

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>RDWS-125919967</i>                       | <i>State:</i>                 | <i>Arkansas</i>  |
| <i>Filing Company:</i>          | <i>Wichita National Life Insurance Co.</i>  | <i>State Tracking Number:</i> | <i>40993</i>   |
| <i>Company Tracking Number:</i> |   |                               |  |
| <i>TOI:</i>                     | <i>L04I Individual Life - Term</i>          | <i>Sub-TOI:</i>               | <i>L04I.203 Specified Age or Duration - Single Premium - Single Life</i> |
| <i>Product Name:</i>            | <i>Single Premium Term</i>                  |                               |  |
| <i>Project Name/Number:</i>     | <i>Wichita National Life Insurance Co./</i> |                               |  |

## Filing at a Glance

Company: Wichita National Life Insurance Co.

Product Name: Single Premium Term

SERFF Tr Num: RDWS-125919967 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 40993

Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Judy Tait

Disposition Date: 12/16/2008

Date Submitted: 12/02/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Wichita National Life Insurance Co.

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Currently being submitted to domicile state (Oklahoma)

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/16/2008

State Status Changed: 12/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Wichita National Life Insurance Co.

Form No. SP-L(01/09)

Single Premium Level Term Insurance



SERFF Tracking Number: RDWS-125919967 State: Arkansas  
 Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40993  
 Company Tracking Number:  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life  
 Product Name: Single Premium Term  
 Project Name/Number: Wichita National Life Insurance Co./

## Correspondence Summary

### Dispositions

| Status   | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 12/16/2008 | 12/16/2008     |

### Objection Letters and Response Letters

| Objection Letters               |            |            |                | Response Letters |            |                |
|---------------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status                          | Created By | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending<br>Industry<br>Response | Linda Bird | 12/09/2008 | 12/09/2008     | Judy Tait        | 12/15/2008 | 12/15/2008     |

### Amendments

| Item        | Schedule            | Created By | Created On | Date Submitted |
|-------------|---------------------|------------|------------|----------------|
| Application | Supporting Document | Judy Tait  | 12/15/2008 | 12/15/2008     |

*SERFF Tracking Number:* RDWS-125919967      *State:* Arkansas  
*Filing Company:* Wichita National Life Insurance Co.      *State Tracking Number:* 40993  
*Company Tracking Number:*  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.203 Specified Age or Duration - Single  
Premium - Single Life  
*Product Name:* Single Premium Term  
*Project Name/Number:* Wichita National Life Insurance Co./

## **Disposition**

Disposition Date: 12/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RDWS-125919967 State: Arkansas  
 Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40993  
 Company Tracking Number:  
 TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single Premium - Single Life  
 Product Name: Single Premium Term  
 Project Name/Number: Wichita National Life Insurance Co./

| Item Type                     | Item Name   | Item Status | Public Access |
|-------------------------------|---|-------------|---------------|
| Supporting Document           | Certification/Notice  |             | Yes           |
| Supporting Document (revised) | Application   |             | Yes           |
| Supporting Document           | Application   |             | Yes           |
| Supporting Document           | Life & Annuity - Acturial Memo                              |             | No            |
| Supporting Document           | Third party authorization to file products                  |             | Yes           |
| Supporting Document           | Certification and form SP-L (01/09) with signatures on form |             | Yes           |
| Form                          | Single Premium Term   |             | Yes           |

SERFF Tracking Number: RDWS-125919967 State: Arkansas  
Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40993  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single  
Premium - Single Life  
Product Name: Single Premium Term  
Project Name/Number: Wichita National Life Insurance Co./

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/09/2008  
Submitted Date 12/09/2008

Respond By Date

Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)
- Single Premium Term (Form)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 12-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Ark. Code Ann. 23-79-116 requires that the contract contain facsimile signature of officers.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/15/2008  
Submitted Date 12/15/2008

Dear Linda Bird,

### Comments:

SERFF Tracking Number: RDWS-125919967 State: Arkansas  
Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40993  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single  
Premium - Single Life  
Product Name: Single Premium Term  
Project Name/Number: Wichita National Life Insurance Co./

## Response 1

Comments: Attached is a certification signed by the actuary, Chris McCaul, to address this objection.

Also attached is a new copy of Form SP-L (01/09) with the officer signatures on the front page.

### Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)
- Single Premium Term (Form)

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 12-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Ark. Code Ann. 23-79-116 requires that the contract contain facsimile signature of officers.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification and form SP-L (01/09) with signatures on form

Comment: Attached is a certification signed by the actuary, Chris McCaul, to address this objection.

Also attached is a new copy of Form SP-L (01/09) with the officer signatures on the front page.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Judy Tait

SERFF Tracking Number: RDWS-125919967 State: Arkansas  
Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40993  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single  
Premium - Single Life  
Product Name: Single Premium Term  
Project Name/Number: Wichita National Life Insurance Co./

**Amendment Letter**

Amendment Date:  
Submitted Date: 12/15/2008

**Comments:**

Please replace the previously approved application originally submitted with this filing with the attached application number SPL&D APP (12/08). We changed the app to:

1. state that the AUTHORIZATION was good for 24 months and could be revoked at any time and the proper procedure to do so; and
2. to add a fraud statement

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Application**

Comment: Please replace the previously approved application originally submitted with this filing with the attached application number SPL&D APP (12/08). We changed the app to:

1. state that the AUTHORIZATION was good for 24 months and could be revoked at any time and the proper procedure to do so; and
  2. to add a fraud statement
- Single Premium Term App D10.pdf

SERFF Tracking Number: RDWS-125919967 State: Arkansas  
 Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40993  
 Company Tracking Number:  
 TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single Premium - Single Life  
 Product Name: Single Premium Term  
 Project Name/Number: Wichita National Life Insurance Co./

## Form Schedule

Lead Form Number: SP-L(01/09)

| Review Status | Form Number | Form Type                               | Form Name           | Action  | Action Specific Data | Readability | Attachment      |
|---------------|-------------|---|---------------------|---------|----------------------|-------------|-----------------|
|               | SP-L(01/09) | Policy/Cont ract/Fratern al Certificate | Single Premium Term | Initial |                      | 40          | SP-L(01-09).pdf |

# WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building  
711 S.W. "D" Avenue  
Lawton, Oklahoma 73501  
580-353-5776

**Wichita National Life Insurance Company**, hereinafter called the Company, will pay the DEATH BENEFIT to the Beneficiary upon receipt of due proof that the death on the Insured occurred prior to the expiration date of this policy and while this policy was in force, subject to the provisions of this and the following pages, all of which are a part of this policy.

This policy is issued in consideration of the application and the payment of the Single Premium specified below.

## 20 DAY RIGHT TO EXAMINE POLICY

If for any reason this Policy is not satisfactory, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or to the Company, within 20 days after it is first received. Upon cancellation, any premium paid for this Policy will be returned.

The Company has signed this Policy on the Issue Date at its Home Office in Lawton, Oklahoma. The Issue Date shall be used to determine policy months, years, and anniversaries.

**SECRETARY**

**PRESIDENT**

**REGISTRAR**

**BENEFICIARY**--Unless changed as provided in this policy, the Beneficiary shall be as designated in the application for this policy.

|                       |              |                        |                   |
|-----------------------|--------------|------------------------|-------------------|
| <b>INSURED</b>        | [John Doe]   | <b>POLICY NUMBER</b>   | [12345W]          |
| <b>FACE AMOUNT</b>    | [\$25,000]   | <b>ISSUE AGE</b>       | [35 Male]         |
| <b>SINGLE PREMIUM</b> | [\$2,355.75] | <b>ISSUE DATE</b>      | [January 1, 2009] |
| <b>TERM PERIOD</b>    | [20 Years]   | <b>EXPIRATION DATE</b> | [January 1, 2029] |

**SINGLE PREMIUM LEVEL TERM INSURANCE--NON-PARTICIPATING**

Page 1

## GENERAL PROVISIONS

**THE CONTRACT**--The policy and application, a copy of which is attached to and made a part of the policy, constitute the entire contract. All statements made by the Insured or on his behalf shall, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim under this policy unless it is contained in the application and a copy of the application is attached to this policy when issued.

**MODIFICATION OF CONTRACT**--Only the President, a Vice President, the Secretary or an Assistant Secretary of the Company has power to change, modify or waive the provisions of this policy, and then only in writing.

**PREMIUM PAYMENTS**--The Single Premium is payable in advance either at the Home Office of the Company or to an agent of the Company.

**AGE**--"Age" as used in this policy means age last birthday. If the age of the Insured has been misstated, the amount payable hereunder shall be such as the premium paid would have purchased for the correct age.

**OWNER**--In the absence of a special endorsement or written instrument filed with the Company which provides otherwise, the Owner, may, during the lifetime of the Insured and without the consent of any contingent owner or revocable beneficiary, assign or surrender this policy, amend or modify it with the consent of the Company and exercise, receive and enjoy every other right, benefit and privilege contained in this policy, except as set forth in the Beneficiary and Change of Beneficiary provisions hereof.

**BENEFICIARY**--Unless changed as provided in this policy, the Beneficiary shall be as designated in the application for this policy.

**CHANGE OF BENEFICIARY**--The Beneficiary may be changed from time to time, unless irrevocably designated, by written notice on a form satisfactory to the Company filed at its Home Office. Any such change shall take effect only when receipt of such notice has been acknowledged in writing thereon by the Company at its Home Office, and when so acknowledged, shall be operative as of the date such notice was signed, whether or not the Insured is alive at the time of such acknowledgment, without prejudice to the Company on account of any payment made by it before such acknowledgment. If Beneficiary shall die before the Insured, the interest of such beneficiary shall vest in the Owner, unless otherwise provided herein or by endorsement hereon.

**ASSIGNMENT**--No assignment of this policy shall be binding on the Company unless it is in writing and until it is filed with the Company at its Home Office. The Company will assume no responsibility for the validity or sufficiency of any assignment. Unless otherwise provided in the assignment, the interest of any revocable beneficiary named in the application, shall be subordinate to the interest of any assignee, whether

the assignment was made before or after the designation of beneficiary, and the assignee shall receive any sum payable to the extent of his interest.

**SUICIDE**--If the Insured shall commit suicide while sane or insane within two years from the date of issue, the liability of the Company under this policy shall be limited to the Single Premium actually paid.

**INCONTESTABILITY**--This policy shall be incontestable after it has been in force during the lifetime of the Insured for two years from the date of issue.

**SETTLEMENT**--All amounts payable by the Company are payable at its Home Office. Due proof of the Insured's death must be submitted to the Company at its Home Office on forms furnished by the Company. The Company may require the surrender of the policy.

**INTEREST ON PROCEEDS**--If proceeds of this Policy due to death of Insured are not paid within 30 days from receipt of proof of death, the Company will pay interest at the rate of 8% per year on such proceeds from the date of death to the date of payment.

**NONPARTICIPATION**--This policy is issued at a nonparticipating guaranteed rate and will not share in surplus earnings of the Company.

**BASIS OF CALCULATION**--Reserves and associated net single premiums are computed using the mortality table and interest rate as shown in the Table of Values. Calculations are based upon the assumption that death occurs at the end of the policy year. Reserves are computed by the net level premium method.

The non forfeiture values available under this Policy are not less than the minimum required by any applicable statute of the state in which this policy is delivered. The interest rate used in determining cash values and associated net single premiums is shown in the Table of Values. A detailed statement of the method of computation of the values and benefits shown in this policy has been filed with the insurance supervisory official of the state in which the policy is delivered.

**GUARANTEED CASH VALUES**--The owner may surrender the policy for its Cash Value. The cash value is the Cash Value defined in the Table of Values on Page 3.

The Company may defer the payment of any Cash Value for the period permitted by law, but not more than 6 months after written request is received by the Company at the Home Office.

Notwithstanding anything in this policy to the contrary while this policy is in force the Cash Value during the 30-day period immediately following a policy anniversary date shall be not less than the Cash value on such policy anniversary date.

## TABLE OF VALUES

The values in the following table assume that all premiums are paid when due and no policy loans are taken. Policy values not illustrated will be furnished upon request.

| End of<br>Policy<br>Year | Amount of<br>Insurance | Cash<br>Value |
|--------------------------|------------------------|---------------|
| 1                        | [25,000]               | [875]         |
| 2                        | [25,000]               | [875]         |
| 3                        | [25,000]               | [875]         |
| 4                        | [25,000]               | [875]         |
| 5                        | [25,000]               | [875]         |
| 6                        | [25,000]               | [875]         |
| 7                        | [25,000]               | [850]         |
| 8                        | [25,000]               | [850]         |
| 9                        | [25,000]               | [825]         |
| 10                       | [25,000]               | [800]         |
| 11                       | [25,000]               | [750]         |
| 12                       | [25,000]               | [700]         |
| 13                       | [25,000]               | [650]         |
| 14                       | [25,000]               | [600]         |
| 15                       | [25,000]               | [525]         |
| 16                       | [25,000]               | [450]         |
| 17                       | [25,000]               | [375]         |
| 18                       | [25,000]               | [275]         |
| 19                       | [25,000]               | [150]         |
| 20                       | [25,000]               | [0]           |

The cash values, reduced paid up extended term values are based upon the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. The reserves are calculated based on the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. Premiums are payable for life.

# WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building  
711 S.W. "D" Avenue  
Lawton, Oklahoma 73501  
580-353-5776

SINGLE PREMIUM LEVEL TERM INSURANCE  
NON-PARTICIPATING

## Register of Assignment

---

NOTE --- Assignment Takes Effect **Only** Upon Endorsement By An Executive Officer Of The Company.

---

DATE ENDORSED

ASSIGNEE

ENDORSED BY

---

*SERFF Tracking Number:* RDWS-125919967      *State:* Arkansas  
*Filing Company:* Wichita National Life Insurance Co.      *State Tracking Number:* 40993  
*Company Tracking Number:*  
*TOI:* L041 Individual Life - Term      *Sub-TOI:* L041.203 Specified Age or Duration - Single  
Premium - Single Life  
*Product Name:* Single Premium Term  
*Project Name/Number:* Wichita National Life Insurance Co./

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: RDWS-125919967 State: Arkansas  
Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40993  
Company Tracking Number:  
TOI: L041 Individual Life - Term Sub-TOI: L041.203 Specified Age or Duration - Single  
Premium - Single Life  
Product Name: Single Premium Term  
Project Name/Number: Wichita National Life Insurance Co./

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 11/25/2008

**Comments:**

**Attachments:**

SPL Flesch.pdf  
Guaranty.pdf

### Review Status:

**Satisfied -Name:** Application 12/15/2008

**Comments:**

Please replace the previously approved application originally submitted with this filing with the attached application number SPL&D APP (12/08). We changed the app to:

1. state that the AUTHORIZATION was good for 24 months and could be revoked at any time and the proper procedure to do so; and
2. to add a fraud statement

**Attachment:**

Single Premium Term App D10.pdf

### Review Status:

**Satisfied -Name:** Third party authorization to file products 12/02/2008

**Comments:**

**Attachment:**

Wichita authorization to file.pdf

### Review Status:

**Satisfied -Name:** Certification and form SP-L (01/09) with signatures on form 12/15/2008

**Comments:**

Attached is a certification signed by the actuary, Chris McCaul, to address this objection.

*SERFF Tracking Number:* RDWS-125919967      *State:* Arkansas  
*Filing Company:* Wichita National Life Insurance Co.      *State Tracking Number:* 40993  
*Company Tracking Number:*  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.203 Specified Age or Duration - Single  
Premium - Single Life  
*Product Name:* Single Premium Term  
*Project Name/Number:* Wichita National Life Insurance Co./

Also attached is a new copy of Form SP-L (01/09) with the officer signatures on the front page.

**Attachments:**

SP-L(01-09) AR.pdf

SPL Ark cert.pdf



FLESCH READABILITY SCORE CERTIFICATION

WICHITA NATIONAL LIFE INSURANCE COMPANY

I, Chris McCaul, am a consulting actuary doing work for Wichita Life Insurance Company. I certify that the following form has been tested and meets the minimum required reading ease score.

Form Number                      Flesch Score

SP-L (01/09)                      40

11/25/08  
Date

  
Chris McCaul  
Rudd and Wisdom, Inc.

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

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty 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 Disability 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 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 and variable annuity contract.

Insurance companies or their agents are required by law to give or send you 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 Disability  
Insurance Guaranty Association  
c/o The Liquidation Division  
1200 West Third Street (Third and Cross)  
Little Rock, Arkansas 72201-1904

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 Disability 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 disability 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 \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or 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.

# Wichita National Life Insurance Co.

711 SW D AVENUE P.O. BOX 1709 LAWTON, OKLAHOMA 73502

## SINGLE PREMIUM TERM INSURANCE APPLICATION

### SECTION A — Plan and Amount Applied For

Policy Number: \_\_\_\_\_

Decreasing Term  Level Term  Insurance Amount \$ \_\_\_\_\_ Single Premium \$ \_\_\_\_\_ Term in Years \_\_\_\_\_

### SECTION B — Particulars Pertaining to Proposed Insured

|                          |             |               |            |   |  |
|--------------------------|-------------|---------------|------------|---|--|
| Name of Proposed Insured |             |               |            | Primary Beneficiary                                       |  |
| Address                  |             |               |            | Relationship  |  |
| City, State, Zip         |             |               |            | Contingent Beneficiary                                    |  |
| Social Security No.      | SEX         | Date of Birth | Age (last) | Relationship  |  |
| Home Phone               | Birth State | Height        | Weight     | Name and Address of Policy Owner If Not Proposed Insured. |  |
| Business Phone           | Occupation  |               |            |   |  |

### SECTION C — Particulars Relating to the Risk Evaluation of the Proposed Insured. Give Details to all "Yes" Questions on backside of this page.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| <b>1. HAVE YOU EVER RECEIVED MEDICAL DIAGNOSIS, CARE OR TREATMENT FOR: (if "yes" circle condition)</b>   |                          |                          |
| (a) Heart or cardiovascular disease or disorder; Lung or respiratory disease; any blood disease, stroke, high blood pressure, diabetes, cancer or malignancy of any kind; kidney or liver disease; drug or alcohol addiction; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for HIV? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Any deformity, disease, condition or disorder not indicated above?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. ARE YOU TAKING ANY PRESCRIBED MEDICINE(S)?</b> (if so, list drugs — on backside of this page)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. DURING THE PAST 3 YEARS HAVE YOU PARTICIPATED IN FLIGHTS OF AN AIRCRAFT AS A CREWMEMBER, (PILOT, STUDENT, FLIGHT ATTENDANT, ETC...)?</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. IS INSURANCE APPLIED FOR TO REPLACE OR CHANGE LIFE INSURANCE OR ANNUITY IN THIS OR ANY OTHER COMPANY?</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

**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.**

### SECTION D — Acknowledgement Statement and Authorization for Proposed Insured or the Applicant

I agree that: (1) the above answers and statements are, to my knowledge and belief, true and complete; (2) the above answers will form the basis for and be part of every policy issued hereunder; (3) the company is not liable for delay in acting on this application; (4) this insurance will take effect on the date the policy is issued by the company if the first premium has been paid and the policy is delivered to me while I am in good health. I understand that any authorization I give the company to draw drafts on my bank account is not payment of the first premium until the draft is drawn, deposited and paid by my bank. (5) No change in amount, rating, plan, issue age, or benefits will be effective unless agreed to in writing by me.

**Authorization:** "I hereby authorize any licensed doctor, or medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health to give the Company, or its reinsurer(s) any such information. **NOTICE:** Information authorized for release may include information on physicals, drug, alcohol, communicable or venereal diseases such as hepatitis, syphilis, gonorrhea, HIV/AIDS (Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome), or other conditions for which I may have been treated while a patient here. I acknowledge receipt of the notification form issued in compliance with the Fair Credit Reporting Act and the rules of the Medical Information Bureau.

This authorization and/or photocopy of it shall be valid for a period of twenty-four (24) months after the date it is signed. I understand I can revoke this authorization at any time by submitting a written request to the Company at its Home Office.

I acknowledge receipt of the notices attached to this application. I have received the notice of the Fair Credit Reporting Act and the MIB.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNED AT \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### SECTION E - Particulars Related to Licensed Agent

This application was completed and signed in my presence on the date written on this page and to the best of my knowledge, this application is not involved in replacement of life insurance or annuities as defined in applicable Insurance Department Regulations.

X \_\_\_\_\_  
SIGNATURE OF PRODUCING AGENT AGENT NO. AGENCY NO.

SPL&D APP (12/08)

CUT ALONG DOTTED LINE

Dec—08

### DETACH AND GIVE TO APPLICANT

The notice set forth below is given in compliance with the provisions of Section 606(a) of the Fair Credit Reporting Act.

**NOTICE (PART 1):** An investigative consumer report may be obtained for information about character, reputation, personal characteristics, and mode of living. Interviews may be with your friends, neighbors, and associates. You have the right to make a written request within a reasonable time to get detailed information about the report.

**NOTICE (PART 2):** Information regarding you will be confidential. **WICHITA NATIONAL LIFE INSURANCE CO.** or its reinsurers, may, however, make a brief report to the Medical Information Bureau. The Bureau is a non-profit organization of life insurance companies which operates an information exchange. If you apply to another Bureau member company for life or health insurance coverage, or send them a claim for benefits, the Bureau will give such company the information in its file. The Bureau will give you information in your file if you request it. (Medical information will be given only to your attending physician.) If you question the information in the Bureau's file, you may contact them and seek a correction in accordance with the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Box 105, Essex Station, Boston, Massachusetts, 02112, telephone number (617) 426-3660. **WICHITA NATIONAL LIFE INSURANCE CO.** or its reinsurers, may also give information to the other companies to whom you may apply for insurance, or send a claim for benefits.

LIST CONDITION, NAME, ADDRESS AND TELEPHONE NUMBER OF DOCTORS, HOSPITALS OR CLINICS CONSULTED AND GIVE DATES AND TYPE OF TREATMENT. LIST PRESCRIBED MEDICATIONS.

Remarks & Details — To "Yes" answers (all "yes" answers must be fully explained— attach an additional sheet if necessary.)

| Question # | Condition | Dates | Treatment | Name, Address, and Telephone Number of Doctors, Hospitals or Clinics Consulted |
|------------|-----------|-------|-----------|--|
|            |           |       |           |  |
|            |           |       |           |  |
|            |           |       |           |  |
|            |           |       |           |  |

## COLLATERAL ASSIGNMENT

For value received, I hereby assign to \_\_\_\_\_

\_\_\_\_\_, Assignee, the proceeds including cash values, due or to become due under the life insurance policy hereby applied for when issued to the extent of any indebtedness due by me to said assignee. I agree that in the event of any default, assignee is authorized to cancel this insurance and credit any premium refund or cash surrender value toward my indebtedness as his interest may appear.

I also agree that this assignment is irrevocable until all indebtedness due Assignee by me has been paid in full and that the rights and interest of any beneficiary under said policy are subordinate to the rights and interest of the Assignee.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Policyowner

The foregoing assignment is filed at the Company's Home Office this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Policy No. \_\_\_\_\_

Wichita National Life Insurance Company

by \_\_\_\_\_

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## Wichita National Life Insurance Co.

WICHITA NATIONAL LIFE BLDG  
711 SW D AVENUE  
P.O. BOX 1709  
LAWTON, OK. 73502

**W N L**  
WICHITA NATIONAL LIFE

INSURANCE COMPANY

November 25, 2008

TO WHOM IT MAY CONCERN:

This letter is to authorize Chris McCaul, of Rudd and Wisdom, Inc., 9500 Arboretum Blvd., Suite 200, Austin, Texas, to complete insurance product filings with state insurance departments on behalf of Wichita National Life Insurance Co.

Sincerely,



Ronnie Denham  
Secretary

# WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building  
711 S.W. "D" Avenue  
Lawton, Oklahoma 73501  
580-353-5776

**Wichita National Life Insurance Company**, hereinafter called the Company, will pay the DEATH BENEFIT to the Beneficiary upon receipt of due proof that the death on the Insured occurred prior to the expiration date of this policy and while this policy was in force, subject to the provisions of this and the following pages, all of which are a part of this policy.

This policy is issued in consideration of the application and the payment of the Single Premium specified below.

## 20 DAY RIGHT TO EXAMINE POLICY

If for any reason this Policy is not satisfactory, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or to the Company, within 20 days after it is first received. Upon cancellation, any premium paid for this Policy will be returned.

The Company has signed this Policy on the Issue Date at its Home Office in Lawton, Oklahoma. The Issue Date shall be used to determine policy months, years, and anniversaries.



SECRETARY



PRESIDENT

REGISTRAR

**BENEFICIARY**--Unless changed as provided in this policy, the Beneficiary shall be as designated in the application for this policy.

|                       |              |                        |                   |
|-----------------------|--------------|------------------------|-------------------|
| <b>INSURED</b>        | [John Doe]   | <b>POLICY NUMBER</b>   | [12345W]          |
| <b>FACE AMOUNT</b>    | [\$25,000]   | <b>ISSUE AGE</b>       | [35 Male]         |
| <b>SINGLE PREMIUM</b> | [\$2,355.75] | <b>ISSUE DATE</b>      | [January 1, 2009] |
| <b>TERM PERIOD</b>    | [20 Years]   | <b>EXPIRATION DATE</b> | [January 1, 2029] |

**SINGLE PREMIUM LEVEL TERM INSURANCE--NON-PARTICIPATING**

## GENERAL PROVISIONS

**THE CONTRACT**--The policy and application, a copy of which is attached to and made a part of the policy, constitute the entire contract. All statements made by the Insured or on his behalf shall, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim under this policy unless it is contained in the application and a copy of the application is attached to this policy when issued.

**MODIFICATION OF CONTRACT**--Only the President, a Vice President, the Secretary or an Assistant Secretary of the Company has power to change, modify or waive the provisions of this policy, and then only in writing.

**PREMIUM PAYMENTS**--The Single Premium is payable in advance either at the Home Office of the Company or to an agent of the Company.

**AGE**--"Age" as used in this policy means age last birthday. If the age of the Insured has been misstated, the amount payable hereunder shall be such as the premium paid would have purchased for the correct age.

**OWNER**--In the absence of a special endorsement or written instrument filed with the Company which provides otherwise, the Owner, may, during the lifetime of the Insured and without the consent of any contingent owner or revocable beneficiary, assign or surrender this policy, amend or modify it with the consent of the Company and exercise, receive and enjoy every other right, benefit and privilege contained in this policy, except as set forth in the Beneficiary and Change of Beneficiary provisions hereof.

**BENEFICIARY**--Unless changed as provided in this policy, the Beneficiary shall be as designated in the application for this policy.

**CHANGE OF BENEFICIARY**--The Beneficiary may be changed from time to time, unless irrevocably designated, by written notice on a form satisfactory to the Company filed at its Home Office. Any such change shall take effect only when receipt of such notice has been acknowledged in writing thereon by the Company at its Home Office, and when so acknowledged, shall be operative as of the date such notice was signed, whether or not the Insured is alive at the time of such acknowledgment, without prejudice to the Company on account of any payment made by it before such acknowledgment. If Beneficiary shall die before the Insured, the interest of such beneficiary shall vest in the Owner, unless otherwise provided herein or by endorsement hereon.

**ASSIGNMENT**--No assignment of this policy shall be binding on the Company unless it is in writing and until it is filed with the Company at its Home Office. The Company will assume no responsibility for the validity or sufficiency of any assignment. Unless otherwise provided in the assignment, the interest of any revocable beneficiary named in the application, shall be subordinate to the interest of any assignee, whether

the assignment was made before or after the designation of beneficiary, and the assignee shall receive any sum payable to the extent of his interest.

**SUICIDE**--If the Insured shall commit suicide while sane or insane within two years from the date of issue, the liability of the Company under this policy shall be limited to the Single Premium actually paid.

**INCONTESTABILITY**--This policy shall be incontestable after it has been in force during the lifetime of the Insured for two years from the date of issue.

**SETTLEMENT**--All amounts payable by the Company are payable at its Home Office. Due proof of the Insured's death must be submitted to the Company at its Home Office on forms furnished by the Company. The Company may require the surrender of the policy.

**INTEREST ON PROCEEDS**--If proceeds of this Policy due to death of Insured are not paid within 30 days from receipt of proof of death, the Company will pay interest at the rate of 8% per year on such proceeds from the date of death to the date of payment.

**NONPARTICIPATION**--This policy is issued at a nonparticipating guaranteed rate and will not share in surplus earnings of the Company.

**BASIS OF CALCULATION**--Reserves and associated net single premiums are computed using the mortality table and interest rate as shown in the Table of Values. Calculations are based upon the assumption that death occurs at the end of the policy year. Reserves are computed by the net level premium method.

The non forfeiture values available under this Policy are not less than the minimum required by any applicable statute of the state in which this policy is delivered. The interest rate used in determining cash values and associated net single premiums is shown in the Table of Values. A detailed statement of the method of computation of the values and benefits shown in this policy has been filed with the insurance supervisory official of the state in which the policy is delivered.

**GUARANTEED CASH VALUES**--The owner may surrender the policy for its Cash Value. The cash value is the Cash Value defined in the Table of Values on Page 3.

The Company may defer the payment of any Cash Value for the period permitted by law, but not more than 6 months after written request is received by the Company at the Home Office.

Notwithstanding anything in this policy to the contrary while this policy is in force the Cash Value during the 30-day period immediately following a policy anniversary date shall be not less than the Cash value on such policy anniversary date.

## TABLE OF VALUES

The values in the following table assume that all premiums are paid when due and no policy loans are taken. Policy values not illustrated will be furnished upon request.

| End of<br>Policy<br>Year | Amount of<br>Insurance | Cash<br>Value |
|--------------------------|------------------------|---------------|
| 1                        | [25,000]               | [875]         |
| 2                        | [25,000]               | [875]         |
| 3                        | [25,000]               | [875]         |
| 4                        | [25,000]               | [875]         |
| 5                        | [25,000]               | [875]         |
| 6                        | [25,000]               | [875]         |
| 7                        | [25,000]               | [850]         |
| 8                        | [25,000]               | [850]         |
| 9                        | [25,000]               | [825]         |
| 10                       | [25,000]               | [800]         |
| 11                       | [25,000]               | [750]         |
| 12                       | [25,000]               | [700]         |
| 13                       | [25,000]               | [650]         |
| 14                       | [25,000]               | [600]         |
| 15                       | [25,000]               | [525]         |
| 16                       | [25,000]               | [450]         |
| 17                       | [25,000]               | [375]         |
| 18                       | [25,000]               | [275]         |
| 19                       | [25,000]               | [150]         |
| 20                       | [25,000]               | [0]           |

The cash values, reduced paid up extended term values are based upon the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. The reserves are calculated based on the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. Premiums are payable for life.

# WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building  
711 S.W. "D" Avenue  
Lawton, Oklahoma 73501  
580-353-5776

SINGLE PREMIUM LEVEL TERM INSURANCE  
NON-PARTICIPATING

## Register of Assignment

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NOTE --- Assignment Takes Effect **Only** Upon Endorsement By An Executive Officer Of The Company.

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DATE ENDORSED

ASSIGNEE

ENDORSED BY

---

# Rudd and Wisdom, Inc.

## CONSULTING ACTUARIES

Mitchell L. Bilbe, F.S.A.  
Evan L. Dial, F.S.A.  
Philip S. Dial, F.S.A.  
Charles V. Faerber, F.S.A., A.C.A.S.  
Mark R. Fenlaw, F.S.A.  
Carl L. Frammolino, F.S.A.  
Kenneth J. Herbold, A.S.A.  
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Austin, Texas 78759  
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J. Christopher McCaul, F.S.A.  
Edward A. Mire, F.S.A.  
Rebecca B. Morris, A.S.A.  
Michael J. Muth, F.S.A.  
Khiem Ngo, A.S.A.  
Ronald W. Tobleman, F.S.A.  
David G. Wilkes, F.S.A.  
Valerie M. Zinzer, F.S.A.

December 9, 2008

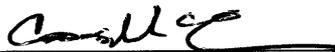
Arkansas Insurance Department

Re: RDWS-125919967  
Wichita National Life Insurance Co.  
Form No. SP-L (01/09)

With reference to the attached form, per A.C.A. 23-79-138, we will provide each policyowner with the servicing agent's name, address and phone number. The home office information is listed on the policy form.

I certify that this filing meets the provisions of Regulation 19s10B as well as all applicable requirements of the Department.

12/15/2008  
Date

  
Chris McCaul

