

SERFF Tracking Number:	ONLI-125808028	State:	Arkansas
Filing Company:	Ozark National Life Insurance Company	State Tracking Number:	40228
Company Tracking Number:	448 R 08		
TOI:	L02I Individual Life - Endowment	Sub-TOI:	L02I.000 Life - Endowment
Product Name:	Endowment Policy		
Project Name/Number:	Endowment Policy/448 R 08		

## Filing at a Glance

Company: Ozark National Life Insurance Company

Product Name: Endowment Policy	SERFF Tr Num: ONLI-125808028	State: ArkansasLH
TOI: L02I Individual Life - Endowment	SERFF Status: Closed	State Tr Num: 40228
Sub-TOI: L02I.000 Life - Endowment	Co Tr Num: 448 R 08	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Peggy Glover	Disposition Date: 09/17/2008
	Date Submitted: 09/10/2008	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: 448 R 08	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: 09/17/2008	
State Status Changed: 09/17/2008	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 448 R 08 (Endowment Insurance Policy) is substantially similar to our previously submitted and approved Plan 248. Material differences between the previously approved product and the current submission are these:

1) The Plan 448 R 08 utilizes the 2001 CSO tables. The previously approved product used the 1980 CSO tables.

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2) The Plan 448 R 08 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).

3) The Schedule page will reflect the applicable state insurance department telephone number. For filing purposes, the telephone number is that of the Company's state of domicile, Missouri.

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:  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 448 R 08 AR - \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ozark National Life Insurance Company	\$50.00	09/10/2008	22407364

*SERFF Tracking Number:* ONLI-125808028      *State:* Arkansas  
*Filing Company:* Ozark National Life Insurance Company      *State Tracking Number:* 40228  
*Company Tracking Number:* 448 R 08  
*TOI:* L021 Individual Life - Endowment      *Sub-TOI:* L021.000 Life - Endowment  
*Product Name:* Endowment Policy  
*Project Name/Number:* Endowment Policy/448 R 08

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

SERFF Tracking Number: ONLI-125808028 State: Arkansas  
Filing Company: Ozark National Life Insurance Company State Tracking Number: 40228  
Company Tracking Number: 448 R 08  
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment  
Product Name: Endowment Policy  
Project Name/Number: Endowment Policy/448 R 08

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/17/2008	09/17/2008

*SERFF Tracking Number:* ONLI-125808028      *State:* Arkansas  
*Filing Company:* Ozark National Life Insurance Company      *State Tracking Number:* 40228  
*Company Tracking Number:* 448 R 08  
*TOI:* L021 Individual Life - Endowment      *Sub-TOI:* L021.000 Life - Endowment  
*Product Name:* Endowment Policy  
*Project Name/Number:* Endowment Policy/448 R 08

## **Disposition**

Disposition Date: 09/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ONLI-125808028 State: Arkansas  
 Filing Company: Ozark National Life Insurance Company State Tracking Number: 40228  
 Company Tracking Number: 448 R 08  
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment  
 Product Name: Endowment Policy  
 Project Name/Number: Endowment Policy/448 R 08

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Endowment Policy		Yes

SERFF Tracking Number: ONLI-125808028 State: Arkansas  
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## Form Schedule

**Lead Form Number:** 448 R 08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	448 R 08	Policy/Cont Endowment Policy ract/Fratern al Certificate	Initial		59	448 R 08 STANDARD AR.pdf 448 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. 9<sup>th</sup> 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 (20<sup>th</sup>) 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](mailto:pos.express@ozark-national.com) (or [ozark@ozark-national.com](mailto: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 TO AGE 70 WITH REDUCED PREMIUMS FOR POLICY YEARS TWO  
TO AGE SEVENTY – NON PARTICIPATING**

**ENDOWMENT POLICY WITH LEVEL INSURANCE DEATH BENEFIT AND DECREASING  
INSURANCE DEATH BENEFIT TO AGE 70**

TABLE OF CONTENTS

	<b>Page</b>		<b>Page</b>
INSURING CLAUSE .....	1	BENEFICIARY & OWNERSHIP PROVISIONS . . . .	6
DEFINITIONS .....	2	SETTLEMENT OPTIONS .....	7 - 9
SCHEDULE .....	3	LOAN PROVISIONS .....	10
RIDER SCHEDULE .....	4	NONFORFEITURE PROVISIONS .....	11
GENERAL PROVISIONS .....	5	ALPHABETICAL INDEX .....	12

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. 9<sup>th</sup> 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 Nonforfeiture 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.

## ALPHABETICAL INDEX TO YOUR POLICY

	<b>Page</b>
AGE .....	2
ASSIGNMENT .....	6
AUTOMATIC PREMIUM LOAN .....	10
BASIS OF VALUES .....	11
CASH VALUES .....	11
CHANGE OF BENEFICIARY .....	6
CONTROL OF POLICY .....	6
DEFINITIONS .....	2
GENERAL PROVISIONS .....	5
GRACE PERIOD .....	5
INCONTESTABILITY .....	5
LAPSE .....	5
LOAN PROVISIONS .....	10
NET CASH VALUE .....	2
NONFORFEITURE PROVISIONS .....	11
OWNER, RIGHTS OF .....	6
PREMIUM .....	3
PROCEEDS, PAYMENT .....	6
REINSTATEMENT .....	5
RIDER SCHEDULE .....	4
SCHEDULE .....	3
SETTLEMENT OPTIONS .....	7-9
SUICIDE EXCLUSION .....	5



500 E. 9th Street  
P.O. Box 15688  
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 TO AGE 70 WITH  
REDUCED PREMIUMS FOR POLICY  
YEARS TWO TO AGE SEVENTY  
NON PARTICIPATING**

**ENDOWMENT POLICY  
WITH LEVEL INSURANCE DEATH  
BENEFIT AND DECREASING  
DEATH BENEFIT TO AGE 70**

PLAN 448

SCHEDULE

INSURED: SAM SAMPLE  
AGE: 35  
SEX: MALE

POLICY NUMBER: 1039103  
POLICY DATE: 08-28-2008  
PREMIUM CLASS: STANDARD

---- ANNUAL PREMIUMS ----

	PREMIUM	PERIOD PAYABLE
FACE AMOUNT 10,000	537.00	FIRST POLICY YEAR
	261.00	POLICY YEARS TWO THRU AGE 70
WAIVER OF PREM & DIS. DISABILITY INCOME	15.00	25 YEARS
276.00		POLICY YEARS TWO THRU AGE 70

TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	DEATH BENEFIT	CASH VALUE	PAID UP INSURANCE	EXTENDED INSURANCE YEARS	EXTENDED INSURANCE DAYS	EXTENDED INSURANCE ENDOWMENT
1	19,660	.00	0	0	0	0
2	19,390	80.00	300	3	22	0
3	19,110	220.00	800	7	124	0
4	18,840	370.00	1,305	10	303	0
5	18,560	520.00	1,779	13	270	0
6	18,280	670.00	2,223	15	318	0
7	18,010	820.00	2,640	17	198	0
8	17,730	980.00	3,061	19	15	0
9	17,460	1,150.00	3,487	20	114	0
10	17,180	1,310.00	3,856	21	81	0
11	16,900	1,480.00	4,231	22	39	0
12	16,630	1,650.00	4,582	22	324	0
13	16,350	1,830.00	4,937	23	233	0
14	16,080	2,010.00	5,268	24	67	0
15	15,800	2,190.00	5,577	24	205	0
16	15,520	2,390.00	5,915	24	358	0
17	15,250	2,580.00	6,206	25	72	0
18	14,970	2,780.00	6,502	25	144	0
19	14,700	2,980.00	6,778	25	183	0
20	14,420	3,180.00	7,038	25	198	0
21	14,140	3,370.00	7,261	25	170	0
22	13,870	3,570.00	7,491	25	150	0
23	13,590	3,760.00	7,686	25	94	0
24	13,320	3,960.00	7,888	25	46	0
25	13,040	4,170.00	8,096	25	7	0
26	12,760	4,370.00	8,274	24	307	0
27	12,490	4,590.00	8,479	24	282	0
28	12,210	4,800.00	8,656	24	237	0
29	11,940	5,020.00	8,843	24	218	0
30	11,660	5,240.00	9,022	24	210	0
31	11,380	5,470.00	9,209	24	246	0
32	11,110	5,700.00	9,387	24	314	0
33	10,830	5,950.00	9,589	25	169	0
34	10,560	6,210.00	9,797	26	284	0
35	10,280	6,480.00	10,000			

(Continued)

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

PLAN 448

SCHEDULE  
TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	DEATH BENEFIT	CASH VALUE	PAID UP INSURANCE	EXTENDED INSURANCE YEARS	EXTENDED INSURANCE DAYS	EXTENDED INSURANCE ENDOWMENT
36	10,000	6,610.00				
37	10,000	6,750.00				
38	10,000	6,880.00				
39	10,000	7,010.00				
40	10,000	7,150.00				
41	10,000	7,280.00				
42	10,000	7,400.00				
43	10,000	7,530.00				
44	10,000	7,650.00				
45	10,000	7,770.00				
46	10,000	7,890.00				
47	10,000	8,000.00				
48	10,000	8,100.00				
49	10,000	8,210.00				
50	10,000	8,310.00				
51	10,000	8,400.00				
52	10,000	8,490.00				
53	10,000	8,580.00				
54	10,000	8,650.00				
55	10,000	8,730.00				
56	10,000	8,800.00				
57	10,000	8,870.00				
58	10,000	8,940.00				
59	10,000	9,010.00				
60	10,000	9,090.00				
61	10,000	9,180.00				
62	10,000	9,300.00				
63	10,000	9,450.00				
64	10,000	9,670.00				
65	10,000	10,000.00				

LIFE OF THE OZARKS

*SERFF Tracking Number:*      *ONLI-125808028*                      *State:*                      *Arkansas*  
*Filing Company:*              *Ozark National Life Insurance Company*              *State Tracking Number:*      *40228*  
*Company Tracking Number:*      *448 R 08*  
*TOI:*                      *L02I Individual Life - Endowment*                      *Sub-TOI:*                      *L02I.000 Life - Endowment*  
*Product Name:*              *Endowment Policy*  
*Project Name/Number:*      *Endowment Policy/448 R 08*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ONLI-125808028 State: Arkansas  
Filing Company: Ozark National Life Insurance Company State Tracking Number: 40228  
Company Tracking Number: 448 R 08  
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment  
Product Name: Endowment Policy  
Project Name/Number: Endowment Policy/448 R 08

## Supporting Document Schedules

**Review Status:** 09/08/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachment:**  
AR Certification form 448.pdf

**Review Status:** 09/08/2008  
**Satisfied -Name:** Application  
**Comments:**  
**Attachment:**  
540 IR 08 AR.pdf

## CERTIFICATE OF COMPLIANCE

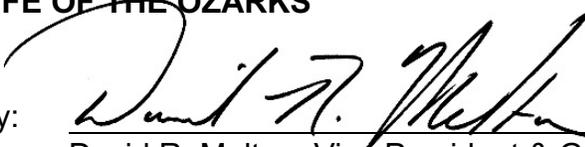
Re: Policy Form No. 448 R 08 AR

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: September 10, 2008



**INSURED**

**USE BLACK INK ONLY - PLEASE PRINT**

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

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Residence Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Insured's Previous Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

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

b. Duties Performed \_\_\_\_\_

State of Birth \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ Sex:   
 Male   
 Female

Marital Status:

Single  Married  Widowed  Divorced  Separated

Social Security #    -   -

Are you a U.S. Citizen?  Yes  No

Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Bus/Cell Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

5. Existing Fund Account Numbers \_\_\_\_\_

Employer \_\_\_\_\_

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 \_\_\_\_\_ Base Plan Volume \_\_\_\_\_

Rider I \_\_\_\_\_   
 Rider II \_\_\_\_\_   
 Rider III \_\_\_\_\_

Tobacco Use   
 Non-Tobacco

GR / FB #   
 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 # \_\_\_\_\_



**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 \_\_\_\_\_

**PDD**  Yes  No  Tobacco Use  
 Non-Tobacco

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 <b>ever</b> been diagnosed, treated, or tested for any of the following:				
	a. Disorder of eyes or ears? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. Mental, depression or anxiety disorder? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. Seizure disorder, multiple sclerosis, muscular dystrophy, Parkinson's disease, ALS, Alzheimer's disease or other neurological disorder? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. Asthma, bronchitis, emphysema, COPD or other chronic respiratory disorder? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	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? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	f. Diabetes, tumor, cancer or skin disorder? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	g. Disorder of stomach, intestines, liver, kidney, bladder, prostate or reproductive organs? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	h. Arthritis, disease or disorder of the muscles, bones or back? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	i. Deformity, limited mobility, amputation or paralysis? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	j. Anemia or other disease or disorder of the blood? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	k. Other disease or disorder not listed above? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	l. Is this insurance intended to change or replace any existing life insurance or annuities in any company? (Details below) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Any weight change by more than ten pounds in the last <b>six months</b> ? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	If Yes, amount and cause _____				
21.	Is any person proposed for insurance:				
	a. Now under treatment or observation? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. List all current medications. _____				
22.	In the past <b>five years</b> , has any person proposed for insurance:				
	a. received treatment or counseling for the use of alcohol or drugs (prescribed or non-prescribed)? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. been advised to receive treatment or counseling for the use of alcohol or drugs (prescribed or non-prescribed)? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	In the past <b>twelve months</b> , have you used any form of tobacco or tobacco cessation products? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	In the past <b>ten years</b> 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? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. Been advised to obtain tests or treatment in connection with any of these things mentioned in (a) above? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. Tested positive for anti-bodies to the "AIDS" (Human T-Cell Lymphotropic, Type III, TLV-III) virus or Lymphadenopathy Associated Virus (LAV)? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Is this person currently disabled or claiming to be disabled? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Within the past <b>five years</b> has any proposed insured:				
	a. Been treated by a health care provider or at a health care facility? If YES, provide details. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	_____				
	b. Had any test, procedure or treatment? If YES, provide details. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	_____				
	c. Been advised to have any diagnostic test, hospitalization, treatment or surgery which was not completed? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	_____				





**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 \_\_\_\_\_ (City) \_\_\_\_\_ (State) on \_\_\_\_\_ (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**

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\* A A R O S \*

**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                    |
|---|-----------------------|-----------------------|
| <b>28. STATEMENT OF AGENT REGARDING REPLACEMENT</b>   |                       |                       |
| Do you have knowledge or reason to believe that replacement of existing insurance or annuities may be involved?<br>If Yes, refer to special instructions for your state. If no special instructions, give details here. _____ | <input type="radio"/> | <input type="radio"/> |
| _____   |                       |                       |
| <b>29. UNDERWRITING REQUIREMENTS</b>  |                       |                       |
| Was the underwriting and inspection notification form # OZ06-891-07 given to applicant? . . . . .   | <input type="radio"/> | <input type="radio"/> |
| <b>30. If NON-MEDICAL, these questions MUST be answered before the application can be processed.</b>  |                       |                       |
| a. Did you see the proposed insured at time of making application? . . . . .<br>(If not, need examination)  | <input type="radio"/> | <input type="radio"/> |
| b. Do you know of any condition which the proposed insured did not indicate under Medical History? . . . . .  | <input type="radio"/> | <input type="radio"/> |
| <b>31. SETTLEMENT</b>   |                       |                       |
| a. Was full premium for mode collected and submitted with the application? . . . . .  | <input type="radio"/> | <input type="radio"/> |
| b. If so, was Conditional Receipt given to applicant? . . . . .   | <input type="radio"/> | <input type="radio"/> |
| c. Were terms of receipt explained to the applicant? . . . . .  | <input type="radio"/> | <input type="radio"/> |
| <b>32. ALL APPLICANTS</b>   |                       |                       |
| a. Previous names and dates of name changes? _____  |                       |                       |
| _____   |                       |                       |
| b. If married, how much insurance does spouse carry? _____  |                       |                       |
| _____   |                       |                       |
| <b>33. CHILD APPLICANTS (under age 15)</b>  |                       |                       |
| a. Amount of insurance on      Father _____      Mother _____   |                       |                       |
| b. Amount of insurance on brothers and sisters under age 15. _____  |                       |                       |
| _____   |                       |                       |

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**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.