

<i>SERFF Tracking Number:</i>	<i>FRCS-125498788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>38449</i>
<i>Company Tracking Number:</i>	<i>4900</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>ART-875 1-08 Filing</i>		
<i>Project Name/Number:</i>	<i>KOFC/92/92</i>		

Filing at a Glance

Company: Knights of Columbus	SERFF Tr Num: FRCS-125498788	State: ArkansasLH
Product Name: ART-875 1-08 Filing	SERFF Status: Closed	State Tr Num: 38449
TOI: L04I Individual Life - Term	Co Tr Num: 4900	State Status: Approved-Closed
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Status: None	Reviewer(s): Linda Bird
Filing Type: Form	Author: Kevin Wiggs	Disposition Date: 04/03/2008
	Date Submitted: 03/18/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: KOFC/92	Status of Filing in Domicile: Pending
Project Number: 92	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing has been submitted in the domicile state (CT) on or about this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/03/2008	Deemer Date:
State Status Changed: 04/03/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
The Knights of Columbus is a fraternal benefit society.	

This form is new and is not intended to replace any previously approved form.

<i>SERFF Tracking Number:</i>	<i>FRCS-125498788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>38449</i>
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<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
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This policy provides a level death benefit for 1 year, expiring at the end of the period for no value, and renewable to age 70.

If your state requires a longer free look period for replacement policies, the free look period shown on the attached contract will be changed to the longer period in replacement situations.

Application 600D-AR 10-05, approved by your Department on 7/5/05 will be used to apply for this contract.

The following previously approved riders may be used with this policy:

- Accidental Death Benefit Rider, form 700 4-90, approved by your Department on 5/7/90.
- Waiver of Premium Rider, form 720 10-93, approved by your Department on 11/8/93.

Our fee of \$50 has been sent by EFT on this same date.

Company and Contact

Filing Contact Information

(This filing was made by a third party - FC01)

Kevin Wiggs, Compliance Specialist	kevin.wiggs@firstconsulting.com
1020 Central	(800) 927-2730 [Phone]
Kansas City, MO 64105	(816) 391-2755[FAX]

Filing Company Information

Knights of Columbus	CoCode: 58033	State of Domicile: Connecticut
1 Columbus Plaza	Group Code:	Company Type:
New Haven, CT 06507-3326	Group Name:	State ID Number:
(203) 752-4266 ext. [Phone]	FEIN Number: 06-0416470	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

<i>SERFF Tracking Number:</i>	<i>FRCS-125498788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>38449</i>
<i>Company Tracking Number:</i>	<i>4900</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>ART-875 1-08 Filing</i>		
<i>Project Name/Number:</i>	<i>KOFC/92/92</i>		
Fee Explanation:	AR fee of \$50 per policy = \$50.		
Per Company:	No		

SERFF Tracking Number: FRCS-125498788 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 38449
Company Tracking Number: 4900
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: ART-875 1-08 Filing
Project Name/Number: KOFC/92/92

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$50.00	03/18/2008	18754957

SERFF Tracking Number: FRCS-125498788

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 38449

Company Tracking Number: 4900

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: ART-875 1-08 Filing

Project Name/Number: KOFC/92/92

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/03/2008	04/03/2008

SERFF Tracking Number: FRCS-125498788

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 38449

Company Tracking Number: 4900

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: ART-875 1-08 Filing

Project Name/Number: KOFC/92/92

Disposition

Disposition Date: 04/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FRCS-125498788* *State:* *Arkansas*
Filing Company: *Knights of Columbus* *State Tracking Number:* *38449*
Company Tracking Number: *4900*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *ART-875 1-08 Filing*
Project Name/Number: *KOFC/92/92*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Individual Term Life Insurance Policy		Yes

SERFF Tracking Number: FRCS-125498788 State: Arkansas
 Filing Company: Knights of Columbus State Tracking Number: 38449
 Company Tracking Number: 4900
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: ART-875 1-08 Filing
 Project Name/Number: KOFC/92/92

Form Schedule

Lead Form Number: 875-AR 1-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	875-AR 1-08	Policy/Cont ract/Fraternal Certificate	Individual Term Life Insurance Policy	Initial		69	875-AR 1-08.pdf

Knights of Columbus

A Fraternal Benefit Society
[One Columbus Plaza
New Haven, Connecticut 06510-3326
PHONE NUMBER (800) 524-3611]

INSURED	[DOE, JOHN]	[JAN. 15, 2008]	REGISTER DATE
ISSUE AGE AND SEX	[35] [MALE]	[99999999]	CONTRACT NUMBER
EXPIRY DATE	[JAN. 15, 2009]	[\$100,000.00]	CONTRACT AMOUNT
ISSUE DATE	[JAN. 15, 2008]		

LIFE INSURANCE CONTRACT

This is a legal contract between you and the Knights of Columbus.

Please Read This Contract Carefully.

We agree, subject to this Contract's provisions, to pay the proceeds to the beneficiary, if the Insured dies while this Contract is in force.

Signed for the Knights of Columbus at its Supreme Office at [New Haven, Connecticut].

[*Donald R. Kehoe*]

Supreme Secretary

[*Carl A. Anderson*]

Supreme Knight

ANNUAL RENEWABLE TERM INSURANCE
WITH ADJUSTABLE PREMIUMS
PREMIUM PAYABLE TO AGE 70

ANNUAL DIVIDENDS PAYABLE IF EARNED
CONVERTIBLE TO AGE 65

RIGHT TO CANCEL

You may cancel this Contract within 10 days of receiving it by returning it to us at [One Columbus Plaza, New Haven, Connecticut 06510] or to the agent from whom you bought it. As soon as you deliver or mail this Contract is void from the start and we will refund all premium payments.

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DEFINITIONS

1. **Annual Contract Date:** The same month and day as the Register Date listed on Page 3 for the years after the Register Date.
2. **Application:** The attached application and all amendments of it.
3. **Beneficiary, Beneficiaries:** The person or persons who will receive the proceeds of this Contract.
4. **Contract:** This Contract of insurance.
5. **Home Office:** The Knights of Columbus Supreme Office in [New Haven, Connecticut].
6. **Issue Date:** The date, shown on Page 3, on which the Contract takes effect.
7. **Laws:** The Charter, Constitution, Laws and any other rules of the Order, as amended from time to time.
8. **Premium:** The amounts to be paid by you shown on Pages 3 and 3A.
9. **Register Date:** The date, shown on Page 3, on which the first premium is due.
10. **We, our, us, the Order, the Order's:** The Knights of Columbus.
11. **You, Your:** The Owner of this Contract.

CONTRACT SPECIFICATIONS

INSURED	[DOE, JOHN]	[JAN. 15, 2008]	REGISTER DATE
ISSUE AGE AND SEX	[35] [MALE]	[99999999]	CONTRACT NUMBER
EXPIRY DATE	[JAN. 15, 2009]	[\$100,000.00]	CONTRACT AMOUNT
ISSUE DATE	[JAN. 15, 2008]		
COUNCIL	[99999]	[STANDARD]	CLASS

THE RATES SHOWN BELOW ARE GUARANTEED ONLY FOR THE FIRST CONTRACT YEAR.
 MAXIMUM RATES FOR RENEWAL YEARS WILL BE AS SHOWN ON PAGE 3A. THE RATES SHOWN
 ON PAGE 3A FOR RIDERS, IF ANY, ARE NOT SUBJECT TO CHANGE.

AMOUNT OF PREMIUMS FOR ALL BENEFITS UNDER THIS CONTRACT	MONTHLY <u>EFT</u>	<u>QUARTERLY</u>	<u>SEMI ANNUAL</u>	<u>ANNUAL</u>
FIRST YEAR	[\$20.25]	[\$62.63]	[\$122.00]	[\$235.00]

THE PREMIUM RATES FOR ALL BENEFITS INCLUDED IN THE ABOVE TOTAL PREMIUM ARE SHOWN BELOW.

FORM NUMBER	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUM	
			YEARS PAYABLE	ANNUAL
875-AR 1-08	ANNUAL RENEWABLE TERM	[\$100,000.00]	1	[\$235.00]

TABLE OF ANNUAL RENEWAL PREMIUM PAYMENTS FOR [99999999]

THE TABLE BELOW SHOWS THE PREMIUM RATES FOR THE RENEWAL TERMS OF THIS CONTRACT. THE FIRST PREMIUM FOR EACH ONE YEAR RENEWAL TERM IS DUE ON THE EXPIRY DATE OF THE PREVIOUS TERM. EACH PREMIUM AFTER THE FIRST ONE IS DUE AT THE END OF THE PERIOD PAID FOR BY THE PRECEDING PREMIUM.

ATTAINED AGE**	SCHEDULED PREMIUM FOR TERM LIFE INSURANCE*	MAXIMUM PREMIUM FOR TERM LIFE INSURANCE
[36]	[\$ 244.00]	[\$ 320.00]
[37]	[257.00]	[340.00]
[38]	[271.00]	[363.00]
[39]	[287.00]	[389.00]
[40]	[305.00]	[418.00]
[41]	[323.00]	[451.00]
[42]	[339.00]	[485.00]
[43]	[358.00]	[524.00]
[44]	[377.00]	[564.00]
[45]	[397.00]	[609.00]
[46]	[427.00]	[655.00]
[47]	[459.00]	[705.00]
[48]	[492.00]	[758.00]
[49]	[529.00]	[816.00]
[50]	[569.00]	[879.00]
[51]	[617.00]	[952.00]
[52]	[670.00]	[1,035.00]
[53]	[729.00]	[1,129.00]
[54]	[797.00]	[1,235.00]
[55]	[870.00]	[1,349.00]
[56]	[949.00]	[1,473.00]
[57]	[1,032.00]	[1,601.00]
[58]	[1,092.00]	[1,739.00]
[59]	[1,214.00]	[1,886.00]
[60]	[1,319.00]	[2,050.00]
[61]	[1,435.00]	[2,233.00]
[62]	[1,567.00]	[2,439.00]
[63]	[1,717.00]	[2,672.00]
[64]	[1,883.00]	[2,933.00]
[65]	[2,065.00]	[3,217.00]
[66]	[2,260.00]	[3,521.00]
[67]	[2,467.00]	[3,845.00]
[68]	[2,687.00]	[4,189.00]
[69]	[2,925.00]	[4,561.00]

*SCHEDULED PREMIUM PAYMENTS FOR THE BASIC CONTRACT ARE SUBJECT TO CHANGE. HOWEVER, THE CONTRACT RENEWAL PREMIUM IN ANY GIVEN YEAR WILL NEVER BE GREATER THAN THE MAXIMUM PREMIUM FOR THAT YEAR. (SEE PREMIUM PAYMENTS PROVISION.)

**ON BIRTHDAY NEAREST EXPIRY DATE OF PRECEDING TERM.

DEATH BENEFIT

Payment of Proceeds

Upon receipt of proof of the Insured's death prior to the Expiry Date and while this Contract is in force, the proceeds will be paid to the beneficiary. The proceeds will be paid in one sum or as agreed to by you and the Order. Proceeds payable to the beneficiary in one sum may, at the election of the beneficiary, be paid under any settlement option offered by the Order at the time of the Insured's death.

Proceeds

The proceeds payable at the death of the Insured will be the sum of:

1. the Contract Amount;
 2. any dividends and interest thereon deposited with us as of the date of the Insured's death;
 3. a fractional part of the dividend that would have been payable on the Annual Contract Date following the Insured's death. The fraction will equal the number of completed months from the last Annual Contract Date divided by twelve;
 4. if the death proceeds are not paid within 30 days from the date the Order receives written due proof of death of the Insured, interest at 8% per year; and
 5. any premium paid beyond the month in which the Insured dies;
- less:
- any unpaid premium for the month in which the Insured dies.

The proceeds will be sufficient to permit the contract to meet the definition of life insurance as set forth in section 7702 of the Internal Revenue Code of 1986.

Claims of Creditors

To the extent permitted by law, the proceeds will not be subject to claims of creditors.

DIVIDENDS

Dividends

Each year the Order determines its divisible surplus. This Contract's share, if any, will be credited as a dividend on the Annual Contract Date. Since we do not expect this Contract to contribute to divisible surplus, it is not expected that any dividends will be credited. However, if dividends are credited, you may choose to use them under any of these options:

1. paid in cash;
2. applied toward premium payments; or

3. deposited with us to accumulate at interest. The rate of interest will be set by us from time to time, but at not less than 1.5% per year.

If on the dividend date you have not chosen one of these options, option 2 will apply.

Dividends deposited with us, plus interest thereon may be withdrawn at any time.

CONVERSION

Conversion Privilege

You may convert this Contract to a new contract while this Contract is in force and before the Annual Contract Date nearest the Insured's 65th birthday or the first Annual Contract Date, if later. Conversion will be made without evidence of insurability subject to the following conditions:

1. if this Contract contains a waiver of premium rider, conversion must occur prior to the Insured's becoming disabled;
2. the amount of the new contract cannot be greater than the Contract Amount of this Contract. Partial conversion will be permitted only if:
 - a. not less than \$1,000 of term coverage is converted; and
 - b. not less than \$25,000 of term coverage is continued;
3. conversion will be on an attained age basis only. The Register Date of the new contract will be a date mutually agreed upon;
4. the new contract will be issued in the same premium class as this Contract;
5. waiver of premium and accidental death benefit riders will be added to the new contract if requested, provided they are attached to this Contract at time of conversion and, if conversion is on an attained age basis, such riders are issued at the Insured's attained age; and
6. conversion must be requested in writing. The first premium for the new contract must be sent with your request.

Conversion on Attained Age Basis

To convert on an attained age basis, you must pay the first premium due on the new contract. The new contract can be for any of our level premium, level amount life plans (other than term) available at time of conversion. The premium rate will be based on the Insured's attained age at the birthday nearest the new contract's Register Date.

Disability Conversion Benefit

This Contract will be converted automatically to a Whole Life Contract at the Annual Contract Date nearest the Insured's 65th birthday, provided that on this date a waiver of premium rider is attached hereto and a valid claim for waiver of premium benefits has been presented. The Register Date of the new contract will be the Annual Contract Date mentioned above. The amount of the new contract will be the Contract Amount hereof. The new contract will be in the same premium class as this Contract, and the premium rate will be that applicable to the Insured's age on the birthday nearest the Register Date of the new contract. The new contract will include a waiver of premium rider, and disability benefits will commence immediately.

RENEWAL

If this Contract is in force with no premium in default at its Expiry Date and the Insured is 69 or less on the birthday nearest that date, this Contract can be renewed without evidence of insurability. Renewal will be for one year following the last Expiry Date.

Premium rates for renewal terms of this Contract are shown in the table on Page 3A. The renewal of this Contract takes effect only when the first premium for the renewal term is paid. It must be paid on or before the Expiry Date of the preceding term, except as provided under the Grace Period provision of the Contract. Renewal is automatic if on an Expiry Date: (a) the Insured is under age 65 at nearest birthday; and (b) we have approved a claim under a disability rider attached to the Contract.

PREMIUM PAYMENTS AND REINSTATEMENT

Premium Payments

Premium payments, as shown on Pages 3 and 3A, must be paid in advance at the Home Office. The first one is due on the Register Date. You may change the frequency of payment by notifying us in writing. Except as provided in the Grace Period provision, no premium payment will keep this Contract in force beyond the next premium due date.

We reserve the right to change the amount of renewal premium payments for the Contract. However, the renewal premium in any given year will never be more than the Maximum Premium shown for that year. (See Page 3A.)

Any change in the amount of renewal premium payments will:

1. be based on changes in expected mortality, investment earnings, expenses and persistency;
2. be effective on the first Annual Contract Date on or after the date of change; and
3. apply to all policies issued on this contract form.

Grace Period

There is a 31 day Grace Period to pay each premium, except the first. During this Grace Period, this Contract will remain in force.

Reinstatement

Should this Contract lapse for failure to make any payment due, it may be reinstated within three years of lapse. To reinstate this Contract you must:

1. submit proof of insurability which meets our standards; and
2. make all overdue premium payments with compound interest at 6% per year.

OWNERSHIP AND BENEFICIARY

Owner

The Insured is the owner of this Contract unless:

1. another person is named as the owner in the application;
2. the Contract is assigned, in which case the assignee shall be deemed the owner; or
3. the Insured has not reached the age of 18 as of the date of application.

If the Insured has not reached the age of 18 as of the date of application, the applicant shall be deemed the owner of the Contract unless:

1. the applicant designates some other person as owner;
2. the Contract is assigned either to the Insured or to some other person; or
3. the applicant fails to make premium payments until the Insured reaches the age of 18. In such event, the Order shall designate as owner either the Insured's legal guardian or the person who agrees to make premium payments.

The owner may exercise all rights set forth in this Contract.

Death of Owner

If the owner is the parent or grandparent or spouse of the Insured, and the Insured has attained his or her 18th birthday upon the death of the owner, all rights of the owner shall pass to the Insured, unless otherwise provided by a contingent ownership designation. If the owner is not the parent or grandparent or spouse of the Insured, or if the Insured has not attained his or her 18th birthday when the owner dies, all rights of the owner shall pass to the owner's estate, unless otherwise provided by a contingent ownership designation.

Assignment

This Contract may be assigned. No assignment will bind us until we receive a signed copy at the Home Office. The Order is not responsible for the validity of assignments.

Beneficiary

The beneficiary is named in the application. While the Insured lives, the owner may change the beneficiary, unless this right is restricted by operation of law or unless the owner gives up this right.

Change of Beneficiary

To be binding, a change of beneficiary must be in writing and received at the Home Office. It will then take effect as of the date it was signed, but it will not apply to actions taken by us before it was received.

GENERAL PROVISIONS

Entire Contract

The following constitute the entire contract between you and the Order:

1. this Contract and any attached riders or endorsements;
2. the application, a copy of which is attached to this Contract; and
3. the Order's Laws. Any change in our Laws after the Issue Date will apply to this Contract, but benefits granted by this Contract will not be reduced by future changes in these Laws.

The consideration for this Contract is the application and the payment of premium. The laws of the state where this Contract is issued for delivery control the rights and duties of the owner and any person rightfully making claim under the provisions of this Contract.

Change or Waiver of Provisions

No subordinate council, agent or member of the Order may change or waive the provisions of this Contract. No

change in this Contract is valid unless it is made in writing and signed on behalf of the Order by the Supreme Knight or the Supreme Secretary.

Statements in the Application

Statements in the application are representations, not warranties. No statement will be used to void this Contract or to deny a claim, if it is not in the copy of the application attached to this Contract when issued.

Incontestability

We will not contest this Contract after it has been in force during the Insured's lifetime for two years from the Issue Date, except for nonpayment of premium.

This provision will apply anew from the date this Contract is reinstated with regard to statements made in an application for reinstatement.

Suicide Exclusion

If the Insured dies by suicide within two years after the Issue Date, we will pay only the total amount of premium payments.

Age and Sex

The Insured's Age is stated on Page 3. It is the age on the Insured's birthday nearest the Register Date. If the Insured's age or sex is misstated, the Contract Amount will be that which the premium would have bought at the true age and sex.

Currency

Every payment by the Order shall be in United States currency.

Maintenance of Solvency

The premium rates and benefits as specified in this Contract will not change. If the order's reserves were to become impaired, the Board of Directors could require you to pay an equitable amount to eliminate the deficiency. Such amount could either be charged as a loan against the Contract with interest compounded at 5% per year, or with your consent, deducted from the insurance benefit.

Membership

Even if the applicant ceases to be a member of the Order, you may keep this Contract in force by making the required premium payments.

Computation of Values

The basis for calculating the rates and also for valuation of this Contract has been filed with the insurance supervisory officials of the jurisdiction where this Contract is delivered. All values are not less than those required by law.

Spouse's Right to Apply for Insurance

In addition to the other rights and benefits provided under this Contract, after the Insured's death the Insured's spouse shall have the right to request insurance coverage: (1) on his or her life; and (2) on the lives of the Insured's minor children. This right must be exercised within one year following the Order's receipt of proof of the Insured's death. The insurance coverage requested will be issued, provided that satisfactory evidence of insurability is submitted to the Order. The date the insurance coverage takes effect will depend upon: (1) the rules of the Order; and (2) the date the Order accepts the evidence of insurability.

For the purposes of this provision, the following definitions apply: "insurance coverage" includes all plans

of life insurance, annuities and long term care insurance offered by the Order at the age and premium class of the proposed insured or annuitant at the time of the exercise of this right; "Insured's minor children" includes all children, stepchildren and legally adopted children of the Insured who have not yet reached their 18th birthday as of the date insurance coverage is requested; and "Insured's spouse" means the person to whom the Insured is married as of the date of the Insured's death.

Knights of Columbus

A Fraternal Benefit Society
[New Haven, Connecticut]

ANNUAL RENEWABLE TERM
LIFE INSURANCE CONTRACT



ADJUSTABLE PREMIUMS

PARTICIPATING

Premium Payable to Age 70
Annual Dividends Payable if Earned
Convertible to Age 65

SERFF Tracking Number: FRCS-125498788

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 38449

Company Tracking Number: 4900

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: ART-875 1-08 Filing

Project Name/Number: KOFC/92/92

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125498788

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 38449

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TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: ART-875 1-08 Filing

Project Name/Number: KOFC/92/92

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

02/20/2008

Comments:

Attachments:

AR CoC.pdf

AR RDB.pdf

Auth_1-08_dist.pdf

Review Status:

Satisfied -Name: Application

02/20/2008

Comments:

Attachment:

600D-AR 10-05 Adobe.pdf

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo

02/20/2008

Comments:

Attachment:

Act. Memo 875-AR 1-08.pdf

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Knights of Columbus

Form Title(s): Individual Term Life Insurance Policy

Form Number(s): 875-AR 1-08

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Richard B. Carroll
Associate General Counsel

February 20, 2008

Date

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Knights of Columbus

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
875-AR 1-08	69.0



Richard B. Carroll
Associate General Counsel

February 20, 2008
Date



KNIGHTS OF COLUMBUS

January 2, 2008

To: Department of Insurance

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Knights of Columbus

By: 
Title: Associate General Counsel

Home Office Use

KNIGHTS OF COLUMBUS
A FRATERNAL BENEFIT SOCIETY
1 Columbus Plaza
New Haven, CT 06510-3326
INSURANCE APPLICATION

Use space below for plate or Agent's name and code.
(This is for General Agent's use only.)

GPO YPO Contract Number _____

Is the applicant a member of Knights of Columbus? Yes
No (If yes, indicate associate member or insurance
member. If no, application for membership must be made
and approved by council.)

PRINT ANSWERS TO ALL QUESTIONS.

1. Name of Applicant: (last-first-middle initial) _____

2.(a) Council No. (b) Membership No. (c) Social Security No.
of Applicant: _____

3. (a) Date of birth: (mo. day yr.) _____

INFORMATION CONCERNING PROPOSED INSURED

4. (a) Legal Name: (last-first-middle initial) _____ (b) Sex _____

5. (b) Maiden Name: _____ (b) Relationship to Applicant: _____

6. Address _____ Street _____

City _____ State _____ Zip Code _____

7. (a) Date of Birth: (b) Issue Age: (c) Place of Birth:
(mo. day yr.) _____

8. Single Married Widowed Divorced

9. Social Security No. of Insured: _____

(a) Telephone No. (Day): (____) _____

(b) Telephone No. (Evening): (____) _____

(c) Email Address: _____

Owner:

Unless otherwise designated below, the owner of adult insurance is the proposed insured and the owner of juvenile insurance is the applicant. In the event of the death of the owner prior to the termination of the Contract, ownership shall pass to the contingent owner designated below:

Owner _____

Relationship to Insured _____

Address of Owner _____

City _____ State _____ Zip Code _____

Social Security Number or E.I.N. of Owner
(Please complete W-9 Form.)

Contingent Owner: _____

Payor:

Premium Payor's name and Address, if different from Owner: (For EFT/MAC, please use name on voided check.)

10. Premium Payable: \$ _____

\$ _____ Amount Paid Herewith: If even dollar premium,
 check here and indicate

Ann. M.A.C./E.F.T. no amount in section 12.

S.A. Military Allotment (branch of service) _____

Q.A. Combined Billing Salary Deduction

11. (a) Plan Description: _____ (b) Plan Code: _____

12. Face Amount: \$ _____

If even dollar premium, leave blank.

13. Indicate riders to be included:

- Waiver of Premium
- Accidental Death \$ _____ Amount
- Guaranteed Purchase Option \$ _____ Amount
- Payor Benefit (juvenile contract only) – See Declaration of Insurability below.
- _____ Year Decreasing Term \$ _____ Initial Amount
- Ten Year Level Term \$ _____ Amount (Insured)
- Ten Year Level Term \$ _____ Amount (Spouse)
- IPR _____ Yrs. _____ Units (Insured)
- IPR _____ Yrs. _____ Units (Spouse)
- Child Rider \$ _____ Amount
- Family Rider \$ _____ Amount
- Additional Protection Benefit \$ _____ Amount
- BGPO \$ _____ Amount
- Spouse's Contract's Waiver of Premium Rider
- Youth Purchase Option Rider \$ _____ Amount
- Inflation Rider \$ _____ Amount
- Other Rider _____

14. Any dividends payable under the insurance contract hereby applied for are to be:

- paid in cash
- applied to purchase paid-up additions
- applied to reduce premium
- paid-up additions used as Inside Additions
- held at interest

15. In event of a default in payment of any premium due on the insurance contract issued, shall the automatic premium loan provision, if applicable, be effective in lieu of any nonforfeiture option? Yes No

16. Beneficiary -- May Complete Form 113A.

Primary	Relationship to Insured
Contingent	Relationship to Insured

Unless otherwise directed, beneficiaries for insurance provided by Family or Children's Rider are stated in rider.

17. **Remarks:**

DECLARATION OF INSURABILITY

1. List proposed insured and, if applicable, payor (for Payor Benefit Rider only) spouse, children and stepchildren under 18 years of age. Attach a separate sheet, if needed. All questions must be answered for each person listed.

First Name	Sex	Date of Birth	Height	Weight	Total Insurance in Force
Proposed Insured					
Payor (If Payor Benefit is applied for)					
Spouse					

First Name	Sex	Date of Birth	Height	Weight	Total Insurance in Force
Child					
Child					
Child					

2. Has any person named in Question 1 ever used tobacco or tobacco substitutes? Yes No

If yes, give dates of last use. _____ Proposed insured(s) initial here _____.

Cigarettes	Cigars	Pipe	Snuff	Chewing tobacco	Patch, gum or any nicotine substitute
mo. _____ yr. _____	mo. _____ yr. _____				

All Questions must be answered for each individual listed in Question 1.	Yes	No	Give details below for "yes" answers, including question number and person. If needed, use the space provided in number 12 or an attached separate sheet.
3. Is the insurance applied for intended to replace or change, in whole or in part, any existing insurance or annuities issued by the Knights of Columbus or another insurer? If yes, complete replacement form.			
4. a. Are negotiations now pending for life or health insurance on any of the proposed insureds?			
b. Has any proposed insured been declined, postponed or rated for life or health insurance or reinstatement thereof?			
c. Has any proposed insured ever made claim for sickness, accident or pension benefits?			
d. Has any life, accident or health insurance policy issued on any proposed insured been cancelled by the issuer or the renewal thereof been refused?			
5. a. Is any proposed insured contemplating making or in the past three years has any proposed insured made flights as a pilot, student pilot, crew member, or flights in other than commercial planes? If yes, complete Aviation Questionnaire.			
b. Is any proposed insured contemplating engaging in or in the past three years has any proposed insured engaged in any type of scuba diving or sky diving, racing, rodeo activities or hang gliding? (If yes, complete questionnaire.)			
c. Has any proposed insured recently traveled overseas, or is foreign travel planned or contemplated?			
6. Has any person named in Question 1 ever received treatment, attention or advice from any physician or other practitioner for, or been told by any physician or other practitioner that such person has or had:			
a. Tuberculosis, asthma, emphysema, COPD, pneumonia or other lung disease or disorder?			
b. Stroke, fainting spells, epilepsy, paralysis, depression or mental disorder, dementia, Alzheimer's, autism, nervous system or other brain disorder?			

All Questions must be answered for each individual listed in Question 1.	Yes	No	Give details below for "yes" answers, including question number and person. If needed, use the space provided in number 12 or an attached separate sheet.
c. Ulcers, colitis, rectal disorder, indigestion or other disorder of the esophagus, stomach, intestines, liver or gallbladder?			
d. Cancer, tumors, disorder of the blood or lymph glands, or endocrine disorder?			
e. Diabetes, sugar, albumin, pus or blood in the urine or other kidney or bladder disorder?			
f. Disease of the heart or blood vessels, chest pains, shortness of breath, heart enlargement, high or low blood pressure, abnormal heart rhythm or palpitations?			
g. Arthritis, gout, multiple sclerosis, or disorder of the muscles or bones?			
h. Disease or disorder of the ears, eyes, nose or throat?			
i. Disorder of the prostate, reproductive organs or breasts?			
7. Has any person named in Question 1 received treatment from any physician, or other practitioner for, or been told by any physician, other practitioner or counselor that such person has or had, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any Disorder of the immune system?			
8. Has any person named in Question 1 been hospitalized or consulted a physician or suffered from any illness, disease or syndrome not listed above, or is any such person taking any medication not previously listed?			
9. Has any person named in Question 1 ever used or been treated, arrested or convicted for the use of alcoholic beverages, narcotics or habit forming drugs?			
10. Within the past three years, has any person named in Question 1 had a license suspended or had a moving traffic violation? (a) Driver's License: _____ (b) State of License: _____			

11. Primary Care Physicians or Health Facilities:

Name of Primary Care Physician or Facility	Name of Specialist
Street Address	Street Address
City State Zip Code	City State Zip Code
Telephone Number	Telephone Number
Date last seen: _____	Date last seen: _____
Reason last seen: _____	Reason last seen: _____
_____	_____
_____	_____
_____	_____
_____	_____

12. Additional remarks in answer to Questions 3 – 11: _____

13. All Present Occupations: _____ **Exact Duties in Each:** _____

14. List all life insurance, annuities and long term care policies on **any** proposed insured (including pending applications and reinstatements).

Company/Person Insured	Face Amount	Accidental Death Amount	Year Issued	List Contract Number if K. of C.	Home Office Use

(1) I agree that the statements and answers contained in this application are representations and not warranties and are complete and true to the best of my knowledge and belief. **The Knights of Columbus shall not be bound by any information that is not set out in writing in this application.**

(2) I agree that the Charter, Constitution and Laws of the Knights of Columbus now in effect or hereafter enacted including any change in the method or amount of insurance premiums, shall be binding upon me and the beneficiary.

(3) I agree that, except for coverage which may be provided in the Temporary Insurance Agreement, no insurance will be in force because of this application until it has been approved and the minimum required premium has been paid to the Knights of Columbus.

(4) I agree that the insurance hereby applied for shall be cancelled, if the applicant is a candidate for membership and has not been initiated into the First Degree of the Knights of Columbus within 90 days of the commencement of Temporary Insurance.

Signed at _____ this _____ day of _____, _____
City State Zip Code Year

Applicant's
Signature _____

Proposed Insured's
Signature _____
(If other than applicant)

Spouse's Signature
If covered under rider _____

Owner's
Signature _____
(If other than applicant or proposed insured)

Witness _____
Signature and I.D. Number of Writing Agent

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

A) To assist the Knights of Columbus in underwriting an application for insurance, I hereby authorize those persons or organizations listed in section B of this Authorization who possess medical or non-medical information concerning me or my children and stepchildren to permit the Knights of Columbus or its representatives, including, but not limited to: physicians, paramedics, teleunderwriters and consumer reporting agencies; to view, to copy, to be furnished a copy or to be given details of all such information. In addition to other medical or non-medical information, this Authorization applies to any information about psychiatric, drug or alcohol abuse treatment. **Please note that the term "non-medical information" consists of information obtained from a consumer investigative report which would pertain to such items as: confirmation of age, residence, marital status, employment, information as to character, general reputation, personal characteristics, avocation and mode of living.**

B) Those persons or organizations authorized to disclose medical or non-medical information concerning me or my children and stepchildren are: licensed physicians, medical practitioners, paramedics, teleunderwriters, hospitals, clinics or other medical or medically related facilities, government agencies regulating motor vehicles, insurance and reinsurance companies, consumer reporting agencies and the Medical Information Bureau.

C) Notwithstanding the provisions of sections A and B of this Authorization, the Medical Information Bureau may release information only to the Knights of Columbus.

D) I also authorize the Knights of Columbus to release any information regarding me, my children and stepchildren or our health to: the Medical Information Bureau; any company to which my application is submitted for reinsurance purposes; my Knights of Columbus agents; and to other life insurance companies with whom I have policies or to whom I may apply for insurance, or to whom a claim for benefits may be submitted.

E) I authorize the Knights of Columbus to obtain an investigative consumer report on me. I understand that I may request to be interviewed in connection with the preparation of such a report.

F) I acknowledge receiving and reading the notices regarding the Fair Credit Reporting Act, the Medical Information Bureau, Description of Information Practices and Fraud Warning.

G) This Authorization expires two years from the date shown below unless sooner revoked by writing to us at P. O. Box 1670, New Haven, Connecticut 06510-3326. A photocopy of this signed Authorization shall have the same validity as the original. I understand that I am entitled to receive a copy of this Authorization.

Signature _____
(Parent if proposed insured is under 18)

(Spouse if coverage applied for)

In presence of:

Witness

Date _____

I request that I be interviewed in the event an investigative consumer report is prepared in connection with the application. (Please initial here _____.)

WRITING AGENT'S REPORT

1. Is the insurance applied for intended to replace or change, in whole or in part, any existing insurance or annuities issued by the Knights of Columbus or another insurer? Yes No If yes, have you completed replacement form and delivered to the applicant? Yes No (Please refer to Page 3, question 3.)

2. Has any application been previously submitted to the Knights of Columbus on the life of any member of this family? Yes No
Contract No. (s) _____

6. Are all children, stepchildren or legally adopted children under attained age 18 years listed in answer to question 1 of page 2 of this application?
Yes No (If not, explain fully under remarks.)

3. Have you any information not fully set forth in this application regarding habits, character and reputation, or state of health of any member of this family which might affect the decision of the Knights of Columbus regarding the issuing of insurance? Yes No

7. If proposed insured is a juvenile, indicate number of brothers ____, sisters ____. Are they insured: Yes No
If yes, indicate amount of insurance on each.

If no, explain below.

4. Did you personally observe every proposed insured member of this family? Yes No

8. If proposed insured is the applicant's spouse, indicate amount of insurance on applicant. _____

5. How well do you know the proposed insured or family?
 Met very recently.
 Known slightly for _____ years.
 Known well for _____ years.
 Are you a relative? Yes No
Relationship _____

9. Applicant's yearly income \$ _____ Net Worth _____
Spouse's yearly income \$ _____ Net Worth _____

10. What is the purpose of the applied for insurance?

Have you issued a receipt with this application? Yes No

I certify that a copy of the notice pursuant to the Fair Credit Reporting Act, the Notice Regarding the Medical Information Bureau, the Description of Information Practices and Fraud Warning were delivered to the applicant by the undersigned on _____.

I further certify that on the date shown below: (a) I have personally seen the proposed insured; (b) I have separately and fully asked each question on pages 1 through 5 of the application and I have truly and accurately recorded the information supplied by the proposed insured, and the applicant if other than the proposed insured; and (c) the application was completed in the presence of the proposed insured, and the applicant if other than the proposed insured, who signed it in my presence.

I recommend that the Knights of Columbus consider the risk for acceptance subject to remarks below.

Date _____

Signature and I.D. Number of Writing Agent

(_____) _____
Writing Agent's Telephone Number

WRITING AGENT'S REMARKS

RECEIPT

The Knights of Columbus received \$_____ from _____ on the date shown below. This amount was paid when a life insurance application which bears the same date as this receipt was signed in which _____ is named as the proposed insured. This receipt and the Temporary Insurance Agreement set forth below are issued on the condition that any check, draft or other order or authorization for payment of money is good and can be collected.

Date: _____ Agent _____

(The above receipt must not be completed unless payment for the initial premium has been made at the time of application or unless use of existing values has been authorized. The premium check, if any, must be made payable to the Knights of Columbus. Do not make the check payable to the agent or leave the payee blank.)

TEMPORARY INSURANCE AGREEMENT

The Knights of Columbus agrees to provide Temporary Insurance as follows:

Payment of Temporary Insurance

The Temporary Insurance will be paid to the beneficiary named in the application if any person who is to be covered by the insurance contract applied for dies while the Temporary Insurance is in force.

Amount of Temporary Insurance

This Agreement provides Temporary Insurance for any person who is to be covered by the insurance contract applied for in the amount applied for on that person or \$300,000, whichever is less. (See Special Limitation 1 below.)

Commencement of Temporary Insurance

The Temporary Insurance will start on the later of these dates: (a) the date of the above receipt, or (b) the date of completion of any medical, paramedical or telemedical examinations required at time of application.

Duration of Temporary Insurance

Unless this Temporary Insurance ends sooner for one of the three reasons listed in the Termination of Temporary Insurance section below, it will end 90 days after it starts.

Termination of Temporary Insurance

1. The Temporary Insurance will end when the Knights of Columbus issues the insurance contract as applied for.
2. The Temporary Insurance will end when the Knights of Columbus issues an insurance contract other than as applied for, and the contract is accepted by the contract owner.
3. The Temporary Insurance will end when the Knights of Columbus refunds the initial premium or restores the existing values used to pay the initial premium.

Special Limitations Applicable to Temporary insurance Agreement

1. In the event that more than one Temporary Insurance Agreement is in force at the time of a proposed insured's death, the maximum total amount payable under all such Agreements will be \$300,000.
2. If any proposed insured dies by suicide, the liability of the Knights of Columbus under this Agreement is limited to a refund of the payment made.
3. No Temporary Insurance will be provided with respect to a child to be insured under the insurance contract applied for or under a Family Insurance Rider or Children's Insurance Rider, if death occurs while such child is less than 15 days old.
4. No Temporary Insurance will be provided with respect to any proposed insured who is to be insured under an insurance contract applied for under the provisions of a Guaranteed Purchase Option Rider or a Youth Purchase Option Rider.
5. Fraud or material misrepresentation in the application invalidates this Agreement. In the event of fraud or material misrepresentation, the liability of the Knights of Columbus is limited to a refund of any payment made.
6. No change may be made in the terms and conditions of this Agreement. No statement which claims to make such a change will bind the Knights of Columbus.

NOTICE TO PROPOSED INSURED

Fair Credit Reporting Act

Federal and state laws require us to notify you that, in connection with our consideration of this application, we may request and obtain an investigative consumer report. In addition, such a report may be requested subsequently to update our records. We may also request one, if you apply for more coverage.

The report may contain information as to character, general reputation, personal characteristics and mode of living and driving record. It may be obtained through an interview with: you, an adult member of your family, friends, neighbors, business associates, other persons with whom you are acquainted, or government agencies regulating motor vehicles. The report will also consist, when applicable, of a confirmation of your age, residence, marital status, employment and the like.

You have the right, upon written request, to be informed whether or not an investigative consumer report was obtained by us. Send your request to: Medical Director, Knights of Columbus, P. O. Box 1670, New Haven, Connecticut 06510-3326. If it was obtained, we are required to furnish the name and address of the consumer reporting agency and to furnish detailed information concerning the nature and scope of the report. Where the name and address of the consumer reporting agency are furnished, the report may be inspected and a copy may be obtained by contacting the agency.

NOTICE REGARDING THE MEDICAL INFORMATION BUREAU (MIB)

This MIB is a non-profit organization which operates as an information exchange for its members. The Knights of Columbus is a member of the MIB.

We make reports to the MIB on factors affecting your insurability. We will not inform them of our decision on your applications. If you subsequently apply to another MIB member company for life or health insurance or submit a claim for benefits, the MIB will, upon request, supply that company with information in its files. The Knights of Columbus or its reinsurers may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Upon written request, the MIB will arrange disclosure of any information it may have on you in its file. If you feel the information in the MIB file is not correct, you may contact the MIB and seek a correction in accordance with procedures outlined in the Federal Fair Credit Reporting Act.

The MIB's address is: MIB, Inc., P. O. Box 105, Essex Station, Boston, Massachusetts 02112. The MIB's telephone number is: (866) 692-6901 (TTY 866-346-3642 for hearing impaired). The MIB's web address is: www.mib.com.

DESCRIPTION OF INFORMATION PRACTICES

Collection of Information

In order to properly underwrite your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected may vary depending on the amount and type of coverage applied for. In general, we may seek information about: your age, occupation, physical condition, health history, mode of living, avocations and other personal characteristics.

You are our most important source of information, but we may also collect or verify information by contacting: medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies you have applied to. We may collect information by exchanges of correspondence, by phone, or by personal contact.

In some cases, we may ask an insurance support organization to collect information and submit an investigative consumer report to us. That organization may retain a copy of the report and may disclose its contents to others for whom it performs such services.

Disclosure of Information

In some circumstances, the Knights of Columbus will make disclosures of personal information to third parties. Following is a brief description of some of the persons or organizations to whom certain items of information might be disclosed: the Medical Information Bureau, our reinsurers, our agents, and other insurance companies to which you have applied for coverage or benefits.

The above describes some of the disclosures which may be made, not disclosures which are always or even often made. In any event, the information disclosed will be only as much as is reasonably necessary to accomplish the intended purpose.

Access and Correction

There are procedures by which you can obtain access to personal information about you appearing in our files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request.

Obtaining Additional Information

We hope that you find this description of our information practices helpful. We take our responsibilities, and your rights, very seriously. If you have any further questions about the items just discussed please write to: Knights of Columbus, at P. O. Box 1670, New Haven, Connecticut 06510-3326.

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

Knights of Columbus
New Haven, Connecticut

Plan Description for Policy Form 875-AR 1-08

Annual Renewable Term

Benefits: Plan provides a level death benefit for 1 year, expiring at the end of the period for no value, and renewable to age 70.

Premiums: Level premiums for 1 year

BASIC ASSUMPTIONS:

A. Mortality

The mortality table used in the calculation of reserves is the 2001 Commissioners Standard Ordinary (CSO), ultimate only, age nearest birthday Mortality Table for Males and Females, Composite.

B. Interest

4%

CASH VALUES

Under the Standard Nonforfeiture law, no nonforfeiture values are required for "...term policy of uniform amount which provides no guaranteed nonforfeiture or endowment benefits, or renewal thereof, of twenty years or less expiring before age seventy-one, for which uniform premiums are payable during the entire term of the policy..."

RESERVES

The reserves are based on the Net level Premium Reserve Valuation Method.

Date: January 4, 2008



Marc-André Brunet, FSA, MAAA
Actuary