

SERFF Tracking Number: CNSC-126018989 State: Arkansas
Filing Company: Washington National Insurance Company State Tracking Number: 41809
Company Tracking Number: WNIC-3019
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life
Project Name/Number: /WNIC-3019

Filing at a Glance

Company: Washington National Insurance Company

Product Name: Whole Life

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: CNSC-126018989 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 41809

Co Tr Num: WNIC-3019

State Status: Approved-Closed

Author: Janet Jones

Date Submitted: 03/12/2009

Reviewer(s): Linda Bird

Disposition Date: 03/18/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number: WNIC-3019

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/18/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/18/2009

Deemer Date:

Submitted By: Janet Jones

Filing Description:

Created By: Janet Jones

Corresponding Filing Tracking Number:

The attached forms are new and do not replace any forms currently on file with your department.

Form WNIC-3019-AR is a whole life insurance policy to age 121. The death benefit is level for the life of the contract. The premiums are level for the life of the contract, sex and tobacco distinct. There are two underwriting classes for this policy: non-tobacco and tobacco. The policy fee is \$40 per year. The available issue ages, on age last birthday basis, are 0 to 85. The minimum face amount is \$5,000. This policy may be illustrated. However, the illustration regulation does not apply since this policy only has guaranteed values.

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Form WNIC-3019APP is the application for use with Policy Form WNIC-3019-AR and other policy forms that may be filed at a later. Please note that in the future we may offer our clients the opportunity to complete applications electronically and will be accepting their signature in an electronic format.

The forms will be marketed on an individual basis by independent marketing organizations and independent producing general agents. The market for which the form is intended is for the general public.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due to printing constraints.

These forms will be effective upon your approval. This filing does not contain any controversial or unusual items from normal company or industry standards. To the best of our knowledge, attached are any necessary fees and certifications as required by your state.

Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

Sincerely,

Janet Jones, HIA, AIRC
Policy Analyst, Policy Approval and Compliance
1-800-888-4918 extension 73177
317-817-4155 fax number
janet_jones@conseco.com

Company and Contact

Filing Contact Information

Janet Jones, Janet_Jones@conseco.com
1815 N. Pennsylvania Street 800-888-4918 [Phone] 3177 [Ext]
Carmel, IN 46032 317-817-2333 [FAX]

Filing Company Information

Washington National Insurance Company CoCode: 70319 State of Domicile: Illinois
1815 N. Pennsylvania St. Group Code: 233 Company Type: Insurance
Carmel, IN 46032 Group Name: State ID Number:

SERFF Tracking Number: CNSC-126018989 State: Arkansas
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Product Name: Whole Life
Project Name/Number: /WNIC-3019

(800) 888-4918 ext. [Phone]

FEIN Number: 36-1933760

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Washington National Insurance Company	\$50.00	03/12/2009	26352796

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/18/2009	03/18/2009

SERFF Tracking Number: CNSC-126018989 *State:* Arkansas
Filing Company: Washington National Insurance Company *State Tracking Number:* 41809
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Product Name: Whole Life
Project Name/Number: /WNIC-3019

Disposition

Disposition Date: 03/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability for WNIC-3019-AR		Yes
Form	Whole Life Insurance Policy		Yes
Form	Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: WNIC-3019-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WNIC-3019-AR	Policy/Cont	Whole Life Insurance Initial ract/Fratern Policy al Certificate			52.500	WNIC-3019-AR.pdf
	WNIC-3019APP	Application/ Enrollment Form	Application for Life Insurance	Initial		50.100	WNIC-3019APP.pdf

WASHINGTON NATIONAL INSURANCE COMPANY

Chicago, Illinois
Administrative Office: [11825 N. Pennsylvania Street
Carmel, Indiana 46032-4555]
Telephone Number: [1-800-525-7662]

A STOCK COMPANY/HEREINAFTER CALLED THE COMPANY

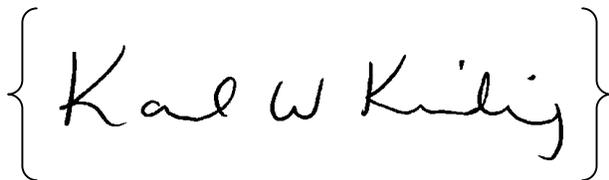
PLEASE READ YOUR POLICY CAREFULLY

This policy is a legal contract between the Owner and Washington National Insurance Company. Washington National Insurance Company agrees to pay the Proceeds of this policy to the Beneficiary upon surrender of this policy and receipt of due proof of death of the Insured, while this policy is in force, and to provide the other benefits, rights and privileges in accordance with the terms of this policy.

NOTICE OF 20 DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If You are dissatisfied for any reason, this policy can be cancelled by You by delivering or mailing the policy to Washington National Insurance Company, Administrative Office: 11825 N. Pennsylvania Street, Carmel, Indiana 46032-4555 or to the insurance agent through whom it was effected before midnight of the twentieth day after receipt of such policy by the applicant. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premiums paid, including any policy fee or other charges, will be refunded within twenty days after We receive this policy.

Signed for Washington National Insurance Company by



Secretary



President

WHOLE LIFE INSURANCE POLICY

Proceeds payable if the Insured dies while this policy is in force.
Premiums payable during the lifetime of the Insured until the Maturity Date.
This policy is nonparticipating.

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POLICY DATA PAGE

POLICY NUMBER:	[XXXXXXXXXX]	INSURED:	[JOHN D DOE]
POLICY DATE:	[FEBRUARY 1, 2009]	AGE:	[35]
MATURITY DATE:	[FEBRUARY 1, 2095]	SEX:	[MALE]
RATING CLASS:	[NON-TOBACCO]	PREMIUM MODE:	[ANNUAL]
LOAN INTEREST RATE:	[6.00%]	DEATH BENEFIT:	[\$25,000]

<u>Modal Factors:</u>		<u>*Premiums:</u>	
Annual	1.00	{	\$492.50
Semiannual	0.52		\$256.10
Quarterly	0.27		\$132.98
Monthly (EFT)	0.088		\$43.34

Premiums paid other than annually are determined by multiplying the total annual premium by the factors shown above.

*THE PREMIUMS LISTED ABOVE INCLUDE A \$40 ANNUAL POLICY FEE.

BASIS OF VALUES:

- A. Mortality: Cash Value - 2001 CSO Sex and Tobacco Distinct, Age Last Birthday, Curtate Functions
Paid-Up Insurance – 2001 CSO Sex and Tobacco Distinct, Age Last Birthday, Curtate Functions
- B. Interest: 5.00% for Cash Values and Paid-Up Insurance

POLICY/RIDER BENEFIT SCHEDULE

Form Number	Description of Benefits	Insurance Amount	Annual Premium	Coverage Ends
WNIC-3019	Whole Life Insurance	[\$25,000]	[\$492.50]	[2/01/2095]

TABLE OF VALUES

End of Policy Year	Cash Value	Paid-Up Life Insurance
1	\$0.00	\$0.00
2	\$0.00	\$0.00
3	\$100.00	\$609.00
4	\$300.00	\$1,750.00
5	\$525.00	\$2,935.00
6	\$750.00	\$4,019.00
7	\$1,000.00	\$5,139.00
8	\$1,250.00	\$6,161.00
9	\$1,500.00	\$7,093.00
10	\$1,775.00	\$8,057.00
11	\$2,050.00	\$8,934.00
12	\$2,325.00	\$9,732.00
13	\$2,600.00	\$10,455.00
14	\$2,925.00	\$11,298.00
15	\$3,225.00	\$11,966.00
16	\$3,550.00	\$12,656.00
17	\$3,900.00	\$13,363.00
18	\$4,250.00	\$14,001.00
19	\$4,600.00	\$14,577.00
20	\$4,975.00	\$15,174.00
Age 60	\$6,925.00	\$17,587.00
Age 65	\$9,100.00	\$19,532.00

The values and periods shown above are for the Death Benefit amount of this policy, based on the age of the Insured on the Policy Date, sex and rating class as stated on the Policy Data Page.

The above values do not reflect:

1. Any values provided by riders; or
2. Any policy loans.

Nonforfeiture Factor: [9.17]

DEFINITIONS

(Defined terms are capitalized throughout this policy)

ADMINISTRATIVE OFFICE. Washington National Insurance Company, 11825 N. Pennsylvania Street, Carmel, Indiana, 46032-4555. Notices, requests and premiums must be sent to the Administrative Office.

AGE AND ATTAINED AGE. Age means the Insured's Age last birthday on the Policy Date. Attained Age means the Age on the Policy Date plus the number of Policy Years elapsed since the Policy Date.

BENEFICIARY. The person or persons shown on the application, or later changed by You, to whom We will pay the Proceeds.

CASH SURRENDER VALUE. The Cash Surrender Value is Cash Value less any Indebtedness.

CASH VALUE. The amount shown on the Table of Values page for the Age, sex and rating class at issue.

DEATH BENEFIT. The amount of insurance shown on the Policy Data Page or any supplemental Policy Data Page.

INDEBTEDNESS. Indebtedness means all outstanding loans on this policy, including loan interest.

INSURED. The Insured is the person whose life is insured under this policy. The Insured is named on the Policy Data Page.

MATURITY DATE. The Maturity Date is shown on the Policy Data Page.

NONPARTICIPATING. This is a nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFY, NOTIFYING. Written requests and information We receive at Our Administrative Office, which You sign, and We accept.

OWNER(S). The Owner(s) named in the application, unless changed.

POLICY ANNIVERSARY. The same date each year as the Policy Date

POLICY DATA PAGE – The Policy Data Page or any supplemental Policy Data Page that We have most recently sent You.

POLICY DATE. This is the effective date of Your policy. This date will be used to determine Policy Years and Policy Anniversaries.

POLICY MONTH. A period beginning each month on the day of Your Policy Date and ending the next month on the day preceding the day of the Policy Date.

POLICY YEAR. One year from the Policy Date and from each Policy Anniversary.

PREMIUM MODE. The frequency You have chosen to pay premiums on this policy.

PROCEEDS. The Proceeds are the Death Benefit plus any benefits provided by rider, less any outstanding loan and loan interest.

WE, US, OUR, COMPANY. "We", "Us" or "Our" means Washington National Insurance Company (the Company).

YOU, YOUR . "You" or "Your" means the Owner(s) of this policy.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS

OWNERSHIP. This contract belongs to You. During the lifetime of the Insured, You have all rights, subject to the right of:

- (1) any assignee of record with Us;
- (2) any irrevocable Beneficiary; and
- (3) any restricted ownership.

You may make changes, including change of Owner, by Notifying Us, during the lifetime of the Insured. You must do this in writing on a form acceptable by Us. Any changes will take effect on the date We receive Notice and the change is acceptable by Us. Any change is subject to any action We take before receiving Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Insured.

BENEFICIARY. If the Insured dies while this policy is in force, the Beneficiary will receive the Proceeds provided by the policy and any rider. The Beneficiary is the person(s) or entity You name in the application(s), unless changed by later designation.

You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions except for payment of premiums and loan repayments.

Unless otherwise provided, if more than one person is named as Beneficiary, the Proceeds will be paid in equal shares to the surviving Beneficiaries as follows: (1) to the primary Beneficiaries surviving at the time of the Insured's death, otherwise; (2) to the contingent Beneficiaries surviving at the time of the Insured's death, otherwise; (3) to the Owner, or the Owner's estate.

If the Beneficiary is "children," this means children born to or legally adopted by the Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age majority.

OWNER AND BENEFICIARY CHANGE. You may change the Owner and the Beneficiary at any time during the lifetime of the Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us.

The change will take effect following receipt in Our Administrative Office. The change will not apply to any payments made or actions taken by Us before We receive the Notice.

SIMULTANEOUS DEATH – If any Beneficiary dies within 15 days after the death of the Insured, the Proceeds will be paid as if the Beneficiary died before such Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

ASSIGNMENT. You can assign this policy. No assignment will be binding on Us unless it is in writing and received by Us at Our Administrative Office. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or action We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum. Any debt owed to Us, will be deducted prior to payment made to the assignee. The rights of the Beneficiary and Owner are subject to the rights of any assignee.

PREMIUM, GRACE PERIOD AND REINSTATEMENT PROVISIONS

PREMIUM PAYMENT. Premiums are payable in advance beginning on the Policy Date and at the premium mode shown on the Policy Data Page. You may pay Your premiums annually, semi-annually, quarterly or monthly, or on any other frequency approved by Us. Monthly mode is only available through Electronic Funds Transfer (EFT). You may change the frequency of premium payments by Notifying Us. The amount payable for the premium mode chosen equals the annual premium shown on the Policy Data Page multiplied by the applicable modal factor also shown on the Policy Data Page.

PREMIUMS – WHERE PAYABLE. Premiums must be paid in a form acceptable to the Company. Any check should be payable only to the Company and not to any representative. After the first premium, all premiums are to be paid to Us at Our Administrative Office. Receipts will be given upon request.

POLICY FEE. This policy has an annual policy fee. The amount of this policy fee is shown on the Policy Data Page and included in Your premium payment.

GRACE PERIOD. We will allow You 31 days from the premium due date to pay each premium after the first premium. This period is called the grace period. This policy will stay in force during this grace period. If We do not receive Your premium payment prior to the end of the grace period, this policy will terminate if no Cash Value exists on the day after the grace period ends. If Cash Value exists on the day after the grace period ends, this policy could continue under one of the nonforfeiture options.

If the Insured dies during the grace period, We will pay the Death Benefit under the terms of this policy, but We will deduct from it the premium needed to cover the period from the beginning of the grace period to the end of the Policy Month in which the Insured died.

AUTOMATIC PREMIUM LOAN. This option can be chosen by Notifying Us before the policy terminates for nonpayment of premium. If You choose this option and a premium remains unpaid at the end of its grace period, We will make a policy loan, to pay the premium as of its due date. However, We will only do this if the maximum policy loan available exceeds the full amount of the unpaid premium.

If the maximum policy loan available is less than the full amount of the unpaid premium, We will continue coverage under a nonforfeiture benefit.

This option is not effective if You have sent written Notice to cancel it.

REINSTATEMENT. If the premium is not paid by the end of the grace period, We will allow the policy to be put back in force, subject to the following:

- (1) Your request in writing;
- (2) evidence of insurability satisfactory to Us;
- (3) payment to Us of all overdue premiums with 6% interest compounded annually to the date the policy is reinstated.
- (4) pay or reinstate any Indebtedness, plus 6% interest per year compounded annually from the date of lapse to the date the policy is reinstated.
- (5) reinstatement of the policy within 5 years of the due date of the first unpaid premium.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

When this policy is reinstated, a new two-year contestable period will apply with respect to statements made in the application for reinstatement. This policy may not be reinstated if it has been surrendered.

RESERVE BASIS. The reserves for this policy are equal to or greater than those required by law. A detailed statement of the method of computing reserves has been filed with the insurance supervisory official of the state in which this policy is delivered.

DEATH OF INSURED PROVISIONS

DEATH BENEFIT. We will pay the Death Benefit of this policy to the Beneficiary after We receive due proof that the Insured died while this policy was in force.

This policy is intended to comply with the Cash Value Accumulation Test under Section 7702 of the Internal Revenue Code of 1986, as amended.

AMOUNT AND PAYMENT OF PROCEEDS. If the Insured dies while this policy is in force, We will pay the Proceeds to the Beneficiary. The Proceeds are the sum of:

- (1) the Death Benefit then in force, plus
- (2) any insurance on the Insured provided by benefit riders; plus
- (3) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- (4) any unpaid premium if death occurs during the grace period; and less
- (5) any outstanding Indebtedness.

Proceeds will be paid in one sum to the Beneficiary unless a payment option is elected as provided by the policy. We will pay the Proceeds to the Beneficiary upon receipt of proof that the Insured died while this policy was in force. If Proceeds are not paid within thirty (30) days after We receive due proof of death and proper written claim, We will pay interest on the Proceeds at the rate of eight percent (8%) per year from the date of death until the date the claim is paid.

MATURITY. If the Insured is still alive on the date coverage ends as shown on the Policy Data Page, the Death Benefit, less any Indebtedness, will be paid to You, and the coverage under this policy will terminate. No further benefits will be payable under this policy.

SURRENDER BENEFITS PROVISIONS

SURRENDER OF POLICY. While this policy is in force, You may surrender this policy for its Cash Surrender Value by sending Us a written request and the policy. The date of surrender will be the date We receive such request and policy or later if indicated. All coverage under this policy will end on such date. The Cash Surrender Value will be determined from the date of surrender. However, if the policy is surrendered within 30 days after the due date of an unpaid premium, the Cash Surrender Value will not be less than the value on that premium due date.

NONFORFEITURE OPTIONS. If this policy terminates as provided in the grace period provision and the policy has Cash Surrender Value, one of the following options may be chosen by Notifying Us. Such request must be made within 60 days after the due date of an unpaid premium and before the Insured's death. The options available are:

- (1) **Paid-Up Insurance:** Under this option, We will provide a paid-up insurance benefit payable upon the death of the Insured. The amount of coverage will be that which the Cash Surrender Value will provide when applied as a net single premium at the Insured's sex and rating class on the Policy Data Page and Attained Age on the due date of the unpaid premium.
- (2) **Cash Surrender:** This policy ends and is surrendered in accordance with the surrender provision stated above.

SURRENDER BENEFITS PROVISIONS

AUTOMATIC OPTION. If no option is chosen within 60 days of the due date of the unpaid premium, the automatic option will be the paid-up insurance option.

SURRENDER OF PAID-UP INSURANCE. Paid-up insurance may be surrendered for a Cash Surrender Value. The Cash Value of the paid-up insurance will be the net single premium at the Attained Age of the Insured on the surrender date. If the insurance is surrendered within 30 days after a Policy Anniversary, the Cash Surrender Value will not be less than that on that anniversary. The date of surrender will be the date We receive the written request for surrender at Our Administrative Office. We may request the policy be sent with Your request.

DEFERMENT. We may delay paying any values for up to six months from the date of surrender. If We delay for 30 days or more, interest will be paid on such value at the legal rate of interest or any higher rate We declare.

BASIS OF VALUES. The mortality and interest bases of the guaranteed Cash Values and paid-up insurance are shown on the Policy Data Page.

The method used to determine guaranteed Cash Values for each Policy Anniversary beyond those listed in the Table of Values page is the present value of future benefits less the present value of future nonforfeiture factor premiums. The nonforfeiture factor premium per \$1,000 is shown on the Table of Values page.

The method used to determine guaranteed paid-up values for each Policy Anniversary beyond those listed in the Table of Values page is the amount of insurance that could be purchased by a single premium equivalent to the Cash Surrender Value at that time.

All policy values equal or exceed those required by the state in which this policy is delivered. A detailed statement of the method of computing these values has been filed with the insurance supervisory official of the state in which this policy is delivered.

LOANS

POLICY LOAN. You may request a loan at any time while this policy is in force. This policy is assigned to Us as sole security for the loan.

LOAN AMOUNT AVAILABLE. The maximum amount of a new loan is equal to the Cash Surrender Value.

LOAN INTEREST. Interest will accrue daily and is due at the end of each Policy Year. Interest not paid when due will be added to the amount of Your loan. It will be added as of the due date and will itself bear interest at the same rate as the loan.

LOAN INTEREST – Loan interest will accrue daily from the date of each loan to the next Policy Anniversary date. Loan interest is payable in arrears at the end of each Policy Year. If interest is not paid when due, the amount of the interest will be added to the loan and bear interest on the same terms as the loan. The maximum Indebtedness under the policy is that amount which, with interest to the next Policy Anniversary date, will equal the Cash Surrender Value as of the next Policy Anniversary date. Loans secured by this policy will bear interest at the rate shown on the Policy Data Page.

LOAN REPAYMENT. Any outstanding loans and loan interest may be repaid at any time before the Insured's death or within 60 days after the Insured's death if:

- (1) the Proceeds of the policy have not been paid in cash or applied under a payment option; and
- (2) the policy is in full force with no premium in default or is in force as paid-up insurance.

LOANS

TERMINATION OF POLICY. This policy will terminate if all outstanding loans and loan interest exceed the Cash Value.

At least 31 days before the policy terminates, We will send a notice of Our intention to terminate the policy. Notice will be mailed to the last known addresses of the Owner and any assignee of record.

DEFERMENT. We may defer making a loan for not more than six months after application for the loan is made unless the loan is to pay premiums on policies with Us.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT. The entire contract consists of this policy, the attached application, any supplemental applications and any riders or endorsements attached to this policy. All statements in the application will be representations and not warranties. No statement will be used to void this policy, or to contest a claim under it, unless it appears in the application.

MODIFICATION OF POLICY. Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of this policy and then only in writing. No agent, broker, or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY. Except in the case of fraud or for nonpayment of any required premium, this policy may not be contested after it has been in force during the lifetime of the Insured for two years from the Policy Date or the effective date of reinstatement. If the Insured dies during the contestable period, We may investigate the circumstances surrounding the original application and/or any application for reinstatement. A reinstated policy may be contested only with respect to material misstatements made in the application for reinstatement.

CHOICE OF LAW. This insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Insured, exclusive of such state's choice of laws provisions.

SUICIDE. If the Insured dies by suicide, while sane or insane, within two years from the Policy Date We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid, less any loan and loan interest.

MISSTATEMENT OF AGE AND/OR SEX. If the Insured's Age and/or sex is misstated in the application, the Death Benefit will be adjusted. The adjusted amount will be the Death Benefit the premium paid would have provided based on the Insured's correct Age and/or sex. The Age shown on the Policy Data Page is the Insured's Age as of the Policy Date.

TERMINATION. This policy and its attached riders, if any, will terminate when any one of the following events occurs:

- (1) You request that coverage terminates;
- (2) upon the death of the Insured;
- (3) the policy matures;
- (4) at the expiration of the grace period, unless the Cash Surrender Value can be used to keep this policy in force;
- (5) the Indebtedness equals or exceeds the Cash Value.

SETTLEMENT OPTIONS PROVISIONS

ELECTION OF OPTIONS. Any amount payable at the death of the Insured or any other termination of this policy will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent.

Any election must be made in writing to Us. We may require the policy for endorsement.

ELECTION BY OWNER. During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the payment options in this policy.

ELECTION BY BENEFICIARY. At the time Proceeds are payable to the Beneficiary, the Beneficiary may elect one of the payment options if Proceeds are available to the Beneficiary in a lump sum. The Beneficiary has 12 months after payment becomes due to elect one of the following options.

PAYMENTS. Payments will be made monthly unless otherwise elected.

We have the right to change the frequency of payments in order to make a periodic payment of at least \$25.00.

The option date under Options 1, 2 and 3 is the date the Proceeds are payable or the date of election, whichever is later. Interest under Option 4 will accrue from such date.

Under Option 3, proof of the age of the payee will be required at the time the first payment is due. We reserve the right to require proof that the payee is alive at the time of each payment.

CHANGE IN PAYMENTS. Partial withdrawal under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with Our consent. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at the interest rate used to calculate such payment.

Payments under Option 3 will be commuted only in the event the of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at the interest rate used to calculate such payment.

WITHDRAWAL. The minimum Proceeds that may be applied under Option 4 is \$1,000. The minimum Proceeds that may remain after a withdrawal under Option 4 is \$1,000. The minimum amount that may be withdrawn is \$1,000. Proceeds less than this amount will be paid in a lump sum to the payee.

We may postpone payment of any amount to be withdrawn for not more than six months from the date the Notice for withdrawal is received by Us at Our Administrative Office.

ASSIGNMENT. The Proceeds payable under one of these options may not be assigned.

ADDITIONAL INTEREST. Additional interest, if any, paid over the guaranteed 2% will be in an amount and by a method determined by Us.

BASIS OF VALUES. Minimum income rates are based on the 2000 Individual Annuity Mortality Table, age last birthday. Interest is assumed at the rate of 2% per year.

OPTION 1. EQUAL PAYMENTS FOR A GUARANTEED PERIOD. Equal monthly payments for the number of years elected, not to exceed 25 years. Payment will begin on the option date.

Guaranteed Minimum Payment for each \$1,000 of net Proceeds

Guaranteed Interest Rate: 2.00%

OPTION 1 – FIXED PERIOD PAYMENTS

ANNUAL YEARS	ANNUAL	SEMI ANNUAL	QUARTERLY	MONTHLY
1	\$1,000.00	\$502.48	\$251.86	\$84.09
2	504.95	253.73	127.18	42.46
3	339.96	170.82	85.62	28.59
4	257.47	129.37	64.85	21.65
5	208.00	104.51	52.39	17.49
6	175.03	87.95	44.08	14.72
7	151.48	76.12	38.15	12.74
8	133.83	67.25	33.71	11.25
9	120.11	60.35	30.25	10.10
10	109.14	54.84	27.49	9.18
11	100.17	50.34	25.23	8.42
12	92.71	46.58	23.35	7.80
13	86.39	43.41	21.76	7.26
14	80.98	40.69	20.40	6.81
15	76.30	38.34	19.22	6.42
16	72.21	36.28	18.19	6.07
17	68.60	34.47	17.28	5.77
18	65.39	32.86	16.47	5.50
19	62.53	31.42	15.75	5.26
20	59.96	30.13	15.10	5.04
21	57.63	28.96	14.52	4.85
22	55.52	27.90	13.98	4.67
23	53.60	26.93	13.50	4.51
24	51.83	26.05	13.05	4.36
25	50.22	25.23	12.65	4.22

OPTION 2. EQUAL PAYMENTS OF A SPECIFIED AMOUNT. Equal monthly payments of at least \$4.22 per month for each \$1,000 of Proceeds. Payments will begin on the option date and will continue until the Proceeds and interest at the rate of 2.00% compounded annually are exhausted.

OPTION 3. EQUAL PAYMENTS FOR LIFE. Equal monthly payments for a guaranteed period of 10, 15, or 20 years as elected and for life thereafter as shown in the following Table. Amount of each monthly installment per \$1,000 net Proceeds. Amounts based on the 2000 IAM Table Age last birthday and an annual interest rate of 2%.

**OPTION 3
MALE**

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$2.34	\$2.34	\$2.34	52	\$3.66	\$3.62	\$3.55
19	2.36	2.36	2.36	53	3.74	3.69	3.61
20	2.38	2.38	2.38	54	3.82	3.76	3.67
21	2.40	2.40	2.40	55	3.90	3.84	3.74
22	2.42	2.42	2.42	56	3.99	3.92	3.80
23	2.44	2.44	2.44	57	4.08	4.00	3.87
24	2.47	2.46	2.46	58	4.18	4.08	3.94
25	2.49	2.49	2.48	59	4.28	4.17	4.00
26	2.51	2.51	2.51	60	4.39	4.26	4.07
27	2.54	2.53	2.53	61	4.50	4.36	4.14
28	2.56	2.56	2.56	62	4.62	4.46	4.21
29	2.59	2.59	2.58	63	4.75	4.56	4.28
30	2.62	2.62	2.61	64	4.88	4.66	4.35
31	2.65	2.64	2.64	65	5.02	4.76	4.41
32	2.68	2.67	2.67	66	5.16	4.87	4.48
33	2.71	2.71	2.70	67	5.31	4.97	4.54
34	2.74	2.74	2.73	68	5.46	5.08	4.60
35	2.78	2.77	2.76	69	5.62	5.18	4.65
36	2.81	2.81	2.80	70	5.79	5.29	4.70
37	2.85	2.85	2.83	71	5.95	5.39	4.75
38	2.89	2.88	2.87	72	6.13	5.49	4.79
39	2.93	2.92	2.91	73	6.30	5.58	4.83
40	2.98	2.97	2.95	74	6.48	5.67	4.87
41	3.02	3.01	2.99	75	6.66	5.76	4.90
42	3.07	3.05	3.03	76	6.84	5.84	4.92
43	3.12	3.10	3.08	77	7.02	5.92	4.95
44	3.17	3.15	3.12	78	7.20	5.99	4.97
45	3.22	3.20	3.17	79	7.37	6.05	4.98
46	3.28	3.25	3.22	80	7.54	6.11	5.00
47	3.33	3.31	3.27	81	7.71	6.16	5.01
48	3.39	3.37	3.32	82	7.87	6.20	5.02
49	3.46	3.42	3.38	83	8.01	6.24	5.02
50	3.52	3.49	3.43	84	8.16	6.28	5.03
51	3.59	3.55	3.49	85	8.29	6.31	5.03

**OPTION 3
FEMALE**

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$2.27	\$2.27	\$2.26	52	\$3.41	\$3.38	\$3.35
19	2.28	2.28	2.28	53	3.47	3.45	3.40
20	2.30	2.30	2.30	54	3.54	3.51	3.46
21	2.32	2.32	2.31	55	3.62	3.58	3.53
22	2.34	2.33	2.33	56	3.69	3.65	3.59
23	2.35	2.35	2.35	57	3.77	3.73	3.66
24	2.37	2.37	2.37	58	3.86	3.81	3.72
25	2.39	2.39	2.39	59	3.95	3.89	3.79
26	2.42	2.41	2.41	60	4.04	3.98	3.87
27	2.44	2.44	2.43	61	4.14	4.07	3.94
28	2.46	2.46	2.46	62	4.25	4.16	4.01
29	2.48	2.48	2.48	63	4.36	4.26	4.09
30	2.51	2.51	2.50	64	4.48	4.36	4.16
31	2.53	2.53	2.53	65	4.60	4.46	4.24
32	2.56	2.56	2.55	66	4.74	4.57	4.31
33	2.59	2.58	2.58	67	4.87	4.68	4.39
34	2.62	2.61	2.61	68	5.02	4.79	4.46
35	2.65	2.64	2.64	69	5.17	4.91	4.53
36	2.68	2.67	2.67	70	5.34	5.03	4.59
37	2.71	2.70	2.70	71	5.51	5.14	4.65
38	2.74	2.74	2.73	72	5.68	5.26	4.71
39	2.78	2.77	2.76	73	5.87	5.37	4.76
40	2.81	2.81	2.80	74	6.06	5.49	4.81
41	2.85	2.85	2.84	75	6.25	5.59	4.85
42	2.89	2.89	2.87	76	6.46	5.70	4.88
43	2.93	2.93	2.91	77	6.66	5.79	4.92
44	2.98	2.97	2.95	78	6.86	5.88	4.94
45	3.02	3.01	3.00	79	7.07	5.96	4.96
46	3.07	3.06	3.04	80	7.27	6.03	4.98
47	3.12	3.11	3.09	81	7.47	6.10	5.00
48	3.17	3.16	3.14	82	7.66	6.16	5.01
49	3.23	3.21	3.19	83	7.84	6.21	5.02
50	3.28	3.27	3.24	84	8.00	6.25	5.03
51	3.34	3.32	3.29	85	8.16	6.28	5.03

OPTION 4. PROCEEDS LEFT AT INTEREST

The Proceeds may be left with Us for a period of 1 to 25 years. Interest on the Proceeds will be paid at the rate of 2% compounded annually. The interest may be left with Us to accumulate or be paid at the following rate for each \$1,000 of net Proceeds.

1. Annually \$ 20.00
2. Semiannually \$ 9.95
3. Quarterly \$ 4.96
4. Monthly \$ 1.65

The payee may withdraw portions of the Proceeds by Notifying Us. At the end of the specified period, any remaining Proceeds with accrued interest will be paid in one sum.

WASHINGTON NATIONAL INSURANCE COMPANY

Chicago, Illinois

Administrative Office: [11825 N. Pennsylvania Street

Carmel, Indiana 46032-4555]

Telephone Number: [1-800-525-7662]

WHOLE LIFE INSURANCE POLICY

Proceeds payable if the Insured dies while this policy is in force.

Premiums payable during the lifetime of the Insured until the Maturity Date.

This policy is nonparticipating.

APPLICATION FOR LIFE INSURANCE

Washington National Insurance Company

Administrative Office: 11825 N. Pennsylvania Street, Carmel, IN 46032

Toll Free Telephone Number: 1-800-525-7662



CONSECO.

SECTION 1 – PROPOSED INSURED						
First Name	MI	Last Name (indicate if hyphenated name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Ht. Wt.	
Address			City, State, Zip Code			
Date of Birth (Mo/Day/Yr)	Place of Birth (State or Country)		Area Code & Telephone No.	Have you used tobacco in any form, in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 2 – BENEFICIARY DESIGNATION						
Primary Beneficiary:			Relationship:			
Contingent Beneficiary:			Relationship:			
SECTION 3 – OWNER OF POLICY IF OTHER THAN PROPOSED INSURED						
First Name	MI	Last Name (indicate if hyphenated name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No. or Tax ID No.		
Address		City, State, Zip Code		Relationship to Insured		
SECTION 4 – POLICY APPLIED FOR / PREMIUM PAYMENTS – METHOD AND FREQUENCY						
Plan of Insurance: _____			Premium Mode: <input type="checkbox"/> Annual; <input type="checkbox"/> Semi Annual; <input type="checkbox"/> Quarterly; <input type="checkbox"/> Monthly/EFT			
Amount of Insurance: \$ _____			Payment with Application \$ _____			
SECTION 5 – MEDICAL QUESTIONS					Yes No	
1. Is the proposed insured currently (1) using assistance to perform 2 or more daily activities such as washing, dressing transferring, walking, toileting or eating; (2) using a wheelchair or oxygen to assist breathing; (3) undergoing an evaluation or diagnostic testing; or (4) confined to a hospital, rest home, or nursing facility?					<input type="checkbox"/> <input type="checkbox"/>	
2. In the past 2 years has the proposed insured, been diagnosed by a member of the medical profession with or received treatment for; (1) chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis; (2) chronic liver disease, cirrhosis of the liver, or chronic kidney disease (not including kidney stones); (3) heart attack (myocardial infarction), congestive heart failure, angina, embolism (blood clots), required the use of a heart defibrillator, or had any heart procedure to improve coronary circulation?					<input type="checkbox"/> <input type="checkbox"/>	
3. Has the proposed insured ever been treated or diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for antibodies to Human Immunodeficiency Virus (HIV)?					<input type="checkbox"/> <input type="checkbox"/>	
4. In the past 3 years, has the proposed insured received medical care for any birth defect or mental abnormality which requires periodic medical care, or been advised to have any surgery, which has not been performed?					<input type="checkbox"/> <input type="checkbox"/>	
5. In the past 5 years, has the proposed insured, been diagnosed by a member of the medical profession with, or received treatment for; (1) multiple strokes, heart valve disease requiring surgery, Alzheimer's disease or dementia, (2) diabetes mellitus diagnosed prior to age 40 and treated with insulin; (3) immune system disorder (excluding HIV); (4) Alcohol or drug abuse, or has such treatment been recommended; (5) mental or nervous system disorder for which inpatient treatment or confinement in an institution was recommended or completed?					<input type="checkbox"/> <input type="checkbox"/>	
6. In the past 7 years, has the proposed insured (1) had an organ transplant (excluding cornea) or (2) been diagnosed by a member of the medical profession with, or received treatment for internal cancer, malignant melanoma, leukemia, Hodgkin's disease, myeloma, sarcoma or lymphoma?					<input type="checkbox"/> <input type="checkbox"/>	
7. Has the proposed insured taken any prescription medication in the last 12 months? If yes, please provide details.					<input type="checkbox"/> <input type="checkbox"/>	
Doctor's Name		Current Medication		Dosage		Reason for Taking

8. REMARKS – Provide details to “yes” answers for Section 5 Questions 1 – 6 in space provided below.	
Question Number	Details (include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals, and medical facilities.)

SECTION 6 – REPLACEMENT

Is the coverage applied for intended to replace any existing life insurance or annuity with this or any other company? Yes No
 If “Yes”, give name of company and policy number:

SECTION 7 – SPECIAL REQUESTS

SECTION 8 – FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

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

DC RESIDENTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

VI RESIDENTS: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may be guilty of insurance fraud.

SECTION 9 – DECLARATIONS AND AUTHORIZATION

I represent that all statements and answers made in all parts of this application are full, complete and true. It is understood and agreed that:

(1) All such statements and answers shall be the basis for and become a part of any policy issued as a result of this application. (2) No agent, producer, broker nor examiner has the authority to accept risks, to make or change contracts or to waive any of the Company’s rights or requirements. (3) **As a condition precedent to the policy taking effect, the person to be covered under the policy must be alive and in the same condition of health as described in this application when the policy is delivered to the Owner and the full first premium must be paid. Although the policy would not be in effect, if a Conditional Receipt has been signed by the Proposed Insured and the full first premium has been paid, coverage may be provided, subject to all the terms and conditions of the Conditional Receipt.** (4) Acceptance of a policy by the Owner shall constitute ratification of any changes made by the Company.

I understand that Washington National Insurance Company (hereinafter, collectively “Company”), affiliates of the Company, its reinsurers, any insurance support organizations, and those persons authorized to represent them may need to collect information on me in regard to proposed coverage. Therefore, I authorize any: (1) life insurer; (2) reinsurer; (3) insurance support organizations, including MIB (Medical Information Bureau); (4) financial source; (5) employer and other like sources, to give the types of information listed below when this Authorization is presented.

The types of information may include my: (1) mental and physical health; (2) other insurance coverage; (3) hazardous activities; (4) character; (5) general reputation; (6) mode of living; (7) finances; (8) vocation; (9) Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); (10) drug and alcohol treatments; (11) other personal information; (12) government records, such as motor vehicle record and (13) prescription drug records and related information. **A separate HIPAA compliant authorization is needed to authorize release of information from health care providers and related facilities.**

The Company and its reinsurers will use the information in order to determine whether I am insurable pursuant to the Company’s underwriting standards. The insurance agent, producer, or broker may also use the information to help update and improve my insurance program. Those parties authorized above, excluding insurance support organizations, may disclose the information that they have collected. They may disclose this information to: (1) other insurers to which I have applied or may apply for insurance; (2) reinsurers; (3) the Medical Information Bureau; or (4) other persons who perform business, professional, or insurance tasks for them. They may also disclose information according to any contract with a member company or organization. Information may also be disclosed as allowed by law. This Authorization will be valid for 24 months after the date of signing and cannot be revoked.

A copy of this Authorization shall be as valid as the original. I understand I have a right to receive a copy of this Authorization. I acknowledge receipt of a copy of the "Notice of Information Practices," which includes pre-notification information relating to investigative consumer reports and the Medical Information Bureau, Inc.

Soliciting Agent Statement:

Will there be any replacement, as defined by any regulation of the state in which this application is taken? (If "YES", fulfill all state requirements.) Yes No

ALL CHECKS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY; DO NOT MAKE CHECK PAYABLE TO AGENT.

Signed at _____ on _____
City and State Month, Day, Year

Sign Full Legal Name

X _____
Signature of Proposed Insured
(or Parent/Guardian if Proposed Insured is a minor)

X _____
Signature of Applicant/Owner
(If other than the Proposed Insured)

X _____
Signature of Witness

X _____
Print Name of Witness

X _____
Agent Signature

X _____
Print Agent Name

Agent Number (Company Number)

State License Number

SERFF Tracking Number: CNSC-126018989 State: Arkansas
 Filing Company: Washington National Insurance Company State Tracking Number: 41809
 Company Tracking Number: WNIC-3019
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life
 Project Name/Number: /WNIC-3019

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		

Comments:

We are in compliance with:

Rule 19

Rule 49 - the Guaranty Notice is given to the Policyholder

Flesch Readability

Consumer Information Notice - is given to the Policyholder

Attachments:

Certification Rule 19.pdf

AR Guaranty Notice.pdf

READABILITY CERTIFICATION.pdf

WNIC-CN-AR.pdf

	Item Status:	Status Date:
Bypassed - Item: Application		

Bypass Reason: A new application is being filed to be used with this policy. The application is attached to the

Forms Schedule tab.

Comments:

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability for WNIC-3019-AR		

Comments:

Attachment:

Statement of Variability--WNIC-3019-AR.pdf

WASHINGTON NATIONAL INSURANCE COMPANY

Arkansas Certification for Compliance

With Rule and Regulation 19

RE: Washington National Insurance Company
WNIC-3019-AR –Flexible Premium Adjustable Life Insurance Policy
WNIC-3019APP – Application for Life Insurance

I, Mariann Dobbs, an authorized officer for the company, do hereby certify that the form(s) identified above are in compliance with Arkansas Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance.

Mariann Dobbs

Mariann Dobbs
Assistant Secretary

3/11/2009

DATE

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

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

DISCLAIMER

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

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

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

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

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

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

(Please turn to back of page)

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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

READABILITY CERTIFICATION

Company Name: Washington National Insurance Company

NAIC Number: 233-70319

As an officer of Washington National Insurance Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
52.5	WNIC-3019-AR	Whole Life Insurance Policy
50.1	WNIC-3019APP	Application for Life Insurance

Mariann Dobbs

Mariann Dobbs
Assistant Secretary

3/11/2009

DATE

IMPORTANT NOTICE

Should you have any questions concerning this policy, you may direct your question to:

1. If to the Company,

Washington National Insurance Company
11815 N. Pennsylvania St.
Carmel, Indiana 46032-4555
Telephone: 1-800-940-1843

2. If to your licensed representative:

Name: _____

Address: _____

Telephone: _____

3. If to the Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
Telephone: 1-501-371-2640
1-800-852-5494

WASHINGTON NATIONAL INSURANCE COMPANY

**STATEMENT OF VARIABILITY
FORM WNIC-3019-AR - WHOLE LIFE INSURANCE POLICY**

Policy form WNIC-3019-AR is a Whole Life Insurance To Age 121 to be issued by Conseco Insurance Company. The language that is bracketed in the attached policy is intended to be illustrative and variable, and may be modified by Conseco Insurance Company on a non-discriminatory basis as described below.

Page	Bracketed Provision or Information	Possible Variations
Face page	Company address and telephone number.	Address and toll-free number are bracketed, as they could change in the future.
Face page	Officer's signatures	Signatures are bracketed, as they could change in the future.
Page 3	Policy Number	This information is bracketed, as it will be specific to the Policy issued.
Page 3	Insured	This information is bracketed, as it will be specific to the Policy issued
Page 3	Policy Date	This information is bracketed, as it will be specific to the Policy issued
Page 3	Age	This information is bracketed, as it will be specific to the Policy issued
Page 3	Maturity Date	This information is bracketed, as it will be specific to the Policy issued. The Maturity Date will be the Policy Anniversary date coinciding with or next following the Insured's attained age 121..
Page 3	Insured's Sex	This information is bracketed, as it will be specific to the Policy issued
Page 3	Rating Class	This information is bracketed, as it will be specific to the Policy issued. There are two risk classification: non-tobacco and tobacco
Page 3	Premium Mode	This information is bracketed, as it will be specific to the Policy issued
Page 3	Loan Interest Rate Annually Payable in Arrears	Minimum 3% - Maximum 8% - The loan interest rate the policy is issued with is the one that the policy owner will have throughout the length of the policy.
Page 3	Death Benefit	This information is bracketed, as it will be specific to the Policy issued. Minimum Face Amount: \$5,000 Maximum Face Amount: Subject to underwriting
Page 3	Premiums	This information is bracketed, as it will be specific to the Policy issued.

Page	Bracketed Provision or Information	Possible Variations
Page 3	Policy /Rider Benefit Schedule – Description of Benefits, Insurance Amount, Annual Premium and Coverage Ends	This information is bracketed, as it will be specific to the Policy issued
Page 4	Table of Values	This information is bracketed, as it will be specific to the Policy issued. The values and periods shown above are for the death benefit amount of this policy, based on the age of the Insured on the Policy Date, sex and rating class.