

SERFF Tracking Number: GBAC-125676028 State: Arkansas  
Filing Company: Degree of Honor Protective Association State Tracking Number: 39218  
Company Tracking Number: DOH GI-08  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: DOH GI-08 and APP  
Project Name/Number: DOH GI-08 and APP/DOH GI-08 and APP

## Filing at a Glance

Company: Degree of Honor Protective Association

Product Name: DOH GI-08 and APP

SERFF Tr Num: GBAC-125676028 State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39218

Sub-TOI: L071.101 Fixed/Indeterminate

Co Tr Num: DOH GI-08

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Mary Gardner

Disposition Date: 06/06/2008

Date Submitted: 06/05/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: DOH GI-08 and APP

Status of Filing in Domicile: Pending

Project Number: DOH GI-08 and APP

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/06/2008

Deemer Date:

State Status Changed: 06/06/2008

Corresponding Filing Tracking Number:

Filing Description:

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

GI-08(AR) Whole Life Insurance – single premium

APP GI-08 Application for Guaranteed Issue Life Insurance

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

<i>SERFF Tracking Number:</i>	<i>GBAC-125676028</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Degree of Honor Protective Association</i>	<i>State Tracking Number:</i>	<i>39218</i>
<i>Company Tracking Number:</i>	<i>DOH GI-08</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>DOH GI-08 and APP</i>		
<i>Project Name/Number:</i>	<i>DOH GI-08 and APP/DOH GI-08 and APP</i>		

GI-08(AR) is guaranteed issue, single premium whole life plan. Issue ages are 50-99. The form will not be illustrated.

New application APP GI-08 will be used with the policy and does not replace any other application.

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

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

Form # Flesch Score

GI-08(AR) 58.51

APP GI-08 42.7

Mary Gardner  
Compliance Coordinator

## Company and Contact

### Filing Contact Information

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

Mary Gardner,	mgardner@lifebase.com
100 First Avenue N.E.	(319) 896-5970 [Phone]
Cedar Rapids, IA 52401	(319) 896-5979[FAX]

### Filing Company Information

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

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? Yes  
Fee Explanation: Policy and form = \$150.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Degree of Honor Protective Association	\$150.00	06/05/2008	20684030

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/06/2008	06/06/2008

*SERFF Tracking Number:* GBAC-125676028      *State:* Arkansas  
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*Product Name:* DOH GI-08 and APP  
*Project Name/Number:* DOH GI-08 and APP/DOH GI-08 and APP

## **Disposition**

Disposition Date: 06/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Filing Authorization		Yes
Form	Whole Life Insurance		Yes
Form	Application for Guaranteed Issue Life Insurance		Yes

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## Form Schedule

Lead Form Number: GI-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GI-08	Policy/Cont	Whole Life Insurance Initial ract/Fraternal Certificate	Initial		59	GI-08 AR.pdf
	APP GI-08	Application/	Application for Enrollment Guaranteed Issue Form Life Insurance	Initial		43	APP GI-08- John Doe.pdf



# Degree of Honor Protective Association

*A Fraternal Benefit Society*

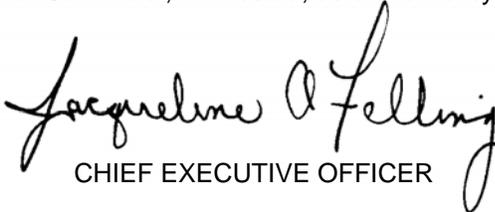
400 Robert Street North, Suite 1600  
Saint Paul, Minnesota 55101  
651.228.7600 or 800.947.5812  
degreeofhonor.org

**DEGREE OF HONOR PROTECTIVE ASSOCIATION** shall pay the death benefit proceeds of this Policy to the Beneficiary, subject to the provisions herein, upon receipt of proof of the Insured's death prior to the termination of this Policy. The death benefit proceeds are defined in Section 8. We also shall provide the other rights and benefits of this Policy.

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

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

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

  
CHIEF EXECUTIVE OFFICER

  
CHIEF EXECUTIVE SECRETARY

**RIGHT TO CANCEL.** You may cancel this Policy by delivering or mailing a Written Request to Our agent or Our Home Office at Degree of Honor Protective Association, 400 Robert Street North, Suite 1600, Saint Paul, Minnesota 55101, and returning the Policy to Us or Our agent before midnight of the 30<sup>th</sup> day after the date You received the Policy. Notice given by mail and return of the Policy by mail are effective upon being postmarked, properly addressed and postage prepaid. We shall return the payment made for this Policy within ten days after We receive notice of cancellation and the returned Policy.

**WHOLE LIFE INSURANCE**  
**Death Benefit Payable at Death of the Insured**  
**Single Premium**  
**Participating**

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Your Policy Contains the following sections:

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SECTION 1  
POLICY SPECIFICATIONS

INSURED: JOHN DOE

PREMIUM CLASS: STANDARD

AGE: 55

SEX: MALE

TOTAL SINGLE  
PREMIUM AT ISSUE: \$4,500.00

OWNER: JOHN DOE

POLICY NUMBER: 123456

POLICY DATE: 08-01-2008

EFFECTIVE ANNUAL INTEREST RATE FOR LOANS: 8%

BENEFICIARY: AS STATED IN THE ATTACHED APPLICATION FOR THIS POLICY UNTIL CHANGED AS STATED IN THE LATEST OF ANY ATTACHED DESIGNATION OF BENEFICIARY FORMS. THE BENEFICIARY MAY BE CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	AMOUNT	MATURITY OR EXPIRY	SINGLE PREMIUM
SINGLE PREMIUM WHOLE LIFE	\$5,000	08/01/2074	\$4,500.00

SECTION 2

TABLE AND BASES OF VALUES

TABLE OF GUARANTEED VALUES

POLICY: 123456

THE GUARANTEED VALUES FOR THIS POLICY ARE SHOWN IN THE TABLE BELOW. VALUES ARE FOR A POLICY WITHOUT ANY INDEBTEDNESS OR ADDITIONS FROM REFUNDS.

VALUES AT ANY OTHER POLICY ANNIVERSARY WILL BE FURNISHED UPON REQUEST.

VALUES AT ANY TIME DURING A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE PART OF THE YEAR WHICH HAS ELAPSED. VALUES WITHIN 30 DAYS AFTER A POLICY ANNIVERSARY SHALL NOT BE LESS THAN THE VALUE ON SUCH POLICY ANNIVERSARY.

END OF POLICY YEAR	CASH VALUE
1	\$1,743.95
2	1,808.00
3	1,873.50
4	1,940.80
5	2,009.65
6	2,079.80
7	2,150.75
8	2,222.25
9	2,294.20
10	2,366.65
11	2,439.80
12	2,513.90
13	2,589.05
14	2,665.40
15	2,742.95
16	2,821.40
17	2,900.10
18	2,978.50
19	3,056.85
20	3,135.20
AT AGE:	
60	2,009.65
62	2,150.75
65	2,366.65
121	5,000.00

BASIS OF GUARANTEED VALUES

ALL COMPUTATIONS INVOLVING GUARANTEED VALUES ARE BASED ON THE COMMISSIONERS 2001 STANDARD ORDINARY MALE ULTIMATE MORTALITY TABLE, AGE LAST BIRTHDAY. THE INTEREST RATE IS 5% PER YEAR. DEATH BENEFITS ARE ASSUMED TO BE PAID AT THE END OF THE POLICY YEAR.

CASH VALUES ARE EQUAL TO THE NET SINGLE PREMIUM FOR SUCH INSURANCE AT THE ATTAINED AGE OF THE INSURED ON THE BASIS DESCRIBED ABOVE.

**SECTION 3**  
**DEFINITIONS**

When We use the following words this is what We mean:

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

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

The **CONTRACT** is this Policy, together with the application and with riders and Endorsements, if any.

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

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

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

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

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

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

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

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

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

**WE, OUR** or **US** means Degree of Honor Protective Association, a fraternal benefit society.

**WRITTEN REQUEST** means information received at Our Home Office. Such information must be written, signed by You, and acceptable to Us. We may require that Your Policy be sent with Your Written Request.

**YOU** or **YOUR** means the Owner of this Policy.

**SECTION 4**  
**GENERAL PROVISIONS**

**4.1 THE CONTRACT**

This Contract is issued in consideration of:

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

The entire Contract consists of:

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

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

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

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

**4.2 OWNER**

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

**4.3 CHANGE OF OWNER**

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

**4.4 BENEFICIARY**

The Beneficiary:

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

If not otherwise provided:

1. The interest of any Beneficiary who dies before the Insured shall pass to any other beneficiaries according to their interests.
2. If no named Beneficiary survives the Insured, the proceeds shall be paid to the Owner, if living, otherwise to the Owner's estate.

#### **4.5 CHANGE OF BENEFICIARY**

The Owner may change the Beneficiary designation:

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

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

#### **4.6 ASSIGNMENT**

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

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

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

#### **4.7 INCONTESTABILITY**

We cannot contest this Policy after it has been in force during the lifetime of the Insured for two years from the Policy Date.

#### **4.8 MISSTATEMENT OF AGE OR SEX**

If the issue Age or sex of the Insured is not correctly shown in Section 1, We shall adjust the death benefit. The amount shall be based upon what the single premium paid would have purchased according to the Insured's correct issue Age, sex and premium class.

#### **4.9 TERMINATION**

The Policy shall Terminate:

- a. when We receive written notice to Terminate; or
- b. when the Insured dies; or
- c. when any indebtedness exceeds the surrender value.

#### **4.10 CONFORMITY**

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

#### **4.11 RESERVES AND MAINTENANCE OF SOLVENCY**

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

- a. be paid in cash by You; or
- b. be an indebtedness against Your Policy at a rate of interest of 6% per annum; or
- c. be used to reduce this Policy's benefit proportionately to the value of the requested contributions.

## **SECTION 5**

### **DEATH BENEFIT**

#### **5.1 DEATH BENEFIT PROCEEDS DEFINED**

Your Policy has the following value that is determined on the date of the Insured's death. These proceeds consist of:

- a. the benefit amount as shown in Section 1; plus
- b. any paid-up additions; plus
- c. the value of any refunds left on deposit; minus
- d. any indebtedness.

#### **5.2 SUICIDE**

If the Insured dies by suicide within two years of the Policy Date, the only amount payable to the Beneficiary shall be the single premium paid.

#### **5.3 PAYMENT OF PROCEEDS**

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

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

## **SECTION 6**

### **PREMIUMS**

#### **6.1 PAYMENT**

The single premium is due and must be paid as of the Policy Date. We shall give You a receipt for the premium payment upon request.

## **SECTION 7**

### **CASH VALUE, SURRENDER VALUE**

#### **7.1 CASH VALUE**

This Policy has a guaranteed value. This is the cash value. Cash values are shown in the Table Of Guaranteed Values in Section 2.

#### **7.2 CALCULATION OF CASH VALUES**

Guaranteed cash values are calculated according to the Standard Nonforfeiture method. The mortality table, interest rate, and payment basis on which the guaranteed values are based are shown in Section 2. A detailed statement of the method of computation has been filed with the insurance supervisory official of each state in which We are licensed. Guaranteed values are in all cases equal to or greater than those required by law.

#### **7.3 SURRENDER VALUE**

This Policy has value that is available during the Insured's lifetime. This is the net surrender value. The surrender value is the cash value, plus the cash value of any paid-up additions, plus the value of any refunds left on deposit. The net surrender value is the surrender value less any indebtedness.

#### **7.4 CASH SURRENDER**

You may Terminate this Policy and receive the net surrender value. We shall require Written Request. We may defer the payment of the surrender value for not more than six months. If payment is postponed for more than 31 days, We shall pay You interest at the current rate We pay for proceeds left on deposit, but never less than the rate required by law.

## **SECTION 8**

### **LOANS**

#### **8.1 LOAN VALUE**

The maximum loan value is the amount that, with interest to the end of the Policy year, shall not exceed the net surrender value.

#### **8.2 CASH LOANS**

While this Policy is in force You may obtain a cash loan at any time Your Policy has a loan value. Upon Written Request, We shall send You a loan agreement for Your signature. This Policy is the sole security for the loan.

We have the right to delay making a cash loan for up to six months after the date the loan is requested, except when the request is made to pay premiums on any other Policy with Us.

A Policy loan and any loan interest thereon constitute an indebtedness against the Policy.

#### **8.3 INTEREST**

Interest on loans accrues at the annual rate shown in Section 1. Interest is due and payable at the end of the Policy Year. Any interest not paid when due is added to the loan principal and bears interest at the same rate.

#### **8.4 REPAYMENT**

You may repay all or part of a Policy loan at any time while the Insured is alive. Any loan repayment must be at least \$25.00.

#### **8.5 TERMINATION**

If this Policy has a loan and if the indebtedness at any time exceeds the surrender value, Your Policy Terminates. We shall mail notice to Your last known address and to any assignee on record at least 31 days before such termination.

## **SECTION 9**

### **REFUNDS**

#### **9.1 DIVISIBLE SURPLUS**

Our Board of Directors determines annually if this Policy shall share in the divisible surplus accruing from participating policies. This share, if any, is called a refund and is credited to this Policy on the Policy Anniversary.

#### **9.2 REFUND OPTIONS**

At Your option, refunds may be:

- a. left on deposit at interest at such rate as Our Board of Directors may from time to time declare, but never less than 2%; or
- b. paid in cash; or
- c. applied as a net single premium on the basis stated in the Basis of Guaranteed Values provision in Section 2 to purchase paid-up insurance additions. Such additions are payable at the same time and under the same conditions as the death benefit amount.

Refund accumulations may be withdrawn or paid-up additions may be surrendered for their cash value at any time upon Written Request. The cash value of any paid-up addition is equal to the net single premium for such insurance at the then attained Age of the Insured. The net single premium is calculated on the basis stated in the Basis of Guaranteed Values provision in Section 2.

Unless elected otherwise, Option c. shall be applied.

**SECTION 10**  
**ENDORSEMENTS**



# Degree of Honor Protective Association

*A Fraternal Benefit Society*

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

**WHOLE LIFE INSURANCE**  
**Death Benefit Payable at Death of the Insured**  
**Single Premium**  
**Participating**

GI-08(AR)



# *Degree of Honor Protective Association*

*A Fraternal Benefit Society*

## *Application for Guaranteed Issue Life Insurance*

### **NOT JUST AN ORDINARY INSURANCE COMPANY...**

**S**ince 1886, Degree of Honor Protective Association has helped families with their financial protection needs through its life insurance and annuity products.

Degree of Honor Protective Association offers over a century of experience and customer service with a strong financial position. Our investment portfolio is conservatively managed with an emphasis on investments in bonds.

As an insured member of our fraternal benefit society, you immediately become eligible for non-contractual fraternal benefits. These benefits help you and your family in meeting your financial needs.

As a fraternal insurance society, Degree of Honor Protective Association upholds standards that strengthen families and communities. We offer organized support that makes it easy for families to experience the benefits of helping others. Call it fraternalism, outreach, volunteering, or simply lending a hand; when we join hands to help others we all benefit. We offer a variety of ways for you to give back to your community.

**400 Robert Street North, Suite 1600  
Saint Paul, Minnesota 55101  
Telephone: 651.228.7600, 800.947.5812  
[degreeofhonor.org](http://degreeofhonor.org)**

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

Is the Proposed Insured now a member of the Association?  Yes  No If "yes", Lodge/Service Club # 123 State MN.  
If "no", complete Membership Application: **I hereby apply** for membership in the Association and its local Lodge/Service Club # \_\_\_\_\_ in the State of \_\_\_\_\_. **I understand** that unless I select a specific Lodge/Service Club, the Association shall select the Lodge/Service Club to which I will be assigned membership. **I agree**, if accepted, to abide by the Articles of Incorporation and Bylaws of the Association and Bylaws of said Lodge/Service Club, all as the same now exist or are hereafter amended. **I hereby affirm** my belief in: Christian beliefs and values and demonstration of high moral character. The support and protection of family members and their dependents through fraternal insurance products. Promotion of the family unit and the seeking of ways to strengthen it. Assistance to members, their dependents, and others in times of adversity. The desire to help others in need through community service and the principle of volunteerism. Maintenance of a representative form of government by providing members with the opportunity to become involved in structured events, club meetings, and programs. Respect for and allegiance to the United States of America and its flag by promoting patriotism. Adherence to the Golden Rule: "Do unto others as you would have them do unto you."

Signature of Proposed Member John Doe Date 7/25/08

**CONFIDENTIAL AGENT REPORT** Did you personally see the Proposed Insured and ask each question?  Yes  No

**To the best of my knowledge and belief:**

- I have asked all questions and recorded all answers as they were given to me by the Proposed Insured or parent or guardian.
- I know nothing about the Proposed Insured's health, habits, avocations, or lifestyle affecting insurability which has not been stated in this application.
- The insurance applied for on this application  is  is not intended to replace or change any life insurance or annuity with this or any other organization except as indicated. Replacement Information section must be completed.
- I have explained the anti-money laundering/terrorist financing information collecting requirements to the Owner and Proposed Insured.
- I have  seen  not seen the Owner's photo id and verified such identity.
- I have  seen  not seen the Proposed Insured's photo id and verified such identity.

Signature of Agent John Smith Date 7/25/2008 Agent # 123456789

Agent telephone 800-8007777 Agent E-mail Address jsmith@myhome.net

**CONDITIONAL RECEIPT** *To remain with Owner only if premium is received*

- A. WHEN INSURANCE IS EFFECTIVE. It is mutually agreed that the insurance applied for shall take effect as of the date of the application only if:
1. the Proposed Insured is eligible as of the Policy Date for the plan and amount of insurance applied for; and
  2. the insured has completed a membership application; and
  3. the required first full premium is paid.
- B. WHEN RECEIPT IS VOID. This receipt shall be void and no insurance shall be in force hereunder if:
1. any of the required conditions in A above are not fulfilled;
  2. a check in payment of premium is not honored on first presentation.

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

Received from John Doe the sum of \$ 4,500 dated 7/25/2008

as premium for application relating to John Doe  
subject to the foregoing terms and conditions. \_\_\_\_\_ Proposed Insured

Authorized Agent Signature John Smith

Mail policy to:  Agent  Insured  Owner if other than Insured.

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

**PROPOSED INSURED Please print.**

Doe John D. Telephone H(666) 666-6666  
W(777) 777-7777  
Last Name First Name Middle Initial  
123 Main Street Angtown MN 55555  
Street Address - RFD - Box Number City State and Zip Code  
7/10/53 Male Married j.doe@myhome.com 111-22-3333  
Date of Birth Male/Female Marital Status E-Mail Address Social Security #  
Type of ID(s) Drivers license ID#(s) 111-22-3333

**OWNER if other than Insured. Must be completed for Proposed Insureds under the age of 18.**

Telephone H( )  
W( )  
Last Name First Name Middle Initial  
Street Address - RFD - Box Number City State and Zip Code  
Relationship to Insured Date of Birth Marital Status E-mail Address Social Security #  
Type of ID(s) ID#(s)

**BENEFICIARY INFORMATION Must comply with Fraternal Code. Use a separate piece of paper for more space.**

Primary Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN  
Jane Doe 100% Wife 666-666-6666 1/5/54 444-55-6666

Contingent Beneficiary % Relationship to Insured Home Telephone # Date of Birth SSN

**PLAN AND PREMIUM INFORMATION**

Plan of Insurance: Single Premium Whole Life - Guaranteed Issue

Face Amount: \$ 5,000 Payment with Application: \$ 4,500

**Dividend Option:**

Paid-up Additions  Paid in Cash  Accumulate at Interest

**REPLACEMENT INFORMATION**

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

Name, address, telephone # of existing company \_\_\_\_\_

**STATEMENT OF HEALTH (To be completed by the Proposed Insured.)**

Wisconsin Insurance Code states that AIDS or ARC must be diagnosed by a member of the medical profession. The reporting of AIDS/HIV test results is limited only to those tests which were conducted through the use of an FDA-licensed test. AIDS/HIV tests or the results of AIDS/HIV tests conducted at an anonymous counseling and testing facility or by an anonymous home test kit need not be revealed.

Are you currently on oxygen, hospitalized or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders:

- |                          |  |                                |
|--------------------------|--|--------------------------------|
| Congestive Heart Failure | Cirrhosis of the Liver                       | Alzheimer's/Dementia           |
| Heart Disease            | Drug or Alcohol Dependency                   | Diabetic Coma/Insulin Shock    |
| Stroke                   | Kidney failure (including dialysis)          | Amputation (caused by disease) |
| Cancer (other than skin) | Emphysema                                    |                                |
| Immune System Disorder   | Chronic Obstructive Pulmonary (lung) Disease |                                |

Yes  No

**ACKNOWLEDGEMENT**

I understand and agree that:

1. I have read the previous statements and answers and to the best of my knowledge they are true and complete.
2. This application shall become part of the insurance contract together with our Articles of Incorporation and Bylaws, as amended from time to time.
3. No change in this application shall be made without my written consent.
4. No agent of Degree of Honor Protective Association is authorized to make or alter any contract or waive any Degree Honor Protective Association rights or requirements.

Signed at Anytown, MN this 25<sup>th</sup> day of July, 2008  
City, State Month and Year

John Doe  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Owner or Parent or Guardian for Proposed Insured under the age of 18

**ARKANSAS 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.

**COLORADO Fraud Warning:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**OHIO Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to civil and criminal penalties.

**OKLAHOMA Fraud Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

**TENNESSEE AND WASHINGTON Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**WEST VIRGINIA 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.

*SERFF Tracking Number:* GBAC-125676028      *State:* Arkansas  
*Filing Company:* Degree of Honor Protective Association      *State Tracking Number:* 39218  
*Company Tracking Number:* DOH GI-08  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* DOH GI-08 and APP  
*Project Name/Number:* DOH GI-08 and APP/DOH GI-08 and APP

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: GBAC-125676028 State: Arkansas  
Filing Company: Degree of Honor Protective Association State Tracking Number: 39218  
Company Tracking Number: DOH GI-08  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: DOH GI-08 and APP  
Project Name/Number: DOH GI-08 and APP/DOH GI-08 and APP

## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b>	06/02/2008
<b>Comments:</b>		
<b>Attachments:</b>		
AR Limitations and Exclus.pdf		
AR Co.-Agent NOTICE.pdf		
AR Cert Comp 19.pdf		
AR Flesch.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b>	06/02/2008
<b>Bypass Reason:</b> Application attached to 'Form Schedule'		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Filing Authorization	<b>Review Status:</b>	06/04/2008
<b>Comments:</b>		
<b>Attachment:</b>		
Authorization Filing Ltr.pdf		

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

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

**DISCLAIMER**

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

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

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

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

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

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

**COVERAGE**

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

**EXCLUSIONS FROM COVERAGE**

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

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

The Guaranty Association also does NOT provide coverage for:

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

#### **LIMITS ON AMOUNT OF COVERAGE**

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

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

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

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

**YOUR AGENT:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

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

**STATE OF ARKANSAS**

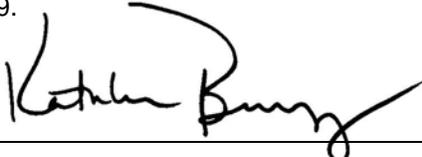
1200 West Third Street  
Little Rock, AR 72201

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

Carrier: **DEGREE OF HONOR PROTECTIVE ASSOCIATION**

Form Number and Title: **GI-08(AR)      Whole Life Insurance – single premium**  
**APP GI-08      Application for Guaranteed Issue Life Insurance**

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

Signature of Officer: 

Name (typed or printed): Kathleen Brownrigg

Title or business affiliation: Chief Executive Secretary

Date: June 2, 2008

Signature of Actuary : 

Name (typed or printed): John D. Ballard

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

Date: June 4, 2008

STATE OF ARKANSAS

DEPARTMENT OF INSURANCE

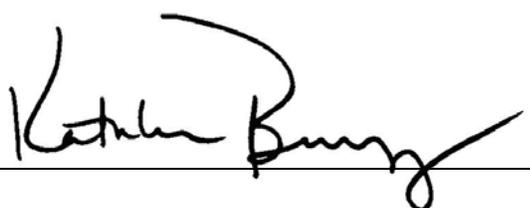
1200 West Third Street  
Little Rock, AR 72201

CERTIFICATION

Readability Requirement

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

<u>Form #</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables/ Characters</u>	<u>Flesch Score</u>
GI-08(AR)	119	1,616	2,570	58.51
APP GI-08	52	1,243	8,488	42.7

  
\_\_\_\_\_  
Signature

Kathleen Brownrigg  
\_\_\_\_\_  
Name (Signed by Officer of Company)

Chief Executive Secretary  
\_\_\_\_\_  
Title



## Degree of Honor Protective Association

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

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June 2, 2008

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

**GI-08            Whole Life Insurance – single premium**  
**APP GI-08      Application for Guaranteed Issue Life Insurance**

To Whom it May Concern:

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

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

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

Kathleen Brownrigg  
Chief Executive Secretary