will increase the Cash Surrender Value to a positive amount
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Policy Amount when calculating the death benefit.

NONFORFEITURE PROVISIONS

Lapse Benefits	This policy will lapse as of the due date of any premium not paid by the end of the 31-day grace period. This policy will terminate unless there is some unused loan value as of the date of lapse. Any unused loan value as of the date of lapse will be used to provide reduced Paid-Up Life Insurance.
Paid-Up Life Insurance	This is a level amount of insurance for the lifetime of the Insured. It is the amount purchased by the amount of unused loan value on the date of lapse.
Policy Rights after Lapse	While this policy is in force as Paid-Up Life Insurance, all rights granted by it are still available, unless this policy states otherwise.
Reinstatement	This policy may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Cash Surrender Value. All Policy Loans must be paid or reinstated with interest at 8% per year from the lapse date. Further requirements depend on when this policy is reinstated. <ul style="list-style-type: none"> • Prompt Reinstatement. This is reinstatement within 31 days after the end of the grace period. Evidence of insurability is not required. All overdue premiums must be paid. • Later Reinstatement. This is reinstatement more than 31 days after the end of the grace period. Evidence of insurability satisfactory to Us is required. All overdue premiums must be paid with interest at 8% per year from the due date to the date of reinstatement.
Surrender Benefits	This policy may be surrendered for its Cash Surrender Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Cash Surrender Value	The Cash Surrender Value is determined by the Cash Value shown in the Table of Guaranteed Values. The table does not include adjustments for due and unpaid premiums or any Policy Loans which will be deducted from the guaranteed benefit to determine the Cash Surrender Value. If this policy is in force after lapse, the Cash Surrender Value at any time is the reserve for the insurance provided. See "Basis of Computations." The Cash Surrender Value is computed as of the effective date of surrender. However, in two situations the Cash Surrender Value is computed as of an earlier date. First, if this policy is surrendered within 62 days after the due date of an unpaid premium, the value will not be less than it was on that due date. Second, if it is surrendered within 30 days after a Policy Anniversary date while Paid-Up Life Insurance is in effect, this value will not be less than it was on that Policy Anniversary. We use these earlier dates only if a higher Cash Surrender Value results.
Payment of Surrender Benefits	The Cash Surrender Value will be paid in one sum. We may delay paying the Cash Surrender Value for up to six (6) months after Notice To Us. We will only delay payment if we have the consent of the Commissioner of the state where this policy was delivered.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this policy while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any policy rights. If you should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more direct Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the insured dies We will pay the proceeds to the direct Beneficiary. If no direct Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this policy or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until we receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

GENERAL PROVISIONS

Contract	This policy is a legal contract between the Owner and the Company. The entire contract consists of the application and the policy, which includes any attached endorsements. We have issued this policy in return for the application and the payment of the premiums. Any change or waiver of its terms must be in writing and signed by our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
Representations and Contestability	We rely on all statements made by or for the Insured in an application. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached application. We will not contest this policy after it has been in force for two years from the Issue Date, during the lifetime of the Insured.
Age and Sex	If the date of birth or sex of the Insured given in the application is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Dividends	As long as this policy is in force other than as Paid-Up Life Insurance, you will receive the dividends we declare, if any, in cash annually.
Your Right to Vote	This is a mutual company. You may vote at the annual election of directors if you have one or more of our policies in force. The annual election is held at our Home Office in Madison, Wisconsin, on the fourth (4th) Friday in April.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule of Benefits and Premiums to compute the Cash or Loan Values. These mortality rates are also used to compute the amount and value of any Paid-Up Life Insurance benefits. The Cash or Loan Values and the Paid-Up Life Insurance Values are shown in the Table on page 3.

Our calculations are based on curtate functions. We have filed a detailed statement of the method we use to compute policy values with the state where this policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**

APPLICATION FOR LIFE INSURANCE/ANNUITY - (PLEASE PRINT)

2815PN-I-AR 05/08 Series 9

National Guardian Life Insurance Company (NGL) • Fax 608-443-5368
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191MAIL POLICY TO: AGENT
 FUNERAL HOME
 OWNERPROPOSED INSURED/ANNUITANT Male Female_____
First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name MI Last Name Social Security Number Relationship to InsuredMAILING ADDRESS INSURED/ANNUITANT OWNER (Where to send information about this Policy)_____
Street Address City State Zip**PAYMENT PLAN**

Funeral Price \$ Face Amount \$

 Single Pay Life Flexible Annuity \$ _____Multi Pay Life: 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8 Year 9 Year 10 Year

Initial Premium + Multi Pay Premium = Total Premium Amount (with app)

\$ \$ \$

PAYMENT PLAN Annual (Not available on 1 Pay) Semi-Annual Quarterly Monthly Direct EFT (Form on back)**DIRECTION FOR PAYMENT OF PROCEEDS** (These directions may be changed any time before the funeral is provided by giving written notice to the Insurer.)

NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named below, if any, upon receipt of proof that funeral merchandise and services have been provided. In the event that NGL rescinds or declines to issue the Policy, I also assign to the Funeral Provider (1) the right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided, (2) the right to compromise claims and (3) the right to agree to rescission.

Name of Funeral Provider Street Address City State Zip_____
Name of Primary Beneficiary Street Address City State Zip Relationship to Insured**APPLICANT REPLACEMENT**Is the insurance being applied for intended to replace or change any existing life insurance or annuity?
If "Yes", complete required replacement form(s). YES NO**AGENT REPLACEMENT**

Is the insurance being applied for intended to replace or change any existing life insurance or annuity?

 YES NO**APPLICANT SIGNATURES**

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____ State

Signature of Proposed Insured/Annuitant Date Signature of Owner (Required if other than Insured) Date

AGENT'S STATEMENT

I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %_____
Agent(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %

APPLICATION FOR LIFE INSURANCE/ANNUITY



National Guardian Life Insurance Company (NGL) • Fax 608-443-5368
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

Insured: _____

Agent: _____

IRREVOCABLE ASSIGNMENT OF POLICY

Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive a part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Insurer will pay to the Funeral Provider an amount not to exceed the retail price of the funeral provided but never more than the Policy death benefit. Any proceeds in excess of the amount required to cover the cost of the funeral are to be paid as specified in the Prefunded Funeral Agreement. The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following:

1. The assignment of death benefit proceeds is permanent and cannot be changed by the Owner.
2. The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid.
3. The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

Immediate Transfer (For purposes of Medicaid Eligibility ONLY) - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. **To make an immediate transfer election please initial here _____.**

Signature of Owner

Date

I _____ (AGENT NAME) certify that on _____ (DATE) I have explained to this Insured that by initialing the above line, he/she is forfeiting their right to cancel the policy and assert that he/she is aware of the consequences of immediate transfer. I understand that this option should only be used if there is an **immediate** need to reduce assets in order to qualify for Medicaid.

AUTOMATIC PAYMENT AUTHORIZATION

Monthly Electronic Funds Transfer

I request and authorize NGL to make monthly withdrawals against the financial institution account specified at right or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank.

Date of month to initiate payment (dates available are 1st through 28th) – select one: _____

Bank Name _____

Bank Routing/ABA # _____

Account # _____

Checking Savings

(Signature as it appears on bank records)

If using a checking account, please include a void check. For savings account, please contact the bank to verify EFT is allowed and verify correct routing and account number.

(Date)

APPLICATION FOR LIFE INSURANCE/ANNUITY



National Guardian Life Insurance Company (NGL) • Fax 608-443-5368
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

ACKNOWLEDGMENT OF PAYMENT

This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.

Agent Signature

Date

"Policy" is defined as the insurance policy, certificate or annuity contract for which I am applying.

SERFF Tracking Number: NGLI-125715187

State: Arkansas

Filing Company: National Guardian Life

State Tracking Number: 39518

Company Tracking Number:

TOI: L071 Individual Life - Whole

Sub-TOI: L071.202 Early Duration Reduced Benefit - Level
Premium - Any Policy Design - Funeral Expense

Product Name: NPNDFD2008

Project Name/Number: NPNDFD2008/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-125715187

State: Arkansas

Filing Company: National Guardian Life

State Tracking Number: 39518

Company Tracking Number:

TOI: L071 Individual Life - Whole

Sub-TOI: L071.202 Early Duration Reduced Benefit - Level
Premium - Any Policy Design - Funeral Expense

Product Name: NPNDFD2008

Project Name/Number: NPNDFD2008/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/27/2008

Comments:

Attachments:

AR - Required Certification - Life.pdf
CERTIFICATION OF READABILITY - AR.pdf

Review Status:

Satisfied -Name: Application

06/27/2008

Comments:

A new application will be used. The application is attached to the Form Schedule tab.

Review Status:

Satisfied -Name: Cover Letter

07/02/2008

Comments:

Attachment:

AR 7-1-08.pdf

Review Status:

Satisfied -Name: Death Benefit Tables

07/02/2008

Comments:

Attachment:

Death Benefit Exhibit - AR.pdf

Review Status:

Satisfied -Name: Amount at Risk Demonstration

08/08/2008

Comments:

Attachment:

Death Benefit Risk - AR.pdf



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of *National Guardian Life Insurance Company*, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

July 2, 2008

Signature

Date

Mark Neiginer

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Peggy Kratz

Phone #: (608) 443-5325

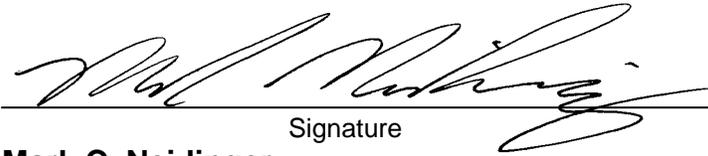
Title: Senior Policy Forms Specialist

Email: plkratz@nglic.com

CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
NPNDFD2008-AR	56.5



Signature

July 2, 2008

Date

Mark C. Neidinger

Associate General Counsel and Company Officer



July 2, 2008

**Life & Health Division
Arkansas Insurance Department
FILED VIA SERFF**

Re: National Guardian Life Insurance Company NAIC # 66583 FEIN# 39-0493780 Individual Whole Life Policy NPNDFD2008-AR Application 2815PN-I -AR 05/08

The referenced individual life policy is enclosed for your review and approval. This form is new and does not replace any previously approved forms.

This policy will not be illustrated, and will be marketed by licensed agents on a face-to-face basis.

The policy was designed for use in the Preneed market. This is a whole life policy that provides for a scheduled death benefit during the Premium Paying Period. The scheduled death benefit increases monthly. There are different options for the Premium Paying Period, between one and ten years. At the end of the Premium Paying Period, the policy is fully paid up. The policy death benefit then increases on a daily basis, based on a declared annual growth rate. The declared annual growth rate is not guaranteed. In addition to the death benefit, the policy includes an unearned premium refund provision.

Within the policy, we have included a Schedule Page for the 10 year Premium Paying Period. The Death Benefit Table, showing the scheduled death benefits, can be found on Page 3a. We have also provided supplementary tables (attached to the Supporting Documentation Tab) showing the scheduled death benefit for all Premium Paying Periods.

The enclosed application form is a guaranteed issue application. We have bracketed the entire Payment Plan section, so that we may delete any plan or payment mode not being offered.

Note that we are continuing to use the 1980 CSO with this product beyond January 1, 2009. This is based on the NAIC's recent approval of the "Preneed Life Insurance Minimum Standards for Determining Reserve Liabilities and Nonforfeiture Values Model Regulation."

Your review and approval of these forms is greatly appreciated.

Sincerely,

Peggy Kratz , Senior Policy Forms Specialist
National Guardian Life Insurance Company
800-626-7931, ext 5325
plkratz@nglic.com

National Guardian Life Insurance Company

Policy Form: NPND2008

Death Benefits per Unit of Insurance

Policy Month of Death	1 Pay	2 Pay	3 Pay	4 Pay	5 Pay	6 Pay	7 Pay	8 Pay	9 Pay	10 Pay
1	85.83	42.92	28.61	21.46	17.17	14.31	12.27	10.73	9.54	8.58
2	171.67	85.83	57.22	42.92	34.33	28.61	24.54	21.46	19.07	17.17
3	257.50	128.75	85.83	64.38	51.50	42.92	36.81	32.19	28.61	25.75
4	343.33	171.67	114.44	85.83	68.67	57.22	49.08	42.92	38.15	34.33
5	429.17	214.58	143.06	107.29	85.83	71.53	61.35	53.65	47.69	42.92
6	515.00	257.50	171.67	128.75	103.00	85.83	73.62	64.38	57.22	51.50
7	600.83	300.42	200.28	150.21	120.17	100.14	85.89	75.10	66.76	60.08
8	686.67	343.33	228.89	171.67	137.33	114.44	98.16	85.83	76.30	68.67
9	772.50	386.25	257.50	193.13	154.50	128.75	110.43	96.56	85.83	77.25
10	858.33	429.17	286.11	214.58	171.67	143.06	122.70	107.29	95.37	85.83
11	944.17	472.08	314.72	236.04	188.83	157.36	134.97	118.02	104.91	94.42
12	1,030.00	515.00	343.33	257.50	206.00	171.67	147.24	128.75	114.44	103.00
13		559.17	372.78	279.58	223.67	186.39	159.86	139.79	124.26	111.83
14		603.33	402.22	301.67	241.33	201.11	172.48	150.83	134.07	120.67
15		647.50	431.67	323.75	259.00	215.83	185.10	161.88	143.89	129.50
16		691.67	461.11	345.83	276.67	230.56	197.72	172.92	153.70	138.33
17		735.83	490.56	367.92	294.33	245.28	210.34	183.96	163.52	147.17
18		780.00	520.00	390.00	312.00	260.00	222.96	195.00	173.33	156.00
19		824.17	549.44	412.08	329.67	274.72	235.58	206.04	183.15	164.83
20		868.33	578.89	434.17	347.33	289.44	248.20	217.08	192.96	173.67
21		912.50	608.33	456.25	365.00	304.17	260.82	228.13	202.78	182.50
22		956.67	637.78	478.33	382.67	318.89	273.44	239.17	212.59	191.33
23		1,000.83	667.22	500.42	400.33	333.61	286.06	250.21	222.41	200.17
24		1,045.00	696.67	522.50	418.00	348.33	298.68	261.25	232.22	209.00
25			726.94	545.21	436.17	363.64	312.06	273.40	243.45	219.58
26			757.22	567.92	454.33	378.94	325.44	285.54	254.69	230.17
27			787.50	590.63	472.50	394.25	338.82	297.69	265.92	240.75
28			817.78	613.33	490.67	409.56	352.20	309.83	277.15	251.33
29			848.06	636.04	508.83	424.86	365.58	321.98	288.38	261.92
30			878.33	658.75	527.00	440.17	378.96	334.13	299.61	272.50
31			908.61	681.46	545.17	455.47	392.34	346.27	310.84	283.08
32			938.89	704.17	563.33	470.78	405.72	358.42	322.07	293.67
33			969.17	726.88	581.50	486.08	419.10	370.56	333.31	304.25
34			999.44	749.58	599.67	501.39	432.48	382.71	344.54	314.83
35			1,029.72	772.29	617.83	516.69	445.86	394.85	355.77	325.42
36			1,060.00	795.00	636.00	532.00	459.24	407.00	367.00	336.00
37				818.33	655.17	548.33	473.64	419.83	378.67	346.67
38				841.67	674.33	564.67	488.03	432.67	390.33	357.33
39				865.00	693.50	581.00	502.43	445.50	402.00	368.00
40				888.33	712.67	597.33	516.83	458.33	413.67	378.67
41				911.67	731.83	613.67	531.22	471.17	425.33	389.33
42				935.00	751.00	630.00	545.62	484.00	437.00	400.00
43				958.33	770.17	646.33	560.02	496.83	448.67	410.67
44				981.67	789.33	662.67	574.41	509.67	460.33	421.33
45				1,005.00	808.50	679.00	588.81	522.50	472.00	432.00
46				1,028.33	827.67	695.33	603.21	535.33	483.67	442.67
47				1,051.67	846.83	711.67	617.60	548.17	495.33	453.33
48				1,075.00	866.00	728.00	632.00	561.00	507.00	464.00
49					884.67	744.00	645.92	573.50	518.42	474.42
50					903.33	760.00	659.83	586.00	529.83	484.83
51					922.00	776.00	673.75	598.50	541.25	495.25
52					940.67	792.00	687.67	611.00	552.67	505.67
53					959.33	808.00	701.58	623.50	564.08	516.08
54					978.00	824.00	715.50	636.00	575.50	526.50
55					996.67	840.00	729.42	648.50	586.92	536.92
56					1,015.33	856.00	743.33	661.00	598.33	547.33
57					1,034.00	872.00	757.25	673.50	609.75	557.75
58					1,052.67	888.00	771.17	686.00	621.17	568.17
59					1,071.33	904.00	785.08	698.50	632.58	578.58
60					1,090.00	920.00	799.00	711.00	644.00	589.00

National Guardian Life Insurance Company
Policy Form: NPND2008
First Year Risk Per Unit of Insurance

End of Policy Year	1 Pay Natural Causes	2 Pay Natural Causes	3 Pay Natural Causes	4 Pay Natural Causes	5 Pay Natural Causes	6 Pay Natural Causes	7 Pay Natural Causes	8 Pay Natural Causes	9 Pay Natural Causes	10 Pay Natural Causes
Death Benefit by Payment Type:										
1	1,030.00	515.00	343.33	257.50	206.00	171.67	147.24	128.75	114.44	103.00
Premium Paid:										
1	1,000.00	500.00	333.33	250.00	200.00	166.67	142.86	125.00	111.11	100.00
Death Benefit - Premium Paid:										
1	30.00	15.00	10.00	7.50	6.00	5.00	4.38	3.75	3.33	3.00

SERFF Tracking Number: *NGLI-125715187* State: *Arkansas*
 Filing Company: *National Guardian Life* State Tracking Number: *39518*
 Company Tracking Number:
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.202 Early Duration Reduced Benefit - Level
 Premium - Any Policy Design - Funeral Expense*
 Product Name: *NPNDFD2008*
 Project Name/Number: *NPNDFD2008/*

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Limited Pay Whole Life Policy	07/02/2008	NPNDFD2008-AR.pdf



A Mutual Company Incorporated in 1909
 Two East Gilman Street • PO Box 1191
 Madison WI 53701-1191 • Phone 800-988-0826

LIMITED PAY WHOLE LIFE POLICY

<p>AGREEMENT</p>	<p>This insurance policy provides life insurance for the Insured shown on the Schedule. The death benefit will be paid to the Beneficiary upon the death of the Insured, subject to terms of this policy including any assignment of rights or benefits made by You. If this policy is assigned in connection with a prearranged funeral plan, cancellation of the plan does not automatically cancel the policy.</p> <p>For information or service on this policy, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
<p>30-DAY RIGHT TO CANCEL</p>	<p>You can cancel this policy by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the policy before midnight of the thirtieth (30th) day after the date You receive this policy. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this policy to You within ten (10) days after We receive notice of cancellation and the returned policy. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.

Sherril A. Kucyak
 Secretary

J. Pearson
 President

Monthly Increasing Death Benefit During The Premium Paying Period

Premiums Payable For Period Specified On The Schedule Or Until Prior Death

Participating

GUIDE TO YOUR POLICY			
Definitions	2	Policy Loan Provisions	5
Schedule of Benefits	3	Nonforfeiture Provisions	5
Death Benefit Table	3a	Owner and Beneficiary	6
Policy Summary	4	General Provisions	6
Premium Payment	4	Basis of Values	6
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DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the annual date right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the policy.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The initial Declared Annual Growth Rate is shown on the Schedule. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this policy. The Insured may or may not be the Owner.
Issue Date	The date coverage is effective for this policy as shown on the Schedule.
Loans	Any amount owed Us as a result of Policy Loans, including unpaid, accrued interest.
Monthly Anniversary	The same date each month as the Issue Date of this policy.
Notice To Us	Written request or notice received at our Home Office in a form which meets Our needs.
Owner	The person who owns the policy as shown on Our records. You have all the rights in this policy while the Insured is living.
Policy Anniversary	The same date each year as the Issue Date of this policy.
Policy Month	The period between the Issue Date and the first Monthly Anniversary, or from one Monthly Anniversary to another.
Policy Year	The period between the Issue Date and the first Policy Anniversary, or from one Policy Anniversary to another.
Premium Paying Period	The number of years during which premiums are payable, as shown on the Schedule. The Death Benefit payable during the Premium Paying Period is shown on the Schedule of Benefits and Premiums.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Schedule	Any current policy Schedule, amended policy Schedule or endorsement sent to You by Us.
Ultimate Policy Amount	<p>The Ultimate Policy Amount is used to determine the death benefit after the Premium Paying Period. It is shown on the Policy Schedule.</p> <p>The Ultimate Policy Amount may be increased after the Premium Paying Period, as follows.</p> <p>On each Policy Anniversary, the amount of the increase is equal to (a) times (b); where</p> <ul style="list-style-type: none"> • (a) is the number of Units of Insurance multiplied by 1,000, and • (b) is the Declared Annual Growth Rate. <p>During the Policy Year, the amount of the increase each day since the Policy Anniversary is equal to (a) times (c); where</p> <ul style="list-style-type: none"> • (a) is the number of Units of Insurance multiplied by 1,000, and • (c) is 1/365th of the Declared Annual Growth Rate.
We, Our, and Us	Is National Guardian Life Insurance Company.
You and Your	The Owner of this Policy.

SCHEDULE OF BENEFITS AND PREMIUMS

POLICY NUMBER [APL0001908] ISSUE DATE [JUNE 01, 2008]

Plan	Units of Insurance	Annual Premium	Premium Paying Period	Maturity Date
Limited Pay Whole Life	[1]	[\$100.00]	[10 Years]	Life
Premium Payable:	Annually [\$100.00]	Semi-Annually [\$50.00]	Quarterly [\$25.00]	Monthly [\$8.33]

The Death Benefit during the Premium Paying Period is shown in the Table on Page 3a.
After the Premium Paying Period, the Death Benefit is the Ultimate Policy Amount defined on Page 4.

Table of Guaranteed Cash Values and Paid-Up Insurance

(Figures do not include future growth, if any)

<u>End of Policy Year</u>	<u>Cash or Loan Value</u>	<u>Paid-Up Insurance</u>
1	[0.00]	[0.00]
2	[25.27]	[124.61]
3	[57.50]	[272.54]
4	[91.05]	[414.94]
5	[125.94]	[551.98]
6	[162.21]	[683.97]
7	[199.86]	[810.99]
8	[238.94]	[933.40]
9	[279.48]	[1,051.31]
10	[321.50]	[1,165.00]
11	[333.64]	[1,165.00]
12	[346.13]	[1,165.00]
13	[358.98]	[1,165.00]
14	[372.19]	[1,165.00]
15	[385.76]	[1,165.00]
16	[399.69]	[1,165.00]
17	[413.95]	[1,165.00]
18	[428.51]	[1,165.00]
19	[443.34]	[1,165.00]
20	[458.43]	[1,165.00]
Age 55	[458.43]	[1,165.00]
Age 60	[537.78]	[1,165.00]
Age 65	[622.33]	[1,165.00]

Ultimate Policy Amount: \$1,165.00
 Declared Annual Growth Rate: [3%], Non-Guaranteed – Applies Only After Premium Paying Period
 Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values:
 Mortality Table: 1980 Commissioner's Standard Ordinary
 Interest Rate: 5.00%
 Method: 1980 CSO Standard Nonforfeiture Law Minimum

Insured: [John Doe]
 Age: [35 Male]
 Beneficiary: As Stated In The Application Or Last Recorded Endorsement
 Owner: [John Doe]

SCHEDULE OF BENEFITS AND PREMIUMS (continued)

POLICY NUMBER [APL0001908] ISSUE DATE: [JUNE 01, 2008]

DEATH BENEFIT TABLE

The benefit shown is for the total number of Units of Insurance purchased.

<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>
1	\$8.58	41	389.33	81	801.25
2	17.17	42	400.00	82	811.17
3	25.75	43	410.67	83	821.08
4	34.33	44	421.33	84	831.00
5	42.92	45	432.00	85	840.67
6	51.50	46	442.67	86	850.33
7	60.08	47	453.33	87	860.00
8	68.67	48	464.00	88	869.67
9	77.25	49	474.42	89	879.33
10	85.83	50	484.83	90	889.00
11	94.42	51	495.25	91	898.67
12	103.00	52	505.67	92	908.33
13	111.83	53	516.08	93	918.00
14	120.67	54	526.50	94	927.67
15	129.50	55	536.92	95	937.33
16	138.33	56	547.33	96	947.00
17	147.17	57	557.75	97	956.25
18	156.00	58	568.17	98	965.50
19	164.83	59	578.58	99	974.75
20	173.67	60	589.00	100	984.00
21	182.50	61	599.25	101	993.25
22	191.33	62	609.50	102	1,002.50
23	200.17	63	619.75	103	1,011.75
24	209.00	64	630.00	104	1,021.00
25	219.58	65	640.25	105	1,030.25
26	230.17	66	650.50	106	1,039.50
27	240.75	67	660.75	107	1,048.75
28	251.33	68	671.00	108	1,058.00
29	261.92	69	681.25	109	1,066.92
30	272.50	70	691.50	110	1,075.83
31	283.08	71	701.75	111	1,084.75
32	293.67	72	712.00	112	1,093.67
33	304.25	73	721.92	113	1,102.58
34	314.83	74	731.83	114	1,111.50
35	325.42	75	741.75	115	1,120.42
36	336.00	76	751.67	116	1,129.33
37	346.67	77	761.58	117	1,138.25
38	357.33	78	771.50	118	1,147.17
39	368.00	79	781.42	119	1,156.08
40	378.67	80	791.33	120	1,165.00

POLICY SUMMARY

Summary	This Summary briefly describes some of the major policy provisions. Since it does not go into detail, the actual provisions will control. See those provisions for full information and any limits that may apply. The Guide to Your Policy on page 1 shows where these provisions may be found.
Death Benefit	This is a whole life insurance policy with an increasing death benefit. We will pay a death benefit if the Insured dies while the policy is in force. "In force" means that the insurance has not terminated.
Payment of Premiums	Premiums are payable in advance during the lifetime of the Insured. We allow a 31-day grace period for payment of each premium after the first one. If a premium is not paid by the end of the grace period, the policy will lapse as of the due date of that premium. If this policy lapses, the insurance may terminate or it may continue in force for a limited amount.
Rights of Owner	If this policy lapses, there is a right to reinstate the policy. There are other rights available to the Owner while the Insured is living. These include: <ul style="list-style-type: none">• The right to assign this policy.• The right to change the Owner or any Beneficiary.• The right to make Policy Loans.• The right to surrender this policy.

PREMIUM PAYMENT

Premiums	The payments needed to keep this policy in full force. Premiums for this policy are shown on the Schedule. They are payable during the Premium Paying Period. Pay each premium at Our Home Office or to any person We authorize to collect premiums.
Premium Due Dates	Premiums are payable in advance during the Insured's lifetime. The first one is due on the Issue Date. Each subsequent premium is due when the period covered by the preceding premium ends. Premiums may be paid in any mode shown on the Schedule.
Grace Period	We will keep this policy in full force for 31 days after each premium due date. Any past due premium will be deducted from the benefits payable if the Insured dies within the grace period.
Lapse or Termination	If the premium is not paid by the end of 31 days after the due date, the policy will terminate as of the due date, unless it has a cash or loan value. If it has cash or loan value, see the "Lapse Benefits" section of this policy.

DEATH BENEFIT

Amount of Death Benefit	We pay a benefit if the Insured dies while covered under this Policy. The amount of the death benefit depends on: (1) the Premium Paying Period selected by You; and (2) the date of death of the Insured. <ul style="list-style-type: none">• During the Premium Paying Period: The death benefit is the amount shown in the Death Benefit Table for the Policy Month in which death occurs, less any Loans. The Death Benefit Table is shown on Page 3a.• After the Premium Paying Period: The death benefit is the Ultimate Policy Amount on the date of death less any Loans.
Unearned Premium Refund	We refund any unearned premium at the time of the Insured's death. It is paid to the Beneficiary. Unearned premium is any amount paid beyond the month of the Insured's death.
Proof of Death	We will pay the death benefit within thirty (30) days after we receive Proof of the Insured's death at our Home Office. If We wait more than thirty (30) days to pay death benefits, interest at the guaranteed rate, or such other rate as may be required by applicable state law if such a rate is greater, will be added for the time We waited.
Suicide Exclusion	If the Insured commits suicide within two (2) years (one (1) year in Colorado or North Dakota) after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

POLICY LOAN PROVISIONS

Policy Loans	Policy Loans are the loans which the Owner may obtain from Us while this policy is in force. This policy is the only security needed for a Policy Loan. We will make Policy Loans only after we receive a request signed by You. We may delay granting any Policy Loan for up to six (6) months except when made to pay premiums.
Loan Interest	The interest rate on Policy Loans is 8% per year. Interest is due in arrears on each Policy Anniversary. If not paid when due, interest will be added to the Policy Loan and will bear interest at the same rate.
Loan Value	The Loan Value is the maximum amount that may be borrowed under one or more Policy Loans. The Loan Value will be the largest amount which with interest to the next Policy Anniversary does not exceed the Cash Value on such date. The unused Loan Value is equal to the Loan Value less the total current Policy Loan(s). We will terminate this policy if the Cash Surrender Value is reduced to zero. We will mail a written notice of termination to You and any Assignee shown in Our records at their last known address. This policy will terminate 31 days after We send the notice unless We receive an amount that will increase the Cash Surrender Value to a positive amount
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Policy Amount when calculating the death benefit.

NONFORFEITURE PROVISIONS

Lapse Benefits	This policy will lapse as of the due date of any premium not paid by the end of the 31-day grace period. This policy will terminate unless there is some unused loan value as of the date of lapse. Any unused loan value as of the date of lapse will be used to provide reduced Paid-Up Life Insurance.
Paid-Up Life Insurance	This is a level amount of insurance for the lifetime of the Insured. It is the amount purchased by the amount of unused loan value on the date of lapse.
Policy Rights after Lapse	While this policy is in force as Paid-Up Life Insurance, all rights granted by it are still available, unless this policy states otherwise.
Reinstatement	This policy may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Cash Surrender Value. All Policy Loans must be paid or reinstated with interest at 8% per year from the lapse date. Further requirements depend on when this policy is reinstated. <ul style="list-style-type: none"> • Prompt Reinstatement. This is reinstatement within 31 days after the end of the grace period. Evidence of insurability is not required. All overdue premiums must be paid. • Later Reinstatement. This is reinstatement more than 31 days after the end of the grace period. Evidence of insurability satisfactory to Us is required. All overdue premiums must be paid with interest at 8% per year from the due date to the date of reinstatement.
Surrender Benefits	This policy may be surrendered for its Cash Surrender Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Cash Surrender Value	The Cash Surrender Value is determined by the Cash Value shown in the Table of Guaranteed Values. The table does not include adjustments for due and unpaid premiums or any Policy Loans which will be deducted from the guaranteed benefit to determine the Cash Surrender Value. If this policy is in force after lapse, the Cash Surrender Value at any time is the reserve for the insurance provided. See "Basis of Computations." The Cash Surrender Value is computed as of the effective date of surrender. However, in two situations the Cash Surrender Value is computed as of an earlier date. First, if this policy is surrendered within 62 days after the due date of an unpaid premium, the value will not be less than it was on that due date. Second, if it is surrendered within 30 days after a Policy Anniversary date while Paid-Up Life Insurance is in effect, this value will not be less than it was on that Policy Anniversary. We use these earlier dates only if a higher Cash Surrender Value results.
Payment of Surrender Benefits	The Cash Surrender Value will be paid in one sum. We may delay paying the Cash Surrender Value for up to six (6) months after Notice To Us. We will only delay payment if we have the consent of the Commissioner of the state where this policy was delivered.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this policy while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any policy rights. If you should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more direct Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the insured dies We will pay the proceeds to the direct Beneficiary. If no direct Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this policy or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until we receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

GENERAL PROVISIONS

Contract	This policy is a legal contract between the Owner and the Company. The entire contract consists of the application and the policy, which includes any attached endorsements. We have issued this policy in return for the application and the payment of the premiums. Any change or waiver of its terms must be in writing and signed by our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
Representations and Contestability	We rely on all statements made by or for the Insured in an application. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached application. We will not contest this policy after it has been in force for two years from the Issue Date, during the lifetime of the Insured.
Age and Sex	If the date of birth or sex of the Insured given in the application is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Dividends	As long as this policy is in force other than as Paid-Up Life Insurance, you will receive the dividends we declare, if any, in cash annually.
Your Right to Vote	This is a mutual company. You may vote at the annual election of directors if you have one or more of our policies in force. The annual election is held at our Home Office in Madison, Wisconsin, on the fourth (4th) Friday in April.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule of Benefits and Premiums to compute the Cash or Loan Values. These mortality rates are also used to compute the amount and value of any Paid-Up Life Insurance benefits. The Cash or Loan Values and the Paid-Up Life Insurance Values are shown in the Table on page 3.

Our calculations are based on curtate functions. We have filed a detailed statement of the method we use to compute policy values with the state where this policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**