Filing at a Glance

Company: Ozark National Life Insurance Company

Product Name: Endowment Policy	SERFF Tr Num: ONLI-125766466	State: ArkansasLH
TOI: L02I Individual Life - Endowment	SERFF Status: Closed	State Tr Num: 40165
Sub-TOI: L02I.000 Life - Endowment	Co Tr Num: 441 R 08 AR	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Peggy Glover	Disposition Date: 09/12/2008
	Date Submitted: 09/04/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Endowment Policy	Status of Filing in Domicile: Authorized
Project Number: 441 R 08 AR	Date Approved in Domicile: 09/03/2008
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: 09/12/2008	
State Status Changed: 09/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

NOTE: Ozark National Life Insurance Company does business in the state of Arkansas under the name of LIFE OF THE OZARKS, by agreement with the Arkansas Insurance Department. All documents used reflect this name.

The submitted Plan 441 R 08 AR (Endowment Insurance Policy) is substantially similar to our previously submitted and approved Plan 241 R 93. Material differences between the previously approved product and the current submission are these:

1) The Plan 441 R 08 AR utilizes the 2001 CSO tables. The previously approved product used the 1980 CSO tables.

2) The Plan 441 R 08 AR is a modified endowment contract payable at death with maturity at age 100 (rather than at age 121 as would be conventional under the 2001 CSO tables). The previously approved product was a modified whole life product which was payable at death or at age 100 (since it was based upon the 1980 CSO tables which terminate at age 100).

Application 540 IR 08 AR will be used to apply for this policy.

Company and Contact

Filing Contact Information

Peggy Glover, Paralegal
500 E 9th St
Kansas City, MO 64106-2627

peggy.glover@ozark-national.com
(816) 842-6300 [Phone]
(816) 842-7482[FAX]

Filing Company Information

Ozark National Life Insurance Company
500 E 9th St
Kansas City, MO 64106-2627
(816) 842-6300 ext. [Phone]

CoCode: 67393
Group Code:
Group Name:
FEIN Number: 43-0812448

State of Domicile: Missouri
Company Type: life insurer
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	441 R 08 AR - $50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ozark National Life Insurance Company	$50.00	09/04/2008	22281840

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/12/2008	09/12/2008

Disposition

Disposition Date: 09/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ONLI-125766466*	*State:*	*Arkansas*
Filing Company:	*Ozark National Life Insurance Company*	*State Tracking Number:*	*40165*
Company Tracking Number:	*441 R 08 AR*		
TOI:	*L02I Individual Life - Endowment*	*Sub-TOI:*	*L02I.000 Life - Endowment*
Product Name:	*Endowment Policy*		
Project Name/Number:	*Endowment Policy/441 R 08 AR*		

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	Endowment Policy		Yes

Form Schedule

Lead Form Number: 441 R 08 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	441 R 08 AR	Policy/Contract/Fraternal Certificate	Endowment Policy	Initial		59	441 R 08 STANDARD AR.pdf 441 Schedule AR.pdf

LIFE OF THE OZARKS

A LEGAL RESERVE STOCK COMPANY

WE WILL PAY the Proceeds as provided in this Policy. Payment will be made to the Beneficiary. We must first receive Written Proof of the Insured's death. The Insured must die while this Policy is in force.

SIGNED FOR US at Our Home Office as of the Policy Date set out in the Schedule.

Chairman and CEO

Secretary

RIGHT TO CANCEL

You may cancel this Policy by delivering or mailing a Written Notice to Life of the Ozarks, 500 E. 9th St., P.O. Box 15688, Kansas City, Missouri 64106-0688 or to the agent who sold You the Policy and by returning the Policy or contract by mail before midnight of the twentieth (20th) day after the day You receive the Policy. Notice given by mail and return of the Policy or contract by mail are effective on being postmarked, properly addressed and postage pre-paid. We will return all payments made for this Policy within ten (10) days after We receive notice of cancellation and the returned Policy. This Policy will then be void from the beginning and We and You will be in the same position as if no Policy had been issued.

If you have any questions, need assistance in the servicing of your policy or have any concerns you would like for us to address, you may contact Life of the Ozarks at 816/842-6300, or pos.express@ozark-national.com (or ozark@ozark-national.com).

This is a legal contract between You and Us. Read your Policy carefully.

ENDOWMENT POLICY PAYABLE AT DEATH WITH MATURITY AT AGE 100 – PREMIUMS PAYABLE FOR THIRTY YEARS WITH REDUCED PREMIUMS FOR POLICY YEARS TWO THROUGH THIRTY – NON PARTICIPATING

ENDOWMENT POLICY WITH 30 YEAR INSURANCE LEVEL DEATH BENEFIT AND 30 YEAR DECREASING INSURANCE DEATH BENEFIT

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Copy of Application and any Rider Benefits follow Page 11.

POLICY DEFINITIONS

"We", "Us", or "Our"
LIFE OF THE OZARKS
Please contact your agent or call our Policy Services Department at (816) 842-6300 to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.

"You" or "Your"
The Owner of the Policy.

"Owner"
The one named in the Application as Owner. It may also mean the one named by the first Owner as a later Owner. The Owner may or may not be the Insured.

"Insured"
The person whose life is insured by this Policy.

"Beneficiary"
The one who will receive the Proceeds of the Policy. The Beneficiary will be the one named in the Application unless later changed by the Owner.

"Debt" or "Indebtedness"
The amount owed on this Policy plus any interest due.

"Face Amount"
The amount of insurance set out in the Schedule as the Face Amount.

"Death Benefit"
The amount of insurance set out in the Schedule under Death Benefit.

"Policy Date"
Policy Date is found in the Schedule. This is the effective date of the Policy. Policy Years and Anniversaries are figured from the Policy Date.

"Net Cash Value"
The Cash Value less any debt owed on the Policy.

"Proceeds"
The amount of benefits payable to the Beneficiary at the death of the Insured. It may be more or less than the Death Benefit. It will be less if there is a Policy Loan, or a past due (within the Grace Period) premium. It will be more if there are Riders attached to this Policy which have a payable Death Benefit. If premiums have been paid more than a year in advance, the amount remaining for this purpose will be added to the Proceeds.

"In Writing"
In a Written Form which satisfies Us at the Home Office. Life of the Ozarks, 500 E. 9th St., P.O. Box 15688, Kansas City, Missouri 64106-0688.

"Age"
Age last birthday.

GENERAL PROVISIONS

PREMIUM PAYMENTS

All premiums must be paid in advance. They may be paid at our Home Office, or to an authorized agent. The agent will give You a receipt. It will be signed by Our President or Secretary and by Our agent. Your check will also be Your receipt.

You may pay premiums four ways. These are called Premium Modes. (1) Once each year (annually). (2) Twice each year (semi-annually). (3) Four times each year (quarterly). (4) Once each month (monthly). The rate You pay is the rate We have published and are using on the Policy Date. We also have a minimum premium amount we will accept. It is $10. You can't use a mode that is less than Our minimum premium.

GRACE PERIOD

The Grace Period is thirty-one days. It applies to each premium after the first. It begins on the premium due date. It ends thirty-one days later. A premium may be remitted (without interest) any time during the Grace Period. However, any payment sent by U.S. Mail must be postmarked within the grace period to be timely. This Policy will be in force during the Grace Period. If the Insured dies during the Grace Period We will deduct the past due premium from any benefits We owe.

If a premium is not paid before the Grace Period ends this Policy may lapse. Lapse means it will end and be of no value. It may not always lapse. The premium may be paid by an Automatic Premium Loan. The Nonforfeiture Provisions may keep the Policy or part of it in force.

REINSTATEMENT

You may let the Grace Period expire and not pay the premium. You may then be able to reinstate this Policy. Reinstate means put it back in force. These six things must all happen before You can do it: (1) It has not been lapsed more than five years. (2) It has not been surrendered for its Cash Value. (3) The Insured must be insurable. We may ask questions about the health and habits of the Insured. A physical exam may be required. (4) You must pay all past due premiums. (5) You must pay or reinstate any debt owed on the Policy. (6) You must pay interest at the Annual Interest Rate of 6% on the past due premiums and debt.

THE ENTIRE CONTRACT

Your Policy is a legal contract between You and Us. It consists of this Policy, a copy of the Application and any papers attached. You applied for the Policy. We issued it. You paid the first premium set out in the Schedule. All statements in the Application except for those made to defraud us are considered to be based on Your present knowledge and belief. They are not warranties. No statement made by You, except those in the Application, may be used by Us to void the Policy or defend against a claim.

CHANGE OF CONTRACT

The only way Your Policy may be changed is by Written Agreement. It must be signed by one of Our Executive Officers. No agent or other person has Our permission to change Your Policy. No other person has the right to tell You that one or more of its terms or provisions do not apply to You.

SUICIDE EXCLUSION

If the Insured dies by suicide before the end of the two years after the Policy Date, the benefits payable to the Beneficiary shall then be only the amount of premiums paid before the date of the suicide. We will promptly refund all premiums paid for coverage on such Insured. This is true whether the Insured is sane or insane at the time of suicide.

INCONTESTABILITY

We will not contest the validity of this Policy (except for nonpayment of premium when due) after it has been in force during the Insured's lifetime for two years from the Policy Date. We may contest the validity of a reinstated Policy for two years after the date We approve any reinstatement application. If We contest the validity of a reinstated Policy within this period, we may only contest it based upon statements in the reinstatement application (unless the original contestable period has not yet expired). These limitations do not apply to any benefits payable under any Disability or Accidental Death Rider.

MISSTATEMENT OF TOBACCO STATUS

If the Insured's tobacco use status is incorrectly stated in the Application, the Proceeds and nonforfeiture or loan values will be those which the premiums paid would have purchased for the correct tobacco status. This adjustment may only be made during the first two policy years.

INCORRECT AGE OR SEX

If the Insured's age or sex is incorrectly stated in the Application, the Proceeds and nonforfeiture or loan values will be those which the premiums paid would have purchased at the correct age or sex.

SETTLEMENT AND INDEBTEDNESS

All sums We owe under the Policy are payable at Our Home Office. You must surrender the Policy. In any settlement We will first deduct any debt You owe on the Policy.

If you ask for a loan or for the Cash Surrender Value, We don't have to do it at once. We can wait for the period of time permitted by law. We can never wait more than six months. We must make You a loan at once if You want it only to pay premium on this Policy.

BENEFICIARY AND OWNERSHIP PROVISIONS

BENEFICIARY

On the Policy Date, the Beneficiary is as named in the Schedule. You must also check the Application. It may have some conditions or provisions which affect the Beneficiary. Except as otherwise set out, the Proceeds are to be divided equally among all Primary Beneficiaries who survive the Insured. If none survive, Proceeds will be divided equally among all Contingent Beneficiaries who survive the Insured. If no Beneficiary survives the Insured, the Proceeds will go to You or to Your estate if You don't survive the Insured.

CHANGE OF BENEFICIARY

Unless an Irrevocable Beneficiary has been named You have the right to change the Beneficiary. Any change in Beneficiary must be In Writing. The change will take place the day You sign it. This is true even if the Insured dies before We receive it. Of course, this change will not affect any action We have taken before We receive the change. If an Irrevocable Beneficiary has been named, that Beneficiary must agree In Writing to any change. If You assign the Policy, You may also give up the right to change the Beneficiary.

RIGHTS OF THE OWNER

While the Insured is living, You have control of this Policy. Your right to control may, of course, be limited by an assignment. The naming of an Irrevocable Beneficiary may limit it. Otherwise, You own every part of it.

CHANGE OF OWNER

You may appoint a new Owner of this Policy while the Insured is alive. Just notify us. Do it In Writing. The change will take place the date You sign the notice. This is true even if the Insured dies before We receive it. Of course this change will not affect any action We have taken before We received the notice.

If you are not the Insured and You die before the Insured is twenty-one, the Insured will become the Owner at once. Of course, You can make a different agreement with Us.

TRANSFER BY ASSIGNMENT

You may assign someone else all or some of Your rights in this Policy. The assignment will take effect on the date the assignment is signed by you. We will record the transfer. We will not be responsible for its validity or effect. Of course, these changes will not affect any action We have taken before We receive the notice of assignment.

SETTLEMENT OPTIONS

When a policy becomes a claim by the death of the insured, settlement shall be made upon receipt of due proof of death. All of the Proceeds of this Policy will be paid in one sum unless one of the following options is chosen by You. We will pay you within a reasonable period of time after proof of the death of the insured has been received by us. This period may not exceed 30 days. If we take longer than this, we must pay you interest at the rate of 8% per annum.

Undue delay may occur in the payment of a claim. Undue delay occurs whenever a claim is paid 31 or more days after the latest of: (I) the date that due proof of death is received by Us: (ii) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; or (iii) the date that legal impediments to the payment of the proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to: (a) the establishment of guardianships or conservatorships; (b) the appointment and qualification of trustees, executors or administrators; and (c) the submission of information required to satisfy a state or federal reporting requirement. If the payment of the proceeds is unduly delayed interest shall be payable at the same interest percentage as set forth in **Option 4. Interest Income** of this section, plus additional interest at the rate of 10% annually. This interest shall begin on the date that is 31 calendar days after the latest of items (I), (ii) or (iii) and accrue until the date of settlement.

Options may be chosen by You. You must do this before the Insured dies. If You don't, the Beneficiary may choose an option. The choice must be made In Writing and sent to Us. The options are available only if payable to a natural person, in his or her own right. If not payable to a natural person, You need Our consent to the choice of an option. We will not make payments of less than $25.00. We can change the period of payment so as to meet this $25.00 minimum.

When You choose an option We will prepare an agreement. It will be signed by Us. It will tell when and how payments will be made. It will tell how to withdraw Proceeds. It will tell how Proceeds are disposed of when the Payee dies.

Under Options 1, 3 or 4, We will not make payments for more than thirty years. An option chosen before Proceeds are payable will take effect on the date they are payable. If chosen after Proceeds are payable, an option will take effect when We accept it. After an option takes effect, it can't be changed.

When Options 1, 2 or 3 take effect, the first installment shall be payable. When Option 4 takes effect, interest shall begin to accumulate.

If the Payee dies before all installments under Options 1, 2 or 3 are paid, We will pay the present value of any unpaid installments to the Payee's estate. If the Payee dies while We still have Proceeds under Option 4, We will pay the Proceeds and accumulated interest to the Payee's estate. If other arrangements have been made, We will follow them.

We may require proof of age under Option 2 before making any payment. If the Payee's age has been misstated, We can adjust the remaining payments to take care of this. We can require proof that the Payee is alive on any payment due date.

Payments can't be assigned. They can't be taken for the Payee's debts. No levy can be had on them. They can't be attached. These things are true except where illegal. Of course, other arrangements can be made with Us when an option is chosen.

The Payee may withdraw the commuted value of any unpaid installments under Options 1 or 3. These values will be figured on the basis of 2½% per year. The Payee may also withdraw any unpaid Proceeds under Option 4. You may tell Us In Writing that the Payee can't withdraw any such amounts. We will record this information at Our Home Office. Your notice will take effect on the day You sign it, not on the date recorded by Us. Of course the notice will not affect any payment made or action taken by Us before such recording.

The Proceeds, if greater than $2,500, may be paid under one of the following options:

Option 1. Installments for a Fixed Period. Payments will be made in equal installments for a fixed number of years. They will be made annually, semi-annually, quarterly or monthly. The table below shows the amount of each installment for each $1,000 of Proceeds.

OPTION 1. EQUAL INSTALLMENTS FOR EACH $1,000 OF NET SUM PAYABLE

No. of years	Monthly Amounts	No. Of Years	Monthly Amounts
1	$84.28	13	$7.49
2	42.66	14	7.03
3	28.79	15	6.64
4	21.86	16	6.30
5	17.70	17	6.00
6	14.93	18	5.73
7	12.95	19	5.49
8	11.47	20	5.27
9	10.32	21	5.08
10	9.39	22	4.90
11	8.64	23	4.74
12	8.02	24	4.60
		25	4.46

Option 2. Life Income with a Fixed Period. Payments will be in equal monthly installments. The amount of each payment will be based on the age and sex of the Payee. Payments will be made for a fixed period and for as long after that as the Payee lives. No Payee may commute installments under this Option 2. Use the sex and age last birthday of the Payee at the time payment starts. Use the correct fixed period. The table below will then tell You the amount of each monthly installment for each $1,000 of Proceeds.

OPTION 2. INCOME FOR FIXED PERIOD AND LIFE THEREAFTER
Equal Installments for Each $1000 of the Net Sum Payable

Male				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
5	$2.46	$2.46	$2.46	$2.46
6	2.47	2.47	2.47	2.47
7	2.49	2.48	2.48	2.48
8	2.50	2.50	2.50	2.49
9	2.51	2.51	2.51	2.51
10	2.52	2.52	2.52	2.52
11	2.54	2.54	2.53	2.53
12	2.55	2.55	2.55	2.55
13	2.57	2.56	2.56	2.56
14	2.58	2.58	2.58	2.57
15	2.60	2.59	2.59	2.59
16	2.61	2.61	2.61	2.61
17	2.63	2.63	2.62	2.62
18	2.65	2.64	2.64	2.64
19	2.66	2.66	2.66	2.66
20	2.68	2.68	2.68	2.67
21	2.70	2.70	2.70	2.69
22	2.72	2.72	2.72	2.71
23	2.74	2.74	2.74	2.73
24	2.76	2.76	2.76	2.75
25	2.79	2.78	2.78	2.78
26	2.81	2.81	2.80	2.80
27	2.83	2.83	2.83	2.82
28	2.86	2.85	2.85	2.85
29	2.88	2.88	2.88	2.87
30	2.91	2.91	2.90	2.90
31	2.94	2.94	2.93	2.93
32	2.97	2.97	2.96	2.95
33	3.00	3.00	2.99	2.98
34	3.03	3.03	3.02	3.01
35	3.07	3.06	3.06	3.05
36	3.10	3.10	3.09	3.08
37	3.14	3.14	3.13	3.11
38	3.18	3.18	3.17	3.15
39	3.22	3.22	3.21	3.19
40	3.27	3.26	3.25	3.23
41	3.31	3.30	3.29	3.27
42	3.36	3.35	3.33	3.31
43	3.41	3.40	3.38	3.35
44	3.46	3.45	3.43	3.40

Male				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
45	$3.51	$3.50	$3.48	$3.44
46	3.57	3.55	3.53	3.49
47	3.63	3.61	3.58	3.54
48	3.69	3.67	3.64	3.59
49	3.76	3.73	3.70	3.64
50	3.83	3.80	3.76	3.70
51	3.90	3.87	3.82	3.76
52	3.97	3.94	3.89	3.81
53	4.05	4.01	3.96	3.87
54	4.14	4.09	4.03	3.94
55	4.22	4.17	4.10	4.00
56	4.32	4.26	4.18	4.06
57	4.42	4.35	4.26	4.13
58	4.52	4.45	4.35	4.19
59	4.64	4.55	4.44	4.26
60	4.75	4.66	4.53	4.33
61	4.88	4.77	4.62	4.40
62	5.02	4.89	4.72	4.46
63	5.16	5.02	4.81	4.53
64	5.32	5.15	4.91	4.60
65	5.49	5.28	5.02	4.66
66	5.66	5.42	5.12	4.72
67	5.85	5.57	5.22	4.78
68	6.05	5.72	5.33	4.84
69	6.27	5.88	5.43	4.89
70	6.50	6.05	5.53	4.94
71	6.74	6.21	5.63	4.99
72	7.00	6.38	5.73	5.03
73	7.27	6.56	5.82	5.07
74	7.57	6.73	5.91	5.10
75	7.89	6.91	6.00	5.13
76	8.22	7.09	6.08	5.16
77	8.58	7.27	6.15	5.18
78	8.97	7.44	6.22	5.20
79	9.39	7.61	6.28	5.22
80	9.83	7.78	6.34	5.23

OPTION 2. INCOME FOR FIXED PERIOD AND LIFE THEREAFTER
Equal Installments for Each $1000 of the Net Sum Payable (Continued)

Female				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
5	$2.41	$2.41	$2.41	$2.41
6	2.42	2.42	2.42	2.42
7	2.43	2.43	2.43	2.43
8	2.44	2.44	2.44	2.44
9	2.45	2.45	2.45	2.45
10	2.46	2.46	2.46	2.46
11	2.47	2.47	2.47	2.47
12	2.49	2.49	2.49	2.48
13	2.50	2.50	2.50	2.50
14	2.51	2.51	2.51	2.51
15	2.53	2.53	2.52	2.52
16	2.54	2.54	2.54	2.54
17	2.56	2.55	2.55	2.55
18	2.57	2.57	2.57	2.57
19	2.59	2.58	2.58	2.58
20	2.60	2.60	2.60	2.60
21	2.62	2.62	2.62	2.61
22	2.64	2.63	2.63	2.63
23	2.65	2.65	2.65	2.65
24	2.67	2.67	2.67	2.67
25	2.69	2.69	2.69	2.69
26	2.71	2.71	2.71	2.71
27	2.73	2.73	2.73	2.73
28	2.75	2.75	2.75	2.75
29	2.78	2.78	2.77	2.77
30	2.80	2.80	2.80	2.79
31	2.83	2.82	2.82	2.82
32	2.85	2.85	2.85	2.84
33	2.88	2.88	2.87	2.87
34	2.90	2.90	2.90	2.89
35	2.93	2.93	2.93	2.92
36	2.96	2.96	2.96	2.95
37	3.00	2.99	2.99	2.98
38	3.03	3.03	3.02	3.01
39	3.06	3.06	3.05	3.05
40	3.10	3.10	3.09	3.08
41	3.14	3.13	3.13	3.12
42	3.18	3.17	3.16	3.15
43	3.22	3.21	3.20	3.19
44	3.26	3.26	3.25	3.23

Female				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
45	$3.31	$3.30	$3.29	$3.27
46	3.36	3.35	3.33	3.32
47	3.41	3.40	3.38	3.36
48	3.46	3.45	3.43	3.41
49	3.51	3.50	3.48	3.46
50	3.57	3.56	3.54	3.51
51	3.63	3.62	3.59	3.56
52	3.70	3.68	3.65	3.61
53	3.76	3.74	3.72	3.67
54	3.84	3.81	3.78	3.73
55	3.91	3.89	3.85	3.79
56	3.99	3.96	3.92	3.85
57	4.08	4.04	3.99	3.92
58	4.17	4.13	4.07	3.98
59	4.26	4.22	4.15	4.05
60	4.36	4.31	4.24	4.12
61	4.47	4.41	4.33	4.20
62	4.58	4.51	4.42	4.27
63	4.70	4.63	4.52	4.34
64	4.83	4.74	4.61	4.42
65	4.97	4.87	4.72	4.49
66	5.12	5.00	4.82	4.56
67	5.28	5.14	4.93	4.63
68	5.45	5.28	5.04	4.70
69	5.63	5.43	5.16	4.77
70	5.83	5.59	5.27	4.83
71	6.04	5.76	5.39	4.89
72	6.28	5.94	5.50	4.95
73	6.52	6.12	5.62	5.00
74	6.79	6.31	5.73	5.05
75	7.09	6.51	5.83	5.09
76	7.40	6.71	5.93	5.12
77	7.74	6.91	6.03	5.15
78	8.11	7.11	6.11	5.18
79	8.51	7.31	6.19	5.20
80	8.94	7.51	6.27	5.22

Option 3. Installments of a Fixed Amount. Payments will be made in equal installments of a fixed amount. They will be paid annually, semi-annually, quarterly, or monthly. They will continue until the Proceeds and interest are exhausted. Interest will be 2½% per annum. The last payment will be the unpaid balance of Proceeds and interest.

Option 4. Interest Income. The proceeds may be held by Us at interest. We will hold them for an agreed period of time. We will pay the interest annually, semi-annually, quarterly, or monthly as is agreed. Interest will be 2½% per annum. This is what we will pay for each $1,000 of proceeds; $25.00 annually, $12.42 semi-annually, $6.19 quarterly, and $2.06 monthly. The Payee may withdraw the entire Proceeds before the end of the agreed period.

Option 5. Special Settlements. The Proceeds may be paid in any other manner. All that's needed is Our consent.

LOAN PROVISIONS

POLICY LOANS

We will make a loan to You. You have the option of borrowing less than the Net Cash Value of this Policy. The amount You borrow can be no greater than the Net Cash Value of this Policy at the end of the year in which You ask for the loan. You can't make any loan if the Policy is on Extended Term Insurance. This Policy will be the sole security for the loan. Interest from the date of the loan until the end of the Policy Year in which the loan is made and any premiums due for that period will be deducted from the amount loaned to You. Interest on the loan must be paid in advance each year after that.

AUTOMATIC PREMIUM LOANS

We will automatically make You a loan to pay a premium You owe. We will make You such a loan when Your Policy has a Net Cash Value at the end of the period for which the premium is due. It must be large enough to pay the premium You owe. It must also pay the interest on the loan to the end of the Policy Year in which We make the loan. If the total of a quarterly premium plus advance interest and any loan You already have against the Policy exceeds the Cash Value, We will not make an Automatic Premium Loan. The Nonforfeiture Provisions will then apply. Interest on the Automatic Premium Loan must be paid in advance to the end of the Policy Year in which We make the loan. It must also be paid in advance each year after that. The first interest payment will be added to the loan. In order to have this Automatic Premium Loan Provision effective, You must do one of two things: You may apply for it when You apply for this Policy or You may ask for it In Writing before the end of the Grace Period. You may revoke it at any time. Just write to Us. We will do it.

LOAN INTEREST

Interest on any loan for a full year shall be figured at the Annual Interest Rate of 8%, which is 7.4% payable in advance. Interest for less than a full year shall be figured at the same annual rate but only for the period of time involved. Interest can never be more than the Annual Interest Rate no matter how it is figured. If interest is not paid when due, one of two things will occur. (1) The amount of the loan plus the interest You owe may not be more than the Net Cash Value. If so, the interest will be added to the loan. The new debt amount will bear interest at the same rate as the old debt. (2) The amount of the loan plus interest You owe may be more than the Net Cash Value. If so the Policy will then become null and void. This will happen thirty-one days after We have sent You and anyone You have assigned this Policy to a Written Notice. We will send it to You and Your Assignee's last known address.

CONFORMITY WITH THE IIPRC STANDARDS

The Policy was approved under the authority of the Interstate Insurance Product Regulation Commission (“IIPRC”) and is issued under the IIPRC standards. Any provision of this Policy that, on the provision’s effective date, is in conflict with the IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the Policy provision’s effective date.

NONFORFEITURE PROVISIONS

You may not pay a premium when it is due. If this Policy then has a Cash Value You may choose one of these options. To get the option of Your choice, You must write to Us. Do it not later than sixty days after the due date of such premium.

1. ***Cash value.*** You may surrender the Policy to Us and We will send You its Net Cash Value. The "BASIS OF VALUES" tells You how to figure Cash Values.

2. ***Paid-Up Endowment.*** The Policy may be endorsed for non-participating paid-up endowment at age 100 insurance for a level amount. The amount will be such as the Net Cash Value will purchase when applied as a Net Single Premium at the Insured's attained age on the due date of the premium date.

3. ***Extended Term Insurance.*** (Available only if the Policy is in a Standard Premium Class as shown in the Schedule.) The Policy may be endorsed for non-participating extended term insurance. The amount is the Death Benefit shown on the Schedule for the Policy Year in which the Insured's death occurs, less any debt owed on this Policy. This insurance will continue for such period as the Net Cash Value will purchase when applied as a Net Single Premium at the Insured's attained age on the due date of the premium due.

AUTOMATIC OPTION

At the end of the Grace Period, You may not have chosen one of the options above. The Automatic Premium Loan Provision may not be then in effect. In that case, Option 3 will apply automatically if the Schedule shows this Policy is in a Standard Premium Class. In all other cases, Option 2 shall apply automatically. You may choose another available option within sixty (60) days after the due date of such premium.

SURRENDER OF PAID-UP OR EXTENDED TERM INSURANCE

This Policy may be continued as paid-up endowment insurance or extended term insurance. It may then be surrendered at any time for its Cash Value. This is the Net Single Premium at the Insured's attained age for such insurance, at the time of surrender, less any debt owed on the Policy. If surrendered within thirty (30) days after any Policy Anniversary, the value will be no less than the value on such Anniversary.

LOAN AND NONFORFEITURE VALUES

The Table of Guaranteed Policy Values shows the Cash or Loan and Reduced Paid-Up Values. It shows the extended insurance period. They are for the end of completed years. It is assumed all past due premiums have been paid.

Any debt owed on this Policy will reduce the values. It will also reduce the amount and period of extended term insurance. When you have paid premiums for part of a Policy Year, we adjust values to fit the part paid for. Values for years not shown shall be figured by the methods described in the Basis of Values. We will do it for You. Just ask Us.

BASIS OF VALUES

The methods and factors used to calculate Your Cash Values, Present Values and Net Single Premiums are based upon certain mortality tables and interest rates required by state law.

Reserves are calculated by the Commissioners Reserve Valuation Method with interest at a rate not greater than the maximum interest rate permitted by law. Annual interest rate for Cash Value calculation is 5% per annum. Reserves and Nonforfeiture Values are figured on the Commissioners 2001 Standard Ordinary Mortality Table. Reserves assume immediate payment of claims. Nonforfeiture Values assume curtate functions.

Your Policy values are calculated by the Standard Non-forfeiture Value Method. All values are equal to or greater than those required by law. We have filed a statement with the IIPRC and the insurance officials of the state where Your Policy was delivered. The statement outlines the methods used to determine Your Policy values.

Additional benefits or Riders attached to Your Policy do not increase Policy values unless the benefit or Rider specifies that it does.

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500 E. 9th Street
P.O. Box 1568
Kansas City, MO 64106-0688
816/842-6300

A LEGAL RESERVE STOCK COMPANY

ENDOWMENT POLICY PAYABLE AT DEATH WITH MATURITY AT AGE 100 - PREMIUMS PAYABLE FOR THIRTY YEARS WITH REDUCED PREMIUMS FOR POLICY YEARS TWO THROUGH THIRTY

NON PARTICIPATING

ENDOWMENT POLICY WITH 30 YEAR LEVEL DEATH BENEFIT AND 30 YEAR DECREASING INSURANCE DEATH BENEFIT

PLAN 441 SCHEDULE

INSURED: SAM SAMPLE
AGE: 35
OWNER: AS SHOWN ON THE APPLICATION
BENEFICIARY: AS SHOWN ON THE APPLICATION

POLICY NUMBER: 1038753
POLICY DATE: 08-19-2008
SEX: MALE
PREMIUM CLASS: STANDARD

---- ANNUAL PREMIUMS ----

DEATH BENEFIT	PREMIUM	PERIOD PAYABLE
FACE AMOUNT 20,000	1,107.20	FIRST POLICY YEAR
	544.20	POLICY YEARS TWO THRU 30
WAIVER OF PREM & DIS.	18.80	25 YEARS
DISABILITY INCOME 563.00		POLICY YEARS TWO THRU 30

TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	DEATH BENEFIT	CASH VALUE	PAID UP INSURANCE	EXTENDED INSURANCE YEARS	EXTENDED INSURANCE DAYS
1	36,900	.00			
2	36,340	180.00	675	3	241
3	35,780	460.00	1,673	8	43
4	35,220	760.00	2,680	11	321
5	34,640	1,060.00	3,626	14	335
6	34,080	1,380.00	4,579	17	126
7	33,520	1,720.00	5,537	19	182
8	32,960	2,060.00	6,435	21	64
9	32,400	2,400.00	7,276	22	193
10	31,840	2,760.00	8,124	23	269
11	31,260	3,120.00	8,919	24	257
12	30,700	3,480.00	9,664	25	163
13	30,140	3,860.00	10,413	26	30
14	29,580	4,240.00	11,113	26	198
15	29,020	4,640.00	11,816	26	347
16	28,460	5,060.00	12,522	27	110
17	27,900	5,480.00	13,181	27	197
18	27,320	5,920.00	13,844	27	276
19	26,760	6,360.00	14,466	27	328
20	26,200	6,800.00	15,049	27	361
21	25,640	7,240.00	15,598	28	17
22	25,080	7,660.00	16,072	28	3
23	24,520	8,120.00	16,597	28	28
24	23,960	8,580.00	17,089	28	49
25	23,380	9,040.00	17,551	28	69
26	22,820	9,540.00	18,062	28	161
27	22,260	10,040.00	18,546	28	289
28	21,700	10,540.00	19,007	29	141
29	21,140	11,080.00	19,518	30	316
30	20,580	11,620.00	20,000		
31	20,000	11,900.00			
32	20,000	12,160.00			
33	20,000	12,420.00			
34	20,000	12,680.00			
35	20,000	12,960.00			

(Continued)

LIFE OF THE OZARKS CAN BE CONTACTED AT 816-842-6300
YOUR STATE INSURANCE DEPARTMENT CAN BE CONTACTED AT 501-371-2600.

PLAN 441

SCHEDULE
TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	DEATH BENEFIT	CASH VALUE	PAID UP INSURANCE	EXTENDED INSURANCE YEARS	EXTENDED INSURANCE DAYS
36	20,000	13,220.00			
37	20,000	13,500.00			
38	20,000	13,760.00			
39	20,000	14,020.00			
40	20,000	14,300.00			
41	20,000	14,560.00			
42	20,000	14,800.00			
43	20,000	15,060.00			
44	20,000	15,300.00			
45	20,000	15,540.00			
46	20,000	15,780.00			
47	20,000	16,000.00			
48	20,000	16,200.00			
49	20,000	16,420.00			
50	20,000	16,620.00			
51	20,000	16,800.00			
52	20,000	16,980.00			
53	20,000	17,160.00			
54	20,000	17,300.00			
55	20,000	17,460.00			
56	20,000	17,600.00			
57	20,000	17,740.00			
58	20,000	17,880.00			
59	20,000	18,020.00			
60	20,000	18,180.00			
61	20,000	18,360.00			
62	20,000	18,600.00			
63	20,000	18,900.00			
64	20,000	19,340.00			
65	20,000	20,000.00			

LIFE OF THE OZARKS

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 08/07/2008

Comments:

Attachment:

AR Certification form 441.pdf

Review Status:

Satisfied -Name: Application 08/07/2008

Comments:

540 R 08 AR, approved 12/20/2007

Attachment:

540 IR 08 AR.pdf

CERTIFICATE OF COMPLIANCE

Re: Policy Form No. 441 R 08 AR

I have carefully reviewed the above listed form submitted with this Certificate, and, to the best of my knowledge, information and belief, hereby certify the following:

1. The captioned form complies with the applicable statutory and regulatory laws in the state to which this filing is submitted.

2. The captioned form meets or exceeds the legibility and readability requirements in the states to which this filing is submitted, including ten (10) point or larger type, and Flesch scores of 40 or greater.

3. That the Company complies with Rule and Regulation 19 by providing the consumer with a Life and Health Guaranty Association notice.

4. The captioned forms contain no unusual or controversial provisions.

LIFE OF THE OZARKS

By: _____
David R. Melton, Vice President & General Counsel

Date: August 7, 2008

LIFE INSURANCE APPLICATION TO

LIFE OF THE OZARKS

P.O. Box 15688 Kansas City, MO 64106-0688 (816) 842-6300

For Insurance On Life Of Proposed Insured Named Below

POLICY NUMBER _____

INSURED

USE BLACK INK ONLY - PLEASE PRINT

1. Full name of proposed insured. (**Legal name**)

First Middle Last

State of Birth Birth date (mm/dd/yyyy) Age

Sex: ◯ Male ◯ Female

2. Residence Address

Street

City State Zip

Marital Status:

◯ Single ◯ Married ◯ Widowed ◯ Divorced ◯ Separated

Social Security # ☐☐☐ - ☐☐ - ☐☐☐☐

Are you a U.S. Citizen? ◯ Yes ◯ No

3. Insured's Previous Address

Height _____ Weight _____

Street

Home Phone ( )

Bus/Cell Phone ( )

City State Zip

Email Address: _____

4. Driver's License # State Issued

5. Existing Fund Account Numbers

6. a. Proposed Insured's Occupation How Long?

Employer

b. Duties Performed

Location

PLAN INFORMATION

7. Total Annual Premium

Mode Premium

Pay Mode

◯ A ◯ S
◯ Q ◯ M

Pay Code

◯ ET ◯ DB ◯ SS
◯ GR ◯ FB ◯ PY

8. Plan # of Insurance _____

Rider I _____

Rider II _____

Rider III _____

Base Plan Volume

GR / FB #

◯ Tobacco Use

◯ Non-Tobacco

◯ WP ◯ AD ◯ GI

◯ PDD **(See #16)**

9. Special Requests: _____

10. Special Draft Date _____

11. Automatic Premium Loan Clause to be operative?

◯ Yes ◯ No

12. Replacement / Conversion

◯ Yes ◯ No

Prior Policy #

OWNER

13. Proposed ownership designation - **Legal name(s)**

◯ Same as above insured

Primary Owner

Owner's Soc. Sec. # ☐☐☐-☐☐-☐☐☐☐ Birth Date Relationship

Owner's Mailing Address

City State Zip

Contingent Owner

Contingent Owner's Soc. Sec. # ☐☐☐-☐☐-☐☐☐☐ Birth Date Relationship

Contingent Owner's Address

City State Zip

Agent No. 1 **Agent #**

Agent No. 2 **Agent #**

Form 540 IR 08 AR

PRIMARY BENEFICIARIES

14. **Primary** Beneficiary(ies)	**Share %** **Leave blank for Equal distribution**	**Social Security**	**Birth Date**	**Relationship**
	%	☐☐☐-☐☐-☐☐☐☐		
	%	☐☐☐-☐☐-☐☐☐☐		
	%	☐☐☐-☐☐-☐☐☐☐		
	%	☐☐☐-☐☐-☐☐☐☐		
	%	☐☐☐-☐☐-☐☐☐☐		

◯ **Additional Primary Beneficiaries Continued on another sheet**

CONTINGENT BENEFICIARIES

15. **Contingent** Beneficiary(ies)	**Share %** **Leave blank for Equal distribution**	**Social Security**	**Birth Date**	**Relationship**
	%	☐☐☐-☐☐-☐☐☐☐		
	%	☐☐☐-☐☐-☐☐☐☐		
	%	☐☐☐-☐☐-☐☐☐☐		
	%	☐☐☐-☐☐-☐☐☐☐		

◯ **Additional Contingent Beneficiaries Continued on another sheet**

COMPLETE FOR SPOUSE, CPR, PAYOR DEATH / DISABILITY COVERAGE

16. No. of CPR Units _____ Spouse Volume _____ ◯ Tobacco Use ◯ Non-Tobacco

PDD ◯ Yes ◯ No

Proposed Insured	Relationship to Applicant	Date of Birth mm/dd/yyyy	Birthplace (State)	Age	Sex	Height	Weight	Amount of Insurance Now Inforce

Spouse's / Payor's occupation (duties performed, name of employer).	Spouse's Driver's License #	Social Security No.
		☐☐☐-☐☐-☐☐☐☐

ADDITIONAL INSURANCE

17. Life Insurance in force on Proposed Insured:

Year Issued	Name of Company	Amount	Amount of Accidental Death

FAMILY HISTORY

18. Family History		Age if Living	Age at Death	State of Health or Cause of Death
Father				
Mother				
Siblings	No. Living			
	No. Dead			

MEDICAL HISTORY

IF ANSWERED YES, GIVE FULL DETAILS - NAMES, AILMENTS, DATES, PHYSICIANS' NAMES, ADDRESSES, ETC.
Identify questions and proposed insured to which details apply

	Primary Insured		Other Insured	
	Yes	No	Yes	No
19. Has any proposed insured **ever** been diagnosed, treated, or tested for any of the following:				
a. Disorder of eyes or ears?	◯	◯	◯	◯
b. Mental, depression or anxiety disorder?	◯	◯	◯	◯
c. Seizure disorder, multiple sclerosis, muscular dystrophy, Parkinson's disease, ALS, Alzheimer's disease or other neurological disorder?	◯	◯	◯	◯
d. Asthma, bronchitis, emphysema, COPD or other chronic respiratory disorder?	◯	◯	◯	◯
e. High blood pressure, stroke, aneurysm, blood clot, heart murmur, chest pain, heart attack or heart surgery? Other disease or disorder of heart or blood vessels?	◯	◯	◯	◯
f. Diabetes, tumor, cancer or skin disorder?	◯	◯	◯	◯
g. Disorder of stomach, intestines, liver, kidney, bladder, prostate or reproductive organs?	◯	◯	◯	◯
h. Arthritis, disease or disorder of the muscles, bones or back?	◯	◯	◯	◯
i. Deformity, limited mobility, amputation or paralysis?	◯	◯	◯	◯
j. Anemia or other disease or disorder of the blood?	◯	◯	◯	◯
k. Other disease or disorder not listed above?	◯	◯	◯	◯
l. Is this insurance intended to change or replace any existing life insurance or annuities in any company? (Details below)	◯	◯	◯	◯
20. Any weight change by more than ten pounds in the last **six months**?	◯	◯	◯	◯
If Yes, amount and cause_____				
21. Is any person proposed for insurance:				
a. Now under treatment or observation ?	◯	◯	◯	◯
b. List all current medications._____				
22. In the past **five years**, has any person proposed for insurance:				
a. received treatment or counseling for the use of alcohol or drugs (prescribed or non-prescribed)?	◯	◯	◯	◯
b. been advised to receive treatment or counseling for the use of alcohol or drugs (prescribed or non-prescribed)?	◯	◯	◯	◯
23. In the past **twelve months**, have you used any form of tobacco or tobacco cessation products?	◯	◯	◯	◯
24. In the past **ten years** has any person proposed for insurance:				
a. Been told that they had Acquired Immune Deficiency Syndrome (AIDS), or "AIDS" Related Complex (ARC), or "AIDS" related condition?	◯	◯	◯	◯
b. Been advised to obtain tests or treatment in connection with any of these things mentioned in (a) above?	◯	◯	◯	◯
c. Tested positive for anti-bodies to the "AIDS" (Human T-Cell Lymphotrophic, Type III, TLV-III) virus or Lymphadenopathy Associated Virus (LAV)?	◯	◯	◯	◯
25. Has any person proposed for insurance ever been disabled or ever requested payment or received a payment for Worker's Compensation, Social Security or other disability income payment?	◯	◯	◯	◯
Is this person currently disabled or claiming to be disabled?	◯	◯	◯	◯
26. Within the past **five years** has any proposed insured:				
a. Been treated by a health care provider or at a health care facility? If YES, provide details.	◯	◯	◯	◯
b. Had any test, procedure or treatment? If YES, provide details.	◯	◯	◯	◯
c. Been advised to have any diagnostic test, hospitalization, treatment or surgery which was not completed?	◯	◯	◯	◯

MEDICAL HISTORY (Continued)
IF ANSWERED YES, GIVE FULL DETAILS - NAMES, AILMENTS, DATES, PHYSICIANS' NAMES, ADDRESSES, ETC.
Identify questions and proposed insured to which details apply

	Primary Insured		Other Insured	
	Yes	No	Yes	No
27. With regard to any person proposed for insurance:				
a. In the past **five years** have you flown, or do you intend to fly as a pilot, student pilot, or crew member other than for a scheduled commercial airline?	◯	◯	◯	◯
b. In the past **two years**, have you engaged in, or do you intend to engage in, hang gliding, ultra-light flying, hot-air ballooning, mountain, rock, or ice climbing, motor vehicle racing, boat racing, rodeo participation, or scuba or sky diving?	◯	◯	◯	◯
c. Are you now a member of any military service, active or inactive?	◯	◯	◯	◯
d. In the past **ten years**, have you been convicted of, or pled guilty or no contest to, reckless driving or driving under the influence of alcohol or drugs?	◯	◯	◯	◯
e. In the past **ten years**, have you been convicted of, or pled guilty or no contest to, a misdemeanor or felony?	◯	◯	◯	◯
f. Are you currently on parole or probation for any misdemeanor or felony?	◯	◯	◯	◯
g. Are there currently any misdemeanor or felony charges pending?	◯	◯	◯	◯
h. In the next **two years**, do you intend to travel or reside outside of the U.S.?	◯	◯	◯	◯

Please provide details for YES answers for Questions 19 - 27.
Include name, date, health care provider or health facility, address and phone number, and outcome.

Proposed Insured	Ques. #	

◯ **Additional details Continued on another sheet.**

CERTIFICATION

Each of the undersigned declares they have read the questions and answers above and certifies the answers are complete and true to the best of their knowledge and belief. The following agreements are offered to the Company as a consideration for the insurance. It is agreed that: (1) The Company shall incur no liability under this application until it has been received and approved, a policy has been issued and delivered, and the full first premium specified in the policy has been actually paid to and accepted by the Company while health, habits and occupation of the proposed insureds remain as described in this application, in which case the policy shall be deemed to have taken effect as of the date on which the policy was signed. However, if the full first premium specified in the application on the policy applied for is paid on the date of this application and the Company's receipt is issued to the applicant, then the liability of the Company shall be stated in the receipt and the policy form for which application is made. (2) Only the President, a Vice-President, Secretary, or an Assistant Secretary of the Company can make, modify or discharge contracts or waive any of the Company's rights or requirements and then only in writing. (3) The Company is authorized to amend this application in the space entitled "Home Office Additions or Corrections" and acceptance by the applicant of any policy issued on this application shall constitute a ratification of any such amendments, except no change in the amount of insurance or the amount of the premium or classification of kind of insurance or benefits unless agreed to in writing by the applicant.

FRAUD WARNING

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 criminal and civil penalties."

ACKNOWLEDGMENT AND AUTHORIZATION

We acknowledge receipt of a statement describing the underwriting procedures and was furnished the notice required by the Fair Credit Reporting Act. We hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or any other organization, institution or person that has any record or knowledge of the persons whose signatures appear below (or their children) or their health to give such record or information to the Life of the Ozarks or its reinsurers. A reproduced copy of this Acknowledgment and Authorization shall be as valid as the original. This Authorization shall be valid for 24 months from the date signed.

Monies Received with Application $ _____ For _____ Premium _____

Date and signed at _____ on _____
(City) (State) (Date)

_____ _____
Signature of Spouse (if coverage or **Conversion** applied for) Signature of Applicant

_____
Signature of Owner if other than proposed Insured (Give official capacity if signed on behalf of a corporation)

_____ _____ _____ _____
Witness or Agent Code No. Agent Code No.

Home Office Additions or Corrections

* A A R 0 5 *

CONDITIONAL RECEIPT (DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION)

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY - DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from _____ the sum of _____ ($ _____) Dollars for the full first premium specified in the application for insurance in Life of the Ozarks which bears the same date as this receipt. The insurance under the policy for which application is made shall be effective on the date of this receipt or the date of completion of the medical examination (if, and when required by the Company), whichever is the later date, if in the opinion of the authorized officers of the Company at its Home Office in Kansas City, Missouri, the Proposed Insured is insurable and acceptable for insurance under the rules and practices of the plan of insurance, for the amount of insurance, and at the premium rate set forth in the application exclusive of any amendments in the space for "Home Office Additions or Corrections." Coverage under this receipt shall expire the earlier of: (i) issuance and delivery of the policy, (ii) rejection of any counter-offer, or (iii) ninety (90) days from the date of this receipt. However, even if the Proposed Insured is so insurable and acceptable, the maximum liability of the Company under this receipt and other insurance in force in this company shall be $100,000 or the amount of said other insurance, whichever is greater. If the Proposed Insured is not so insurable and acceptable, the Company has no liability under this receipt, and the above payment will be returned by the Company's check, upon surrender of this receipt. This receipt shall be void if given for check or draft which is not honored on presentation.

_____ _____
Agent Date

Agents Report and Special Instructions
THIS SECTION MUST BE COMPLETED WHERE APPLICABLE

	YES	NO
28. **STATEMENT OF AGENT REGARDING REPLACEMENT** Do you have knowledge or reason to believe that replacement of existing insurance or annuities may be involved? If Yes, refer to special instructions for your state. If no special instructions, give details here. _____	◯	◯
29. **UNDERWRITING REQUIREMENTS** Was the underwriting and inspection notification form # OZ06-891-07 given to applicant?	◯	◯
30. **If NON-MEDICAL**, these questions MUST be answered before the application can be processed. a. Did you see the proposed insured at time of making application? . . . . . (If not, need examination)	◯	◯
b. Do you know of any condition which the proposed insured did not indicate under Medical History?	◯	◯
31. **SETTLEMENT** a. Was full premium for mode collected and submitted with the application?	◯	◯
b. If so, was Conditional Receipt given to applicant?	◯	◯
c. Were terms of receipt explained to the applicant?	◯	◯

32. **ALL APPLICANTS**
a. Previous names and dates of name changes? _____

b. If married, how much insurance does spouse carry? _____

33. **CHILD APPLICANTS (under age 15)**
a. Amount of insurance on Father _____ Mother _____

b. Amount of insurance on brothers and sisters under age 15. _____

OTHER SPECIAL REQUESTS

Date _____ Agent's Signature _____

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. Life of the Ozarks, or its reinsurers, may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Life of the Ozarks, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.