

SERFF Tracking Number: ANTX-126109108 State: Arkansas
 Filing Company: American National Life Insurance Company of Texas State Tracking Number: 42088
 Company Tracking Number:
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: Term Life
 Project Name/Number: Term Life/

Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: Term Life SERFF Tr Num: ANTX-126109108 State: Arkansas
 TOI: L04G Group Life - Term SERFF Status: Closed-Approved- Closed State Tr Num: 42088
 Sub-TOI: L04G.500 Other Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Deborah Biediger Disposition Date: 04/15/2009
 Date Submitted: 04/09/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Term Life Status of Filing in Domicile: Authorized
 Project Number: Date Approved in Domicile: 12/29/2008
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Overall Rate Impact: Group Market Type: Association
 Filing Status Changed: 04/15/2009 Explanation for Other Group Market Type:
 Deemer Date: State Status Changed: 04/15/2009
 Submitted By: Deborah Biediger Created By: Deborah Biediger
 Filing Description: Corresponding Filing Tracking Number:
 Decreasing Term Life product to be offered for sale in conjunction with the group association health product pending review by the Department under SERFF No. ANTX-125832917
 The two products share the same enrollment applications that are filed under SERFF No. ANTX-125832917.

The Policy, ANL-DT08-P is issued to the NCAA, the association, as the Policyholder. Certificates are issued to members of the association who purchase the policy.

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Company and Contact

Filing Contact Information

Deborah Biediger, Compliance Analyst deborah.biediger@anico.com
 One Moody Plaza SSH MP, Ste. 200 281-538-4838 [Phone]
 Galveston, TX 77550 409-766-2024 [FAX]

Filing Company Information

American National Life Insurance Company of Texas CoCode: 71773 State of Domicile: Texas
 One Moody Plaza 17th Floor Group Code: -99 Company Type: Health Insurance
 Galveston, TX 77550 Group Name: State ID Number:
 (409) 621-7779 ext. [Phone] FEIN Number: 75-1016594

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Flat \$100.00 for entire filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of Texas	\$100.00	04/09/2009	27078443

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Product Name: Term Life
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/15/2009	04/15/2009

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Company Tracking Number:
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Term Life
Project Name/Number: Term Life/

Disposition

Disposition Date: 04/15/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ANTX-126109108 State: Arkansas

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Company Tracking Number:

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: Term Life

Project Name/Number: Term Life/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	NCAA Documents		Yes
Supporting Document	Policy		Yes
Form	Certificate		Yes
Form	Consumer Information Notice		Yes

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 Product Name: Term Life
 Project Name/Number: Term Life/

Form Schedule

Lead Form Number: ANL-DT08-P

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ANL-DT08-C	Certificate	Certificate	Initial			ANL-DT08-C.pdf
	ANL-CIN (AR)	Certificate	Consumer Information Notice	Other	Other Explanation: pending review under ANTX-125832917		CONSUMER INFORMATION NOTICE.pdf
		Amendmen	t, Insert				
		Page,	Endorseme				
		nt or Rider					

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

A Stock Life Insurance Company
**HOME OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS 77550**

CERTIFICATE

We pay benefits in accordance with all the terms and conditions of the Group Policy upon receipt at our Home Office of due proof of a Covered Person's death.

This Certificate is not the contract of insurance; however it provides evidence of coverage under the Group Policy. **READ IT CAREFULLY.**

IMPORTANT NOTICE CONCERNING STATEMENTS IN YOUR ENROLLMENT APPLICATION - You should read Your Enrollment Application and all documents attached to this Certificate. **Omissions or misstatements in the Enrollment Application or any attached documents may cause Us to deny an otherwise valid claim or rescind coverage.** Carefully check all documents. You must advise Our Underwriting Department in writing within 10 days of receipt of this Certificate if You determine that any information or medical history is incomplete, incorrect, or has changed since the date of Your Enrollment Application.

Your Enrollment Application and all attached documents are part of the Group Policy. We provide coverage described in the Group Policy on the basis that all of the answers to the questions and all the material information contained in the documents are correct and complete. No agent or employee, except an officer of the Company, has the authority to waive any of the requirements in the documents or waive any of the provisions of the Group Policy.

We do not provide coverage until we have approved Your Enrollment Application and Your Initial Premium has been paid. The Initial Premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 A.M., local time, at Your residence on Your Certificate Date. Coverage is continued in accordance with all of the provisions of the Group Policy.

10 DAY RIGHT TO EXAMINE THIS CERTIFICATE – You may return This Certificate to Us for any reason within 10 days after You receive it. You may bring it in person or mail it to Us. At the time You return This Certificate, coverage under the Group Policy is void from the beginning. We will refund any premium paid.

PREMIUMS ARE SUBJECT TO CHANGE - Please refer to the section titled **PREMIUMS**.

THE GROUP POLICY – You may review the Group Policy during usual business hours at the Group Policyholder's office.



SECRETARY



PRESIDENT

**GROUP DECREASING TERM LIFE INSURANCE
NO DIVIDENDS. PREMIUMS SUBJECT TO CHANGE.**

CERTIFICATE SCHEDULE

SCHEDULE OF LIFE INSURANCE BENEFITS

YOUR ATTAINED AGE	YOUR DEATH BENEFIT	YOUR SPOUSE'S DEATH BENEFIT*
0 – 29	\$50,000	\$10,000
30 – 34	\$40,000	\$10,000
35 – 39	\$30,000	\$10,000
40 – 44	\$20,000	\$10,000
45 – 49	\$15,000	\$7,500
50 – 54	\$10,000	\$5,000
55- 59	\$7,500	\$3,750
60 - 69	\$5,000	\$2,500
69+	-0_	-0-

CHILD'S ATTAINED AGE AT DEATH

0 – 14 DAYS
15 DAYS – 6 MONTHS
OVER 6 MONTHS

CHILD'S DEATH BENEFIT*

-0-
\$500
\$2,000

***BENEFITS FOR YOUR SPOUSE AND CHILDREN ARE PROVIDED ONLY IF DEPENDENT COVERAGE HAS BEEN APPLIED FOR, APPROVED BY THE COMPANY, AND THE APPROPRIATE PREMIUM PAID.**

CERTIFICATE NUMBER:

CERTIFICATE DATE:

COVERED PERSONS: RELATIONSHIP AGE DATE OF BIRTH

GROUP POLICYHOLDER:

GROUP POLICY NUMBER:

STATE OF ISSUE:

POLICY PROVISIONS

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DEFINITIONS

ATTAINED AGE means age last birthday.

BENEFICIARY means the following person respective of the deceased Covered Person, unless otherwise named in accordance with the provisions of the Group Policy:

1. the Certificateholder's Spouse for the Certificateholder;
2. the Certificateholder for the Certificateholder's Spouse; and
3. the Certificateholder for each child Covered Person.

The Beneficiary is named to receive the Death Benefit in the event of a Covered Person's death.

CALENDAR YEAR means the twelve-month period that begins January 1 and ends December 31, each year.

CERTIFICATE means the written description of coverage provided to You as evidence of coverage under the Group Policy.

CERTIFICATE DATE means the date, shown in Your Certificate Schedule, when coverage begins for the Covered Persons originally covered under the Group Policy. We use Your Certificate Date to determine the anniversary dates of coverage under the Group Policy. It also refers, separately, to the date We add a Covered Person to the Group Policy or when any change in coverage occurs.

CERTIFICATEHOLDER means the Applicant named in the Enrollment Application, any successor thereof, or, in the case of the death of the Applicant, any person thereafter named to assume ownership privileges under the Group Policy. Such person, regardless of title, has exclusive ownership privileges under the Group Policy. These privileges include, but are not limited to, his/her right to change coverage under the Group Policy for themselves or any Covered Person.

COVERED PERSON means each person named as a Covered Person on Your Certificate Schedule whose coverage under the Group Policy has not terminated.

DEATH BENEFIT means the amount of coverage applicable to each Covered Person, as shown in Your Certificate Schedule.

LIMITING AGE for the Certificateholder's children is each child's Attained Age 26. This is the Certificateholder's coverage anniversary next following the child's 26th birthday.

NATURAL PERSON means a human being only and not a trust, a corporation, or any other legally recognized entity.

PAYEE means the person to whom any of the proceeds of the Group Policy are paid.

PROOF OF DEATH means all of the following:

1. a certified death certificate;
2. a claimant statement; and
3. any other information We may reasonably require to establish the validity of the claim.

US, WE, OUR or THE COMPANY means American National Life Insurance Company of Texas (ANTEX).

YOU or YOUR means the Certificateholder who is the Applicant in Your Enrollment Application.

DEATH BENEFIT

The Death Benefit payable upon Your death or Your Spouse's death will be based upon the the Attained Age on the date either such death occurs. The Death Benefit for Your child will be based upon its Attained Age. The Death Benefits for all Covered Persons are shown in Your Certificate Schedule.

Proceeds payable at death of a Covered Person will be paid upon the Company's receipt of Proof of Death of the Covered Person. Such proceeds will be paid to the designated beneficiary, if living on the Covered Person's date of death. If the designated beneficiary is deceased, such proceeds will be paid to the deceased Covered Person's estate. If proceeds are not paid within 30 days from the date of Our receipt of due Proof of Death, then such proceeds, including both the Death Benefit and any refund of premiums at death, will include interest from the date of death to the date of payment. Interest will be calculated at an interest rate equal to the statutory rate in effect in the state where the deceased Covered Person legally resided on his/her date of death. Any proceeds payable under the terms of the Group Policy are subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions.

FAMILY SECURITY BENEFIT

Upon receipt of Your Due Proof of Death occurring while coverage under the Group Policy is in effect, if coverage is then in effect for other Covered Persons, the Company will waive future premiums due after such receipt for a period of twelve months. During this period, coverage for other Covered Persons will remain as it was on the date of Your death, unless the Group Policy is terminated.

NONPARTICIPATING POLICY

The Group Policy is nonparticipating. It does not share in the Company's profits or surplus.

ADDITION OF NEWBORN CHILDREN

A child born to or adopted by You will become a Covered Person under the Group Policy. For a child born to You, coverage begins on the date of birth. For a child adopted by You, coverage begins: (a) from the date of birth if a petition for adoption is filed within 30 days of the birth of such child; or (b) from the date of placement for the purpose of adoption if a petition for adoption is filed within 30 days of placement of the child. This coverage will be free, without action by You, but it will last only through the 31st day following the child's date of birth or date of adoption, as described under situation (a) or (b) above, whichever is applicable. The term "placement" means in the physical custody of the adoptive parent.

To continue the child as a Covered Person, You must:

1. Notify ANTEX in writing of the child's birth or date of adoption as described in (a) or (b), above; and
2. Pay the extra premium for the child no later than 62 days following the child's date of birth or date of adoption, as described in (a) or (b), above.

As long as You pay the extra premium, the child will remain a Covered Person, subject to the Termination of Coverage and Loss of Coverage Eligibility provisions of the Group Policy. Coverage for a child that is placed with You for adoption will continue in accordance with the Termination of Coverage and Loss of Coverage Eligibility provisions, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

We do not require an application for the child unless You have notified Us of the child later than the 31 days as required above.

LOSS OF ELIGIBILITY

Eligibility for continuation of coverage under the Group Policy by a Covered Person ends on the date of the month that coincides with the date of the month shown on the Certificate Schedule and occurs on such date next following the date of the event that causes such termination.

RULES FOR ALL COVERED PERSONS - Coverage will end:

1. If the Group Policy is terminated in accordance with the section titled TERMINATION OF COVERAGE; or
2. If You fail to pay the required premium within the Grace Period.

RULES FOR ADULT COVERED PERSONS - Coverage will end:

1. For Your spouse if there is a divorce;
2. If a mentally or physically disabled Covered Person marries or becomes capable of self-support; or
3. If Your spouse is not a Covered Person at the time of Your death, We will end coverage for all Covered Persons.

If You are married and die and Your spouse is a Covered Person, Your spouse will become the Certificateholder.

RULES FOR CHILD COVERED PERSONS - Coverage will end for a child when:

1. The child is no longer a dependent of Yours;
2. The child gets married;
3. The child attains the Limiting Age; or
4. Neither You nor Your spouse remains covered under the Group Policy.

PREMIUM – We will adjust premiums if required under Our rules as of the date coverage ends for a Covered Person. This will occur on a date consistent with the date coverage ends, as described above.

PREMIUM CHANGES

We reserve the right to change Your current premium any time, from time to time. Any change in premium will be on a uniform basis for Covered Persons of the same age, sex and underwriting classification whose coverage has been in force for the same length of time. Change in health or other risk factors after Your Certificate Date will not affect any change in premium. In the event of such a change, You and the Group Policyholder will be given 31 days advance written notice of such change.

REINSTATEMENT

You may reinstate coverage under the Group Policy after it has lapsed. All these conditions must be met:

1. the reinstatement must be within 180 days of the date Your coverage under the Group Policy terminates;
2. You must give the Company any facts it requires to prove You and any other Covered Person is insurable; and
3. all premiums in arrears must be paid with compound interest. The interest rate will be 6% per year.

TERMINATION

Coverage under the Group Policy terminates on the on the earliest of:

1. the anniversary of Your Certificate Date next following Your 69th birthday; or
2. 31 days after ANTEX or the Group Policyholder provide written notice to the other party that the Group Policy is terminated.

CONVERSION PRIVILEGE

Membership Termination

If You cease to be an eligible member of the Association, You will be eligible to convert coverage under this Certificate to an individual policy of life insurance without Evidence of Insurability. In order to be eligible for this conversion, the coverage must have not been terminated due to: 1) Your request to end such coverage; or 2) Failure to make timely premium payments.

The terms of such a conversion policy are as follows:

1. The conversion policy will not include any disability or other supplementary benefits.
2. The conversion policy may be on any of the forms the Company would then issue in the amount applied for to a person of the same age, sex, and class of insurance, other than term insurance. The form issued will be at the option of the Company.
3. The face amount of the converted policy shall be no more than the amount of group insurance terminated.
4. The premium for the converted policy will be at the Company's normal rates, given:
 - a. the form and amount applied for;
 - b. the class of risk to which the You then belong; and
 - c. Your Attained Age as of the date the conversion goes into effect.

You must pay the first and subsequent premiums to the Company at Our Administrative Office. Written application and the first premium payment must be made within 31 days after the loss of group coverage under the Policy.

Policy Termination

If the Group Policy terminates and You have been covered for at least five years prior to the loss of coverage, You will be eligible to convert coverage under this Certificate to an individual policy of life insurance without Evidence of Insurability.

Conversion would be according to the same terms stated for Membership Termination above except that the amount that may be converted is limited to the lesser of:

1. the amount lost under the Policy (minus any amounts to which You become eligible under any other group plan within 31 days); or
2. [\$2,000.00].

The Company will pay any amount that could have been converted if You die during the 31 days allowed for conversion. The Company will pay this amount whether or not a conversion application or payment of the first premium has been made.

"Evidence of Insurability" means proof satisfactory to Us that You are an acceptable risk under the Group Policy.

SETTLEMENT OPTIONS

The Company will first discharge in a single sum any liability under an assignment of the Policy. Other options can be used if agreed to by the Company.

GENERAL PROVISIONS

ENTIRE CONTRACT -- The Entire Contract will consist of:

1. The Group Policy;
2. The Application of the Group Policyholder, which will be attached to the Group Policy;
3. Any Enrollment Applications and attached papers for the proposed Covered Persons; and
4. Any riders, endorsements or amendments issued with or added to the Group Policy or any Certificate which is a part of the Group Policy.

We will deem all the statements provided in Your Enrollment Application and attached supplements, except fraudulent statements, as representations and not warranties.

INCONTESTABILITY -- A Covered Person's coverage under the Group Policy will be incontestable after it has been in force during the Covered Person's lifetime for two years from the Covered Person's Certificate Date, except for nonpayment of premium.

Any reinstatement shall be incontestable after two years from the Effective Date of such reinstatement, except for nonpayment of premium. The basis for contest by the Company for a reinstatement shall be only the answers stated in the reinstatement application.

PREMIUM PAYMENT -- Premiums will be payable in advance of coverage being provided:

1. while You are living;
2. starting on Your Certificate Date;
3. during the premium period shown in Your Certificate Schedule; and
4. at the premium interval and amount shown in Your Certificate Schedule.

Premiums are payable to the Home Office, or to the Company's authorized agent in exchange for an official receipt. The receipt will be signed by the President or Secretary and will be countersigned by the agent. Premium payment intervals may be changed with the Company's consent upon written request.

NONPAYMENT OF PREMIUM -- If a premium is not paid within the Grace Period defined below, coverage under the Group Policy for all Covered Persons listed in Your Certificate Schedule will terminate on the due date of the first premium in default.

GRACE PERIOD -- A grace period of 31 days is granted for Your payment of each premium after the first. Your coverage under the Group Policy stays in force during this period. If a Covered Person dies within the 31 days after the due date of the unpaid premium, premium due for the deceased Covered Person will be deducted from the Policy proceeds.

SUICIDE -- If the Covered Person, whether sane or insane, dies from suicide within two years from his/her Certificate Date or effective date of reinstatement, the Company is liable only for return of premiums paid.

MISSTATEMENT OF AGE OR SEX -- If the age or sex of the Covered Person is misstated, any benefits or amounts payable will be changed to what the premium would have bought for the correct age and sex. Amounts will be based on the Company's rates on Your Certificate Date.

ASSIGNMENT -- No assignment will bind the Company until recorded at the Home Office. The Company is not obligated to see that an assignment is valid or sufficient.

BENEFICIARY INTEREST -- Beneficiaries will be designated as first, second, third, and so on. A Beneficiary or class of Beneficiaries will receive Death Benefits in that order. Unless changed by endorsement or written request filed at the Company's Home Office:

1. two or more class members will share proceeds equally;
2. surviving class members will share equally the proceeds to which a deceased class member would have been entitled; and
3. if no Beneficiary survives the deceased Covered Person, proceeds will be paid to the deceased Covered Person's estate.

A Beneficiary will not share in any proceeds or benefits if:

1. the Beneficiary dies within 6 days after a Covered Person's death; and
2. the Company's Home Office has not then received proof of the Covered Person's death.

If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Covered Person's death. All Beneficiaries' interests are subject to any assignment on record at the Company's Home Office.

CHANGE OF BENEFICIARY -- You may change a Beneficiary if a written request in a form acceptable to the Company is filed at the Company's Home Office. Upon being recorded at the Company's Home Office, the change will take effect as of the date the request was signed, whether or not the Covered Person is living on the date the change is recorded, subject to any payment made or other action taken by the Company before such recording. The change is subject to:

1. the rights of an assignee of record; and
2. the rights of an irrevocable Beneficiary.

POWER TO MODIFY -- Only the Company's President, a Vice President, or Secretary has the power to:

1. change the Group Policy;
2. extend the time for payment of premiums; or
3. waive any Policy provisions.

Any change in the Policy will be by endorsement signed by one of the above-named officers.

NOTICES -- All notices, Applications, and other correspondence required, by the Group Policy or any attached riders, to be sent to the Company must be mailed or delivered to the Company's Home Office in Galveston, Texas.

AUTOPSY -- In the case of death, the Company, at its own expense, has the right and opportunity to make an autopsy where it is not prohibited.

CLAIMS OF CREDITORS -- The payment of benefits under the Group Policy will not be subject to the claims of creditors to the extent allowed by law.

LEGAL ACTIONS -- No legal action may be brought to recover on the Group Policy within 60 days after a claimant gives written Proof of Loss. No legal action may be brought after 3 years from the time the Group Policy requires written Proof of Loss.

LIMITATION OF LIABILITY -- You agree that Our maximum liability under the Group Policy and related matters is limited to:

1. Group Policy benefits otherwise payable;
2. Your reasonable attorneys fees, if any; and
3. Any statutory penalties that may be imposed.

**GROUP DECREASING TERM LIFE INSURANCE
NO DIVIDENDS. PREMIUMS SUBJECT TO CHANGE.**

CONSUMER INFORMATION NOTICE

The following information is being provided in the event you need to contact the Department of Insurance or the insurer, American National Insurance Company of Texas, regarding your enclosed Certificate.

ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street

Little Rock, AR 72201-1904

Phone Number: 1(800) 852-5494 or(501)371-2640

Email address: insurance.Consumers@Arkansas.gov

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

One Moody Plaza

Galveston, Texas 77550

Phone Number: 1-800-899-6805

SERFF Tracking Number: ANTX-126109108 State: Arkansas
 Filing Company: American National Life Insurance Company of Texas State Tracking Number: 42088
 Company Tracking Number:
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: Term Life
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Certification		
Attachment: COMPLIANCE CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: These applications are currently pending review under SERFF filing ANTX-125832917		
Attachments: ANL-CAT08 to file version.pdf ANL-CAT08(EZ) to file version.pdf		

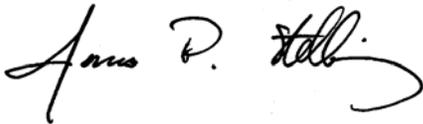
	Item Status:	Status Date:
Satisfied - Item: NCAA Documents		
Comments: Association bylaws and articles of incorporation.		
Attachment: assoc doc.pdf		

	Item Status:	Status Date:
Satisfied - Item: Policy		
Comments: Policy issued to the NCAA, the association, who is the Policyholder.		
Attachment: ANL-DT08-P.pdf		

COMPLIANCE CERTIFICATION

We certify that we are in compliance with the following:

- 019 Rule and Regulation 19 - Unfair Sex Discrimination in the Sale of Insurance
- 049 Rule and Regulation 49 - Life and Health Insurance Guaranty Association Notices –The notice is contained in all certificates issued to citizens of the state of Arkansas
- Minimum standards. All forms submitted in this filing achieve a minimum score of forty (40) on the Flesch reading ease test
- 23-79-138. Information to accompany policies – form ANL-CIN (AR) is contained in all certificates issued to residents of the state of Arkansas

A handwritten signature in black ink, appearing to read "James P. Stelling". The signature is fluid and cursive, with a large, sweeping flourish at the end.

James P. Stelling
Vice President

Dated: April 9, 2009

**Enrollment Application to
American National Life Insurance Company of Texas (ANTEX) • Home Office • Galveston, Texas**

Print in Black New Reinstatement-Existing # _____ Change-Existing # _____

1. Special Requests: Mail Certificate to Applicant: Yes No Requested Effective Date: _____

I, as a member of the association, apply for:

2. **Catastrophic Hospital Plan:**

Option A

Deductible Amount:

- \$750 \$1,500 \$2,000 \$2,500 \$5,000
 \$10,000 \$15,000 \$20,000 \$25,000

PPO Rider Yes No

PPO Selected _____

Option B (Family Coverage only)

Deductible Amount:

- \$3,000 \$4,000 \$5,000
 \$10,000

Rate of Payment:

- 100% 80% 50%

Stop-Loss Amount: (Option A only)

- \$5,000 \$10,000

Per Injury/Sickness Maximum

- \$1,000,000 \$2,000,000

HSA Plan:

Plan Deductible Amount:

Individual: \$1,500 \$2,000

- \$2,500 \$5,000

Family: \$3,000 \$4,000 \$5,000

- \$10,000 (100% Rate of Pmt.)

Rate of Payment:

- 100% 80% 50%

Per Injury/Sickness Maximum

- \$1,000,000 \$2,000,000

PPO Rider Yes No

PPO Selected _____

Optional Benefits: (NON-HSA ONLY)

Accident Rider:

Max. Amount Deductible

- \$500 \$100
 \$1,000 \$250
 \$1,500 \$250
 \$2,500 \$500

OP Diagnostic Testing Rider: Yes No*

Deductible Amount: \$750 \$1,000 \$1,500

OP Drug Rider: Yes No

\$500 \$1,000 (Individual Deductible)

\$1,000 \$2,000 (Family Deductible)

OP Doctor Rider: Yes No**

Deductible Amount: \$750 \$1,000 \$1,500

Maximum Benefit: \$25,000 \$100,000

Critical Illness Beneficiary:

Name: _____ Relationship: _____

*(Not available when OP Doctor Rider selected) ** (Not available when OP Diagnostic Testing Rider selected.)

Decreasing Term Insurance: (Optional. If elected, a separate certificate is issued.)

- Yes No Individual Family

Beneficiary: _____ Relationship: _____

If 'yes,' is this insurance intended to replace any existing life insurance? Yes No

Initial Modal Premium:

Health Premium Amount: \$ _____

Life Premium Amount: \$ _____

3. **Proposed Insured Information** (TO BE COMPLETED PERSONALLY BY THE APPLICANT AND SPOUSE, IF ANY.)

Proposed Insured(s) (Print Last Name, First Name, MI.)	Relationship	Marital Status		Sex	Age	Date of Birth			Place of Birth	Build		Social Security Number
		Single	Married			Mo.	Day	Year		Height	Weight	
1	Applicant	<input type="checkbox"/>	<input type="checkbox"/>									
2	Spouse	<input type="checkbox"/>	<input type="checkbox"/>									
3												
4												
5												
6												

4. **Address** (Applicant's)

Number and Street or R.F.D. _____

City _____ State _____ Zip _____

Phone: Hm () _____

Work: () _____

Cell: () _____

E-Mail Address: _____

Best time to call:

A.M. P.M.

A.M. P.M.

A.M. P.M.

5. Employment Data	Full-Time?	Name of Employer	Duties/Title	Avg. Mo. Earnings Last 12 Months
Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____

THE HEALTH INSURANCE COVERAGE THE AGENT HAS JUST DESCRIBED TO YOU IS NOT DESIGNED NOR INTENDED AS A HEALTH INSURANCE PLAN TO BE PROVIDED BY AN EMPLOYER FOR EMPLOYEES.

CHANGES IN STATUS INDICATED BELOW MAY AFFECT FUTURE ELIGIBILITY FOR INSURANCE COVERAGE. ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. Is the Applicant or Spouse the owner of an incorporated business? Yes No
2. Is the Applicant or Spouse a sole proprietor or a partner in a partnership? Yes No
3. Is the Applicant or Spouse an employee of a business? Yes No
 - a. Will the Applicant's or Spouse's employer pay a portion of your health insurance premium? Yes No
 - b. Will the Applicant or Spouse be reimbursed by employer, through wage adjustments or otherwise, for any portion of the premium? Yes No
 - c. Will the Applicant's or Spouse's health insurance plan be treated by you or your employer as part of a plan or program for the purposes of Section 106, 125 or 162, Internal Revenue Code of 1986 (26 U.S.C. Section 106, 125 or 162)? Yes No

6. Is any Proposed Insured or household member (including students away at school, whether or not now applying for coverage) currently pregnant?
 Yes No (If "Yes", this coverage cannot be provided.)_____

7. Has any Proposed Insured used any type of tobacco (including cigarettes, cigars, and/or smokeless tobacco) during the past 12 months?
 Yes No (If "Yes", state whom, and details.)_____

8. Are all Proposed Insureds legal citizens of the United States? Yes No
 If "No", is the such Proposed Insured a permanent resident? Yes No (If "No", this coverage cannot be provided).

9. Does any Proposed Insured intend to travel or reside outside the U.S.A.? Yes No
 If "Yes", give details_____

10. Are all your dependent children under the age of 26? Yes No
 (Do not include on this application any of your children who are 26 years of age or older or any married children).

11. Has any Proposed Insured applying been covered under a health insurance plan including COBRA within the last 18 months? Yes No.
 a. Will requested coverage replace or change any existing medical insurance? Yes No
 b. If Yes, give plan details below and provide reason for replacement such as carrier terminated coverage or lower rates, etc.
 c. You should not cancel your existing medical insurance coverage until you receive written notification of acceptance from ANTEX. If accepted, do you agree to discontinue your current medical insurance? Yes No

Question#	Name of Company & Policy #	Plan Type Grp. or Ind.	Medical Insurance	Reason For Termination	Effective Date Month-Year	Termination Date Month-Year

12. Is any Proposed Insured applying for coverage under the federal HIPAA Program? Yes No If "Yes", please submit a letter of Creditable Coverage with the Enrollment Application.

13. Has any Proposed Insured applied for life, accident or health insurance, or reinstatement of such insurance, which was declined, restricted, postponed, rescinded, cancelled, withdrawn, or modified as to plan, amount, coverage, or rate? Yes No (If "Yes", give details)

14. Has any Proposed Insured made claim or received benefits for any injury or sickness in the last 12 months; or are they presently receiving any government aid such as Medicaid, Medicare, or SSDI? Yes No (If "Yes", state whom, name of insurer, month, year, and nature of ailment)

15. Has any Proposed Insured ever taken part in: skydiving, hang gliding, parachuting, bungee jumping, rock or mountain climbing, scuba diving, racing (any type), motorcycle riding, professional sports, piloting an aircraft, or rodeo events? Yes No (If "Yes", indicate activity and give details.)

16. Has any Proposed Insured had a driver's license suspended, any traffic violations, DWI/DUI/OUI's or been arrested within the past 2 years?
 Yes No (If "Yes", give details and provide Driver's License # and state of issue)

17. Please list name and address of family/Primary Care Physician(s), reason and date last seen for each Proposed Insured:

Proposed Insured	Condition, injury symptoms, diagnosis & treatment	Onset Date Month/Year	Date of last treatment	Results/Degree of recovery	Physician Name/Address

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED FOR EACH PERSON APPLYING FOR COVERAGE.
ANY MISSTATEMENTS MAY AFFECT YOUR COVERAGE — GIVE FULL DETAILS TO ALL "YES" ANSWERS IN THE SPACE PROVIDED.**

- | | |
|---|--|
| <p>18. Within the last 10 years, has any Proposed Insured had any indication of, diagnosis of, or treatment for:</p> <p>a. A respiratory or lung disorder, for example, allergies, sinusitis, reactive airway disease, asthma, bronchitis, tuberculosis, pneumonia, or emphysema;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. A circulatory or heart disorder, for example, high blood pressure, high cholesterol, heart attack, heart valve disorder, murmur angioplasty/bypass, chest pain, irregular heart rhythm, varicose veins, phlebitis or stroke;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. An immune, blood or spleen disorder, for example, anemia, leukemia, lymphoma, connective tissue disease, lupus, scleroderma, or clotting disorder;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. A digestive or gastrointestinal disorder, for example, ulcer, gastritis, reflux disorder, hepatitis, Crohn's Disease, ulcerative colitis, cirrhosis, irritable bowel, hemorrhoids, hernia or any disorder of the pancreas, liver, rectum or gallbladder; <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. A nervous disorder, seizures, tremors, headaches, paralysis, palsy or injury of the brain, spinal cord, or nerves;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. A mental disorder, for example, emotional problems, eating disorder, attention deficit disorder, anxiety, depression, autism, sleep disorder, or received psychiatric treatment or counseling;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. An endocrine disorder, for example, diabetes mellitus or insipidus, low or high blood sugar, disorder of the thyroid, parathyroid, pituitary, or adrenal glands;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. A urinary tract disorder, for example, urinary tract stone, bladder or kidney infections, renal reflux, incontinence, or blood in the urine;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. A muscular or skeletal disorder, for example, arthritis, gout, fibromyalgia, bone, joint, muscle, back, spine disorder, disc disease, sciatica, or received chiropractic treatment or acupuncture;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. A facial bone or jaw disorder, for example, birth defect, congenital anomaly, malformation, temporomandibular joint disorder (TMJ), physical deformity, cleft palate or lip;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>k. Cancer in any form, tumor, cyst, polyp, or growth of any kind;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>l. An eye, ear, nose, throat disorder, for example, glaucoma, cataracts, ear infections, ear tubes, hearing impairment, enlarged tonsils/adenoids, vertigo, sleep apnea or deviated nasal septum;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>m. A skin or subcutaneous tissue disorder, for example, burns, scars or hemangioma;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>n. HIV, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC);..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>o. Mental or physical impairment or deformity; or congenital abnormality, mental retardation, developmental delay; or trait not previously disclosed;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>p. For Male Proposed Insureds Only: <input type="checkbox"/> Yes <input type="checkbox"/> No
A male reproductive disorder, for example, disorder of the prostate, testicles, elevated PSA, or a sexually transmitted disease;..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>q. For Female Proposed Insureds (18+) Only... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. Any disorder or condition of the female reproductive organs, for example, abnormal Pap Smear, irregular or excessive menstruation, endometriosis, infertility, pregnancy complications including Cesarean section delivery, cystocele, rectocele, pelvic relaxation, dysmenorrhea, chronic pelvic pain, or a sexually transmitted disease, or HPV (human papilloma virus); <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii. Date of last Pap Smear _____
Results _____</p> <p>iii. Had instructions to have a repeat Pap Smear or any follow-up treatment or tests as a result of your last Pap Smear; or..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>iv. A breast disorder, disease, changes, or condition, lump(s) aspiration(s), calcifications, biopsies, removal or placement of breast implants, or mammoplasty?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Does any Proposed Insured have a prosthetic device present, for example, plates, screws, pins rods, implants, shunts, pacemakers, valve replacements or stents or fixation devices?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Within the past 5 years, has any Proposed Insured:</p> <p>a. Had surgery, been hospital confined, or advised to undergo further testing, treatment, or surgery, including cosmetic or reconstructive surgery; or..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Had a heart, bone, or blood study, MRI, x-ray, or ultrasound; or contacted or seen a physician, psychologist, chiropractor, counselor, therapist or any other person providing healthcare services?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Within the past 12 months, has any Proposed Insured experienced or been treated by a physician for a change in weight of more than 12 pounds?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Has any Proposed Insured ever been:</p> <p>a. Treated or counseled for alcohol or drug use, or attended a drug or alcohol support group; or..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Advised by a physician to seek treatment or discontinue or decrease alcohol or drug consumption; or..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Under the influence of marijuana, narcotics, barbituates, amphetamines, hallucinogens, or used any other drugs not prescribed by a physician?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Within the last six months, has any Proposed Insured taken any prescription medication or are now taking any prescription medication or receiving treatment of any kind for any condition not listed in any of the previous questions?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

COMPLETE THE FOLLOWING FOR EACH "YES" ANSWER TO QUESTIONS 18 THROUGH 23 ABOVE.

Question Number	Name of Person	Date of Treatment From	Date of Treatment To	Reason for Check-up, Diagnosis, Illness or Condition, Frequency of Attacks	Treatment or Findings, Medication, Recommendations, Hospitalization and/or Surgery, Degree of Recovery	Name and Address of Each Physician, Practitioner and Medical Facility

If additional space is needed, please use the separate sheet provided, sign, date and return with the Enrollment Application.

APPLICATION DECLARATION & AGREEMENTS

I have personally completed this Enrollment Application and represent that all the answers and statements on this Enrollment Application are true, complete, and correctly recorded and agree they will be used to determine the eligibility for coverage applied for, for each Proposed Insured. I understand and agree that: 1) all statements and answers in this Enrollment Application, including any supplements, are complete and true; 2) I have personal knowledge of the medical history of each Proposed Insured; 3) any incorrect or incomplete information in this Enrollment Application may result in loss of coverage or claim denial; 4) no insurance coverage shall take effect unless the coverage applied for becomes effective or requested change is approved by ANTEX and the Certificate or requested change is delivered to the Applicant, and the first full premium paid during the lifetime and good health of all Proposed Insureds. I will notify and provide the Company with any evidence required by it to determine my future eligibility for coverage under the Group Policy. I acknowledge that I have received and read the material describing the rights of the Eligible Individual under the HIPAA mandate and understand its content.

Insurance Fraud - Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I further understand and agree that:

1. A future change in my employment status may cause me to no longer be eligible for coverage under the Group Policy; and
2. Eligibility for coverage under the Group Policy does not constitute initial coverage under the Group Policy; and
3. Coverage under the Group Policy is subject to ANTEX's underwriting criteria.

Attention Applicant:

After this Enrollment Application has been completed, and before you sign it, read it carefully to be certain that all information has been properly recorded.

I agree that my electronic signature on this Enrollment Application serves as my original signature.

Signed at _____ Date _____

City

State

Zip

Applicant's Signature _____ Spouse's Signature _____

Agent Name _____ Code/Writing# _____

Fax# _____ Email _____

AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION

I hereby authorize any physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, insurance support organization, business partner, pharmacy, government agency, group policy holder, employer, benefit plan administrator, MIB, Inc., the Department of Motor Vehicle Registration, and paramedical facility to provide to AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS, or to any agent, attorney, consumer reporting agency, or an independent administrator, including medical record retrieval services, pharmaceutical services, acting on behalf of AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS or its reinsurers behalf, information concerning advice, care or treatment sought by or provided to me and/or any other applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the Proposed Insured(s). It is understood that AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS underwriters, claims examiners, reinsurers, attorneys or the medical director may disclose such health information to the aforementioned parties for compliance, record clarification or explanation, or in response to litigation, summons or subpoenas. I understand that after this information is disclosed, the recipient may re-disclose it resulting in loss of protection by federal regulations. I agree that my electronic signature serves as my original signature.

I understand that:

- (1) such information will be used by AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS for underwriting and insurability determinations.
- (2) I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain health insurance coverage.
- (3) a picture copy or photocopy of this authorization shall be as valid as the original; and
- (4) any authorized representative of the Proposed Insured is entitled to receive a copy of this authorization upon request.

This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization at any time, except to the extent those actions have been taken in reliance on this authorization, by sending written notice to the Health Underwriting Department of AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS, P.O. Box 1991, Galveston, Texas 77553. *I may inspect or copy any information used or disclosed under this authorization, if signed.*

Proposed Insured's Signature _____ Date _____

Spouse's Signature (if coverage is requested for spouse) _____ Date _____

Personal Representative designated by signature above is hereby authorized to execute this instrument based on: power of attorney, guardian-in-fact, guardian, payee representative, other _____ (Circle One).

**EZ Enrollment Application to
American National Life Insurance Company of Texas (ANTEX) • Home Office • Galveston, Texas**

Print in Black New Reinstatement-Existing # _____ Change-Existing # _____

1. Special Requests: Mail Certificate to Applicant: Yes No Requested Effective Date: _____

I, as a member of the association, apply for:

2. Catastrophic Hospital Plan:

Option A

Deductible Amount:

\$750 \$1,500 \$2,000 \$2,500 \$5,000
 \$10,000 \$15,000 \$20,000 \$25,000

PPO Rider Yes No

PPO Selected _____

Optional Benefits: (NON-HSA ONLY)

Accident Rider:

Max. Amount Deductible

\$500 \$100
 \$1,000 \$250
 \$1,500 \$250
 \$2,500 \$500

Critical Illness Beneficiary:

Name: _____ Relationship: _____

*(Not available when OP Doctor Rider selected) ** (Not available when OP Diagnostic Testing Rider selected.)

Option B (Family Coverage only)

Deductible Amount:

\$3,000 \$4,000 \$5,000
 \$10,000

OP Diagnostic Testing Rider: Yes No*

Deductible Amount: \$750 \$1,000 \$1,500

OP Drug Rider: Yes No

\$500 \$1,000 (Individual Deductible)
 \$1,000 \$2,000 (Family Deductible)

OP Doctor Rider: Yes No**

Deductible Amount: \$750 \$1,000 \$1,500
Maximum Benefit: \$25,000 \$100,000

Rate of Payment:

100% 80% 50%

Stop-Loss Amount: (Option A only)

\$5,000 \$10,000

Per Injury/Sickness Maximum

\$1,000,000 \$2,000,000

HSA Plan:

Plan Deductible Amount:

Individual: \$1,500 \$2,000
 \$2,500 \$5,000

Family: \$3,000 \$4,000 \$5,000
 \$10,000 (100% Rate of Pmt.)

Rate of Payment:

100% 80% 50%

Per Injury/Sickness Maximum

\$1,000,000 \$2,000,000

PPO Rider Yes No

PPO Selected _____

Decreasing Term Insurance: (Optional. If elected, a separate certificate is issued.)

Yes No Individual Family

Beneficiary: _____ Relationship: _____

If 'yes,' is this insurance intended to replace any existing life insurance? Yes No

Initial Modal Premium:

Health Premium Amount: \$ _____

Life Premium Amount: \$ _____

3. Payment Mode: Annual Semi-Annual Quarterly

Monthly Electronic Debit (Funds to be withdrawn from the account number shown on a CWA check, otherwise, submit a copy of a voided check or deposit slip to establish a different account for premium withdrawal.)

Name and Address of Premium Payor if other than Proposed Insured:

Amount collected with Application: _____

Draft Initial Premium: \$ _____ (quoted premium)

TO BE COMPLETED PERSONALLY BY THE PROPOSED INSURED AND SPOUSE, IF APPLYING.

4. Proposed Insured Information

Proposed Insured(s) (Print Last Name, First Name, MI.)	Relationship	Marital Status		Sex	Age	Date of Birth			Place of Birth	Build		Social Security Number
		Single	Married			Mo.	Day	Year		Height	Weight	
1	Proposed Ins	<input type="checkbox"/>	<input type="checkbox"/>									
2	Spouse	<input type="checkbox"/>	<input type="checkbox"/>									
3												
4												
5												
6												

5. Address (Permanent U.S. residence of primary insured.)

Best time to call:

Phone: Hm () _____ A.M. P.M.

Work: () _____ A.M. P.M.

Cell: () _____ A.M. P.M.

E-Mail Address: _____

Number and Street or R.F.D.

City _____ State _____ Zip _____

6. Employment Data	Employed Full-Time?	Name of Employer <i>(if self employed, describe duties)</i>	Duties/Title	Avg. Monthly Earnings Last 12 Months
Person No. 1	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Person No. 2	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

7. Has any Proposed Insured used tobacco or a tobacco based product within the past 12 months? Yes No
If "Yes", who? _____
8. Has any Proposed Insured applied for life, accident or health insurance, or reinstatement of such insurance, which was declined, restricted, postponed, rescinded, cancelled, withdrawn, or modified as to plan, amount, coverage, or rate? Yes No
Name _____ Reason _____
9. Are all dependent children under the age of 26 years? Yes No
(Do not include on this application any of your children who are 26 years of age or older or any married children)
10. Does any Proposed Insured plan to travel or reside outside the United States? Yes No
If "Yes", Who? _____ Where? _____
11. Does any Proposed Insured engage in hazardous occupations or sports? Yes No
If "Yes", Who? _____ Details _____
12. Has any person applying been covered under a health insurance plan including COBRA within the last 18 months? Yes No
13. Are you applying for coverage under the federal HIPAA Program? Yes No *(If yes, submit letter of creditable coverage.)*
14. Will this insurance replace any existing insurance or insurance which has terminated with this company or any other company? Yes No
(If "yes" to questions 12, 13 or 14, provide details below for coverage in the last 24 months.)

Question #	Name of Company & Policy #	Plan Type Grp. or Ind.	Hospital	Major Medical	Effective Date Month-Year	Termination Date Month-Year

15. You should not cancel your existing medical insurance coverage until you receive written notification of acceptance from ANTEX.
If accepted, do you agree to discontinue your current medical insurance? Yes No

CHANGES IN EMPLOYMENT STATUS INDICATED BELOW MAY AFFECT FUTURE ELIGIBILITY FOR INSURANCE COVERAGE.
ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:

16. Are you the owner of an incorporated business? Yes No
17. Are you a sole proprietor or a partner in a partnership? Yes No
18. Are you an employee of a business? Yes No
- 18a. Will your employer pay a portion of your health insurance premium?
 Yes No
- 18b. Will you be reimbursed by your employer, through wage adjustments or otherwise, for any portion of the premium? Yes No
- 18c. Will your health insurance plan be treated by you or your employer as part of a plan or program for the purposes of Section 106, 125 or 162, Internal Revenue Code of 1986 (26 U.S.C. Section 106, 125 or 162)?
 Yes No

19. Answer the following questions to determine if your client is eligible for health insurance coverage.
- a. Does any Proposed Insured have history of Medical Conditions such as, but not limited to, AIDS/HIV, Internal Cancer, COPD, Connective Tissue Disorder, Crohn's Disease, Diabetes, Elevated Blood Sugar, Emphysema, Heart Attack, Heart Surgery, Heart Disease, Angioplasty, Hepatitis, Organ Transplant, Stroke, Stent Placement, Ulcerative Colitis or Melanoma? Yes No
- b. Does any Proposed Insured have surgery or medical tests recommended or pending but not yet performed? Yes No
- c. Does any Proposed Insured have a history of drug or alcohol abuse within the last 5 years, or had a driver's license suspended, received a DUI/DWI/OUI within the past 2 years? Yes No
- d. Is any Proposed Insured or household family member (including students away at school whether applying or not applying for coverage) currently pregnant? Yes No
- e. Has any Proposed Insured not resided in the United States 2 years or more? Yes No

If the answer is "Yes" to any of the above questions, do not apply for coverage on this individual. If a family member is pregnant, do not submit the application for any member.

The attached documents will show that the National Consumer's Advantage Association was originally formed in 1993 with the name of American Business Association. The documents will show that the name was legally changed to National Consumer's Advantage Association in 1999.

STATE OF MISSOURI



Judith K. Moriarty
SECRETARY OF STATE

CORPORATION DIVISION

CERTIFICATE OF INCORPORATION

GENERAL NOT FOR PROFIT

WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF
AMERICAN BUSINESS ASSOCIATION

HAVE BEEN RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF
STATE, WHICH ARTICLES, IN ALL RESPECTS, COMPLY WITH THE
REQUIREMENTS OF GENERAL NOT FOR PROFIT CORPORATION LAW;

NOW, THEREFORE, I, JUDITH K. MORIARTY, SECRETARY OF STATE OF THE
STATE OF MISSOURI, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY
LAW, DO HEREBY CERTIFY AND DECLARE THIS ENTITY A BODY CORPORATE,
DULY ORGANIZED THIS DATE AND THAT IT IS ENTITLED TO ALL RIGHTS
AND PRIVILEGES GRANTED CORPORATIONS ORGANIZED UNDER THE
GENERAL NOT FOR PROFIT CORPORATION LAW.

IN TESTIMONY WHEREOF, I HAVE SET MY
HAND AND IMPRINTED THE GREAT SEAL OF
THE STATE OF MISSOURI, ON THIS, THE
5TH DAY OF MAY, 1993.



Judith K. Moriarty
Secretary of State

\$10.00



ROY D. BLUNT, Secretary of State
CORPORATION DIVISION

Articles of Incorporation
of a
General Not For Profit Corporation
Filing Fee \$10.00

FILED AND CERTIFICATE OF
INCORPORATION ISSUED

ROY D. BLUNT
SECRETARY OF STATE
OFFICE OF MISSOURI
CORPORATION DIVISION
JEFFERSON CITY, MO 65102

MAY 05 1993

Judith K. Murphy

I, the undersigned,

(Not less than three)

Type or Print Name	Number	Street	City	State	Zip
Mark K. Fletcher	273	Brightfield Drive	Ballwin	MO	63120
William A. Warmann, Jr.	32	Green #4 Drive	St. Charles	MO	63303
Maren K. Boeker	13	Bordeaux Place	Lake St. Louis	MO	63367

I, the undersigned, natural persons of the age of eighteen years or more and citizens of the United States, for the purpose of forming a corporation under the "General Not For Profit Corporation Law" of the State of Missouri, do hereby adopt the following Articles of Incorporation:

The name of the corporation is: AMERICAN BUSINESS ASSOCIATION

The period of duration of the corporation is: perpetual
(Please state "perpetual" or a definite number of years)

The address of its initial Registered Office in the State of Missouri is: 1302 Clarkson/Clayton Center
suite 202 Ellisville 63011 and
(City) (Zip)

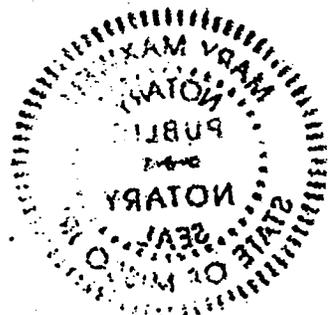
The name of its initial Registered Agent at said Address is: Mark K. Fletcher

The first Board of Directors shall be (3) Three in number, their names and addresses being as follows:
(At least three required)

Type or Print Name	Number	Street	City	State	Zip
Mark K. Fletcher	273	Brightfield Drive	Ballwin	MO	63120
William A. Warmann, Jr.	32	Green #4 Drive	St. Charles	MO	63303
Dale D. Turvey	16601	Rehrsgrove Drive	Chesterfield	MO	63005

The purpose or purposes for which the corporation is organized are:

"SEE ATTACHED"



(OVER)

5. The purpose or purposes for which the corporation is organized are:

- A. To conduct polls among its members on matters of importance to American Businessman; to collect, compile and disseminate business and financial information through the news media, to its members and the general public;
- B. To carry on educational programs among its members and the general public relating to matters of vital interest to the business community.

To organize individual businessmen and concerned citizens into an association with the objective that their voices may be heard effectively in local, state and national affairs affecting the business community.

- C. To seek and support the availability of services and other benefits for members which represent greater value to those members than would be available to them individually.
- D. To conduct and engage in all lawful activities under the Missouri not-for-profit corporation act.

FILED AND CERTIFICATE OF
INCORPORATION ISSUED

MAY 05 1993

Judith K. Murphy

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

NATIONAL CONSUMER'S ADVANTAGE ASSOCIATION

FORMERLY,

AMERICAN BUSINESS ASSOCIATION

A CORPORATION ORGANIZED UNDER THE MISSOURI NONPROFIT CORPORATION LAW HAS DELIVERED TO ME DUPLICATE ORIGINALS OF ARTICLES OF AMENDMENT OF ITS ARTICLES OF INCORPORATION AND HAS IN ALL RESPECTS COMPLIED WITH REQUIREMENTS OF LAW GOVERNING THE AMENDMENT OF ARTICLES OF INCORPORATION UNDER THE MISSOURI NONPROFIT CORPORATION LAW, AND THAT THE ARTICLES OF INCORPORATION OF SAID CORPORATION ARE AMENDED IN ACCORDANCE THEREWITH.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 16TH DAY OF MARCH, 1999.

Rebecca McDowell Cook
Secretary of State



\$10.00



State of Missouri

Rebecca McDowell Cook, Secretary of State

P. O. Box 778, Jefferson City, MO 65102

Corporation Division
FILED AND CERTIFICATE
ISSUED

Articles of Amendment for a Nonprofit Corporation

MAR 16 1999

(Submit in duplicate with filing fee of \$10.00)

Rebecca McDowell Cook
SECRETARY OF STATE

The undersigned corporation, for the purpose amending its articles of incorporation, articles of amendment:

(1) The name of corporation is: AMERICAN BUSINESS ASSOCIATION

(2) The text of the amendment(s) and the date(s) of adoption are as follows:

ARTICLE I OF THE ARTICLES OF INCORPORATION
ARE AMENDED TO READ AS FOLLOWS: as of 3-1-99.

THE NAME OF THE CORPORATION IS: NATIONAL CONSUMER'S ADVANTAGE
ASSOCIATION

(3) If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5):

(4) If approval by members was required, check here and provide the following information: _____

A. Number of memberships outstanding: _____

B. Complete either i or ii.

i. Number of votes for and against the amendment(s) by class was:

Class:	Number entitled to vote:	Number voting for:	Number voting against:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ii. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

Class:	Number voting undisputed:
_____	_____
_____	_____
_____	_____

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

(5) If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained:

In affirmation of the facts stated above,

Alan Becker
(Authorized signature of officer or chairman of the board)

Secretary
(Title)

3/2/99
(Date of signature)

(2) Article V of the Articles of Incorporation are amended to read as follows:

The purpose or purposes for which the corporation is organized are:

- A. To conduct surveys among members and the public at large concerning Value of consumer items and comparative buying habits.
- B. To initiate and conduct educational programs intended to provide Members and the public with information designed to enhance consumer awareness.
- C. To seek and support the availability of services and other benefits for Members that provide greater value to the membership than would be Available to individuals independent of membership.
- D. To conduct and engage in all other lawful activities permitted under the Missouri not-for-profit corporation act.

FILED AND CERTIFICATE
ISSUED

MAR 16 1999

Rebecca McDowell Cook
SECRETARY OF STATE

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

**the attached is a true and correct copy of Articles of Amendment to
the Articles of Incorporation of**

NATIONAL CONSUMERS ADVANTAGE ASSOCIATION

**with registered office located in LINCOLN, Nebraska, as filed in this
office on June 12, 2003.**

In Testimony Whereof,

**I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on June 12, in the year
of our Lord, two thousand three.**



John A. Gale
SECRETARY OF STATE



**NON-PROFIT ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION
OF
NATIONAL CONSUMERS ADVANTAGE ASSOCIATION**

**To: State of Nebraska
Mr. John A. Gale, Secretary of State
Room 1305 State Capitol, PO Box 94608
Lincoln, NE 68509**

Pursuant to the provisions of the state of Nebraska non-profit Corporation Act, the undersigned adopts the following Amendment to the Articles of Incorporation:

1. The name of the corporation is: National Consumers Advantage Association
2. ARTICLE SIX (6) is amended to indicate the purpose of the Association:
The purpose or purposes for which the corporation is organized are:
 - A. To conduct surveys among members and the public at large concerning value of consumer items and comparative buying habits.
 - B. To initiate and conduct educational programs intended to provide members and the public with information designed to enhance consumer awareness.
 - C. To seek and support the availability of services and other benefits for members that provide greater value to the membership than would be available to individuals independent of membership.
 - D. To conduct and engage in all other lawful activities permitted under the Nebraska Nonprofit Corporation Act.
3. The date of the amendment's adoption is as follows: 5-27-2003
4. The amendment was adopted by the incorporators and member action was not required.

Signature

Karen Boeker, Incorporator

NOTICE OF AMENDMENT

NOTICE is hereby given that the Articles of Incorporation of National Consumers Advantage Association were amended effective 5-27-2003.

The amendment changed Article 6 to indicate the purpose of the Corporation.

Date: 6/6/03

National Consumers Advantage Association



Karen Boeker, Incorporator

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

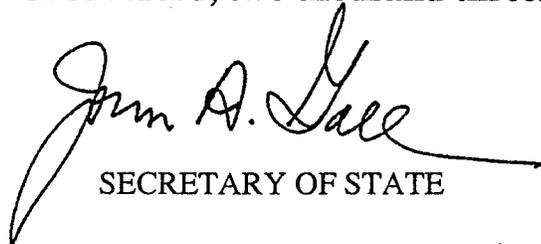
I, John A. Gale, Secretary of State of Nebraska do hereby certify;

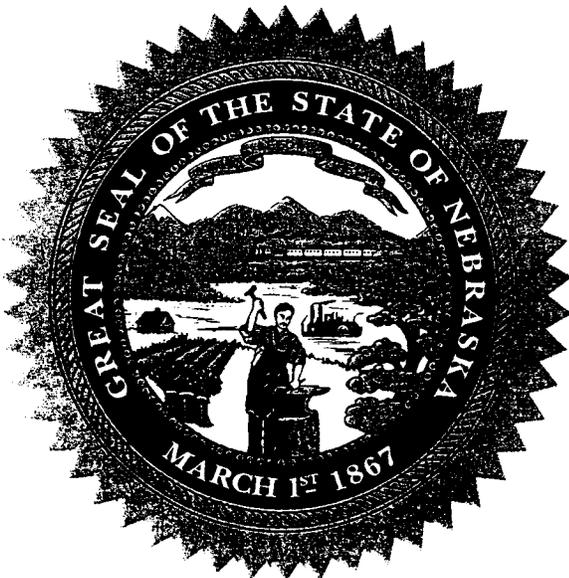
NATIONAL CONSUMERS ADVANTAGE ASSOCIATION

was duly incorporated under the laws of this state on May 27, 2003 and do further certify that no biennial fees assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on June 12, in the year of our Lord, two thousand three.


SECRETARY OF STATE



**NON-PROFIT ARTICLES OF INCORPORATION
OF
NATIONAL CONSUMERS ADVANTAGE ASSOCIATION**

**To: State of Nebraska
Mr. John A. Gale, Secretary of State
Room 1305 State Capitol, PO Box 94608
Lincoln, NE 68509**

Pursuant to the provisions of the state of Nebraska non-profit Corporation Act, the undersigned adopts the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation is: National Consumers Advantage Association.

ARTICLE TWO

The corporation is a mutual benefit corporation.

ARTICLE THREE

The street address of the corporation's initial registered office is: 301 South 13th Street, Suite 500, Lincoln, Nebraska 68508. The name of its initial registered agent at that office is: C T CORPORATION SYSTEM.

ARTICLE FOUR

The name and street address of each incorporator is:

Karen Boeker 13 Bordeaux Place, Lake St. Louis, MO 63367
Bernard Federko 2944 Devonsbrook Drive, Chesterfield, MO 63005

ARTICLE FIVE

The corporation does have members.

ARTICLE SIX

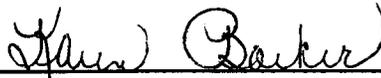
Other provisions permitted or required by law: Upon dissolution, the assets would be distributed to another mutual benefit corporation.

Date: 5/15/03



Signature

Printed Name: Bernard Federko



Signature

Printed Name: Karen Boeker

JOHN A. GALE
Secretary of State

May 27, 2003

JODY DEBUS
Deputy Manager

NCAA MEMBER SERVICES
ATTN: BARBARA
SUITE 301
1819 CLARKSON RD.
CHERSTERFIELD, MO 68509

ACKNOWLEDGEMENT OF FILING

The attached documents were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

Action/Service	Company/Entity Name	Fee Received
Articles Perpetual	NATIONAL CONSUMERS ADVANTAGE ASSOCIATION	10.00
Per Page Charge	NATIONAL CONSUMERS ADVANTAGE ASSOCIATION	10.00
	Total Fees Received	\$20.00

JEFF
Filing Officer

BY-LAWS
OF
NATIONAL CONSUMER'S ADVANTAGE ASSOCIATION
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BY-LAWS
OF
NATIONAL CONSUMERS' S ADVANTAGE ASSOCIATION

ARTICLE I
PURPOSES

The purpose of NATIONAL CONSUMER'S ADVANTAGE ASSOCIATION ("association") shall be as that stated in the Certificate of Incorporation, as well as any powers as are now or may hereafter be granted by the General Not-For-Profit Law of the State of Missouri.

ARTICLE II
OFFICES

The Association shall have and continuously maintain in this state a registered office and a registered agent, and the registered office of the association shall be identical with that of its registered agent. The Association may have other offices within or without the State of Missouri as the Board of Directors may from time to time determine.

ARTICLE III
MEMBERS

Section 1. Classes of Members. The Association shall have three (3) classes of members. The designation of such classes and qualifications of the members of such classes shall be as follows:

1. Individual membership: The individual is entitled to participate in all benefit programs offered by the Association.

2. Family membership: The member and his spouse are entitled to participate in all benefit programs offered by the Association.

3. Limited membership: The member who is interested in only certain designated benefit programs offered by the Association.

Section 2. Voting Rights. Each member of classes 1 and 2 shall be entitled to one vote on each matter submitted to a vote of the members by the Board of Directors. Voting may be in person or by proxy; provided that no proxy may be used for voting purposes unless the original of the proxy is filed with the Secretary of the Association at least seven (7) days before the meeting at which it is to be used.

Section 3. Termination of Membership. Any member who shall be in default in the payment of dues for the period fixed in Article XI of the By-Laws is automatically ineligible for membership and loses all privileges and rights of the Association, subject to the discretion of the Board of Directors to extend such time period for the payment of dues.

Section 4. Resignation. Any member may resign by filing a written resignation with the Secretary, but such resignation shall not entitle such member to any refund of dues and the member shall immediately lose all privileges and rights of the Association.

Section 5. Reinstatement. Upon written reapplication a former member may be reinstated to membership in the Association.

Section 6. Transfer of Membership. Membership in the Association is not transferable or assignable.

ARTICLE IV MEETINGS OF MEMBERS

Section 1. Annual Meeting. An annual meeting of the members of the Association shall be held for the purpose of electing Directors and the transaction of any other business as may come before the meeting. The date of the annual meeting shall be determined by the Board of Directors.

Section 2. Special Meeting. Special meetings of the members, for any purpose or purposes, unless otherwise prescribed by law,

may be called by the President and shall be called by the Secretary at the direction of a majority of the Board of Directors, or at the request in writing of members representing at least one hundred (100) votes entitled to be cast at such meeting.

Section 3. Place of Meeting. The Board of Directors may designate any place, within or without the State of Missouri as the place of meeting for any annual meeting. The President or the Board of Directors may designate any place within or without the State of Missouri as the place of the meeting for any special meeting. If no designation is made, the place of meeting shall be the registered office of the Association.

Section 4. Notice of Meetings. Written or printed notice stating the place, day and hour of any regular or special meeting of the Association members shall be delivered, either personally or by mail, to each member, not less than seven (7) or more than forty (40) days before the date of such meeting, by or at the direction of the President, or Secretary, or the Board of Directors or person calling the meeting. In the case of special meetings, the purpose for which the meeting is called shall be stated in the notice. If mailed, the notice of meeting shall be deemed delivered when deposited in the United States mail addressed to the member at this address as it appears on the records of the Association, with postage thereon paid. Notice of meetings may be included in any publication that is distributed to the member.

Section 5. Quorum. There shall be no minimum number of members necessary to be present at any regular meeting or special meeting, in order to constitute a quorum. Those members present shall therefore constitute a quorum.

Section 6. Manner of Acting. The act of a majority of the members present at any regular or special meeting shall constitute the act of the members.

Section 7. Informal Action by Members. Upon approval by the directors, any action required to be taken at a meeting of the members of the Association or any other action which may be taken at a meeting, may be taken without a meeting if consents in

writing, setting forth the action so taken, shall be signed by a majority of the members with respect to the subject matter thereof.

Section 8. Parliamentary Procedures. Parliamentary Procedure for all meetings of members, directors, and committees shall be conducted in accordance with the latest revised edition of Robert's Rules of Order, unless otherwise inconsistent with these By-Laws.

Section 9. Voting. At all meetings of the members, each member of records shall be entitled to one (1) vote. A vote may be cast either orally or in writing in person or by proxy. A "member of record" is a person who is a member in good standing of the Association as of the close of business on a date, selected by the Board of Directors, not less than forty (40) days nor more than fifty (50) days before the date of the meeting (the "record date").

When a quorum is present at any meeting, the vote of the holders of a majority of members present shall decide any questions brought before such meeting, unless the questions are ones upon which, by express provision of law or of the Association's Articles of Incorporation, a different vote is required, in which case such express provision shall govern and control the decision of such question.

Section 10. Matters Reserved to Membership Vote. The following matters shall be authorized only upon a vote "thereon" by the members at a meeting called to consider such matter:

1. An amendment to the Association's Articles of Incorporation;
2. The election of the Board of Directors; and
3. Any other matter which the Board of Directors, in their sole discretion, by resolution shall commit to a vote of the members.

ARTICLE V
BOARD OF DIRECTORS

Section 1. General Powers. The affairs of the Association shall be managed by its Board of Directors.

Section 2. Number, Tenure and Qualifications. The number of directors shall be no fewer than three (3) and no more than twenty-five (25) and may be changed from time to time by resolution of the Board of Directors. The Board of Directors shall appoint a committee to nominate successor directors. The directors shall be elected at an annual meeting of the members, except as provided in Section 8 of this Article, and each director elected shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. Directors shall be residents of the United States of America but need not be members.

Section 3. Regular Meetings. A regular annual meeting of the Board of Directors shall be held each year immediately after the annual meeting of the members of the Association for the purpose of electing officers and for the transaction of such other business as may come before the meeting. The regular annual meeting of directors shall be held without other notice than these By-Laws. The Board of Directors may provide by resolution the time and place, within or without the State of Missouri for the holding of additional regular meetings of the Board of Directors.

Section 4. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the President or any two (2) directors. All special meetings shall be held at the registered office of the Association unless otherwise agreed upon by a majority of the Board of Directors in attendance at the meeting.

Section 5. Notice. Notice of any special meeting of the Board of Directors and the business to be transacted shall be given at least five (5) days previously thereto by written notice delivered personally or sent by mail to each director at his address shown on the records of the Association. If notice be given by mail, such notice shall be deemed to be delivered when deposited in the United States mail addressed to the director. Any director may waive notice of any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a

director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. The purpose of any special meeting of the Board of Directors shall be specified in the notice of such meeting.

Section 6. Quorum. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors provided that if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

Section 7. Manner of Acting. The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, except where otherwise provided by law or these By-Laws.

Section 8. Vacancies. Vacancies created by the death, resignation, or removal of a director may be filled by a majority vote of the directors then in office though less than a quorum, and each director so chosen shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. A director may be removed at any time, with or without cause, by a vote of a majority of the remaining directors. If there are not directors in office, then an election of directors may be held in the manner provided by law. Newly created directorships shall be filled by election at an annual meeting or special meeting called for that purpose.

Section 9. Compensation. Directors as such shall not receive any stated salaries for their services, but by resolution of the Board of Directors, a fixed sum and expenses of attendance, if any, may be allowed for attendance at each meeting of the Board of Directors. Nothing herein contained shall be construed to preclude any director from serving the Association in any other capacity and receiving compensation therefor upon approval by the Board.

Section 10. Telephonic Participation in Meeting. The members of the Board of Directors, or of any committee designated by the Board of Directors, may participate in a meeting of the Board of Directors or committee by means of conference telephone or

similar communications equipment whereby all persons participating in the meeting can hear each other, and participation in a meeting in this manner shall constitute presence in person at the meeting.

Section 11. Action by Written Consent. Any action which is required to be or may be taken at a meeting of the directors, or of any committee of the directors, may be taken without a meeting if consents in writing, setting forth the action so taken are signed by all of the members of the Board of Directors or of the committee as the case may be. The consents shall have the same force and effect as a unanimous vote at a meeting duly held. The Secretary shall file the consents with the minutes of the meetings of the Board of Directors or of the committee as the case may be.

ARTICLE VI OFFICERS

Section 1. Officers. The Officers of the Association shall be a President, one or more Vice Presidents (the number thereof to be determined by the Board of Directors), a Treasurer, a Secretary or combination thereof, and such other officers as may be elected in accordance with the provisions of this article. The Board of Directors may elect or appoint other officers, including one or more Assistant Secretaries and one or more Assistant Treasurers, as it shall deem desirable, such officers to have the authority and perform the duties prescribed, from time to time, by the Board of Directors. Any two or more offices may be held by the same person, except the offices of President and Secretary.

Section 2. Election and Term of Office. The Officers of the Association shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. If the election of Officers shall not be held at such meeting, such election shall be held as soon thereafter as convenient. Vacancies may be filled or new officers created and filled at any meeting of the Board of Directors. Each Officer shall hold office until his successor shall have been duly elected and shall have qualified.

Section 3. Removal. Any Officer or Agent elected or appointed by the Board of Directors may be removed by the Board of Directors

whenever in its judgment the best interests of the Association would be served thereby.

Section 4. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

Section 5. President. The President of the Association shall be the principal executive officer of the Association. He shall supervise and conduct the affairs of the Association in such manner as will best accomplish the purposes set forth in the Articles of Incorporation of the Association. He shall preside at all meetings of the Association members and the Board of Directors. He shall countersign all checks together with the Treasurer.

Section 6. Vice President. In the absence of the President, or in the event of his inability or refusal to act, the Vice President shall perform the duties of the President, and when so acting, shall have all the powers of and be subject to all the restrictions upon the President. The Vice President shall perform such other duties as from time to time may be assigned to him by the President or by the Board of Directors.

Section 7. Treasurer. The Treasurer or Assistant Treasurer shall have charge and custody of and be responsible for all funds and securities of the Association; receive and give receipts for monies received by the Association from any source whatsoever, and deposit all such monies in the name of the Association in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of Article VIII of these By-Laws.

Section 8. Secretary. The Secretary or Assistant Secretary of the Association shall keep the minutes of the meetings of the members and of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these By-Laws or as required by law; be custodian of the corporate records of the Association; see that the seal of the Association, if any, is affixed to all documents, the execution of which on behalf of the Association under its seal, if any, is duly authorized in accordance with the provisions of these By-Laws; keep a register of the post office address of each member

which shall be furnished to the Secretary or Assistant Secretary by such member; and in general perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to the Secretary or Assistant Secretary by the President or by the Board of Directors.

ARTICLE VII
COMMITTEES

Section 1. Committees of Directors. The Board of Directors, by resolution adopted by the majority of the directors in office, may designate one or more committees, each of which shall consist of two (2) or more directors, which committees, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors in the management of the Association; but the designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual director, of any responsibility imposed upon it or him by law. The President shall be an ex-officio member of all committees of directors.

Section 2. Other Committees. Other committees not having and exercising the authority of the Board of Directors in the management of the Association may be designated by a resolution adopted by a majority of the directors present at a meeting at which a quorum is present. Except as otherwise provided in such resolution, members of each such committee shall be members of the Association, and the President of the Association shall appoint the members thereof. Any member thereof may be removed by the person or persons authorized to appoint such member whenever in their judgment the best interests of the Association will be served by such removal. One member of each committee shall be a director.

Section 3 Vacancies. Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of original appointments.

Section 4. Quorum. Unless provided in the resolution of the Board of Directors designating a committee, a majority of the whole

committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

Section 5. Rules. Each committee may adopt rules for its own government not inconsistent with these By-Laws or with rules adopted by the Board of Directors.

ARTICLE VIII
CONTRACTS, CHECKS, DEPOSITS, AND FUNDS

Section 1. Contracts. The Board of Directors may authorize the officers or agents of the Association to enter into contracts or to execute and deliver documents in the name of and on behalf of the Association. Such authority shall be confined to specific instances. Such contracts may be for any purpose deemed by the Board of Directors to be appropriate, including the contracting with a third party for any or all administrative and other services and functions necessary for the Association to achieve its purpose.

Section 2. Checks, Drafts, Etc. All checks, drafts, or other orders for payment of money, notes or other evidences of indebtedness issued in the name of the Association shall be signed by such officer or officers, agent or agents of the Association and in such manner as shall from time to time be determined by the resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the Treasurer or an Assistant Treasurer and countersigned by the President or Vice President of the Association.

Section 3. Deposits. All funds coming into possession of the Association shall be deposited from time to time to the credit of the Association in such banks, trust companies, or other depositories as the Board of Directors may select.

Section 4. Gifts. The Board of Directors may accept on behalf of the Association any contributions, gifts, bequests, or device

for the general purpose or for any special purpose of the Association.

Section 5. Loans. The Association may, upon authorization of the Board of Directors, from time to time accept or negotiate loans of financial assistance to be repaid at such time as the Association is reasonably able to repay.

ARTICLE IX
CERTIFICATES OF MEMBERSHIP

Section 1. Certificates of Membership. The Board of Directors may provide for the issuance of certificates evidencing membership in the Association which shall be in such form as may be determined by the Board. Such certificates shall be signed by the President or Vice President and shall be sealed with the seal of the Association, if any. The name and address of each member and the date of issuance of the certificate shall be entered on the records of the Association. If any certificate shall become lost, mutilated or destroyed, a new certificate may be issued therefor upon such terms and conditions as the Board of Directors may determine.

Section 2. Issuance of Certificates. When a member has applied for and is eligible for membership and has paid any initiation fee and dues that may then be required, a certificate of membership shall be issued and delivered to him by the Secretary, if the Board of Directors shall have provided for the issuance of certificates of membership under the provisions of Section 1 of this article.

ARTICLE X
BOOKS AND RECORDS

The Association shall keep correct and complete books and records of accounts and shall also keep minutes of the proceedings

of its members, Board of Directors and committees having any of the authority of the Board of Directors, and shall keep at the registered or principal office a record giving the names and addresses of the members entitled to vote. All books and records of the Association may be inspected by any member, or his agent or attorney for any purpose at any reasonable time.

ARTICLE XI
DUES AND INITIATION FEE

Section 1. Annual Dues. The Board of Directors may determine from time to time the amount of annual dues payable to the Association by members of each class.

Section 2. Payment of Dues. Dues shall be payable in advance.

Section 3. Default and Termination of Membership. When any member of any class shall be in default in the payment of dues for a period of one month from the beginning of the period from which such dues became payable, such member shall be automatically dropped from membership unless the Board of Directors, in its discretion, extends the time for payment of dues.

Section 4. Initiation Fee. Each member may be required to pay, in addition to applicable dues, the amount of any initiation fee designated by the Board of Directors as a prerequisite to membership. The Board of Directors may provide that the initiation fee is waived for members who are part of a group where the sponsor pays a stated initiation fee on behalf of all group members.

ARTICLE XII
FISCAL YEAR

The fiscal year of the Association shall begin the first day of January and end on the last day of December in each year.

ARTICLE XIII

SEAL

The Board of Directors may provide a corporate seal which shall be in the form of a circle and shall have inscribed thereon the name of the corporation and the words "Corporate Seal".

ARTICLE XIV

WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the General Not-For-Profit Corporation Law of Missouri under the provisions of the Articles of Incorporation or the By-Laws of the Association, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XV

AMENDMENT OF BY-LAWS

These By-Laws may be altered, amended or repealed and new By-Laws may be adopted by a two-thirds (2/3) majority of the directors present at any regular meeting or any special meeting, provided that at least seven (7) days' written notice is given of intention to alter, amend or repeal or to adopt new By-Laws at such meeting.

ARTICLE XVI
INDEMNIFICATION

The Association shall provide for indemnification by the Association of any and all of its directors or officers or former directors or officers against expenses actually and necessarily incurred by them in connection with the defense of any action, suit, or proceeding, in which they or any of them are made parties, or a party, by reason of having been directors or officers of the Association, except in relation to matters as to which such director or officer or former director or officer shall be adjudged in such action, suit, or proceeding to be liable for gross negligence or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability for gross negligence or misconduct.

ARTICLE XVII
DISSOLUTION

The Association shall use its funds only to accomplish the objectives and purposes specified in these By-Laws, and no part of said funds shall inure, or be distributed, to the members of the Association. On dissolution of the Association any funds remaining shall be distributed to one or more regularly organized and qualified charitable, educational, scientific, or philanthropic organizations to be selected by the Board of Directors.

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

A Stock Life Insurance Company
**HOME OFFICE: ONE MOODY PLAZA
GALVESTON, TEXAS 77550**

GROUP POLICY

We pay benefits in accordance with all the terms and conditions of this Policy upon receipt at our Home Office of due proof of a Covered Person's death.

The Certificate is not the contract of insurance, however it provides evidence of coverage under this Policy.
READ IT CAREFULLY.

IMPORTANT NOTICE CONCERNING STATEMENTS IN EACH CERTIFICATEHOLDER'S ENROLLMENT APPLICATION - Each Certificateholder should read his/her Enrollment Application and all documents attached to his/her Certificate. **Omissions or misstatements in the Enrollment Application or any attached documents may cause Us to deny an otherwise valid claim or rescind coverage.** Carefully check all documents. The Certificateholder must advise Our Underwriting Department in writing within 10 days of receipt of his/her Certificate if he/she determine that any information or medical history is incomplete, incorrect, or has changed since the date of his/her Enrollment Application.

A Certificateholder's Enrollment Application and all attached documents are part of this Policy. We provide coverage described in this Policy on the basis that all of the answers to the questions and all the material information contained in the documents are correct and complete. No agent or employee, except an officer of the Company, has the authority to waive any of the requirements in the documents or waive any of the provisions of this Policy.

We do not provide coverage until we have approved the Certificateholder's Enrollment Application and his/her Initial Premium has been paid. The Initial Premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 A.M., local time, at the Certificateholder's residence on his/her Certificate Date. Coverage is continued in accordance with all of the provisions of this Policy.

10 DAY RIGHT TO EXAMINE THE CERTIFICATE – The Certificateholder may return the Certificate to Us for any reason within 10 days after they receive it. The Certificateholder may bring it in person or mail it to Us. At the time the Certificateholder returns the Certificate, coverage under this Policy is void from the beginning. We will refund any premium paid.

PREMIUMS ARE SUBJECT TO CHANGE - Please refer to the section titled **PREMIUMS**.

THIS POLICY – The Certificateholder may review this Policy during usual business hours at the Group Policyholder's office.



SECRETARY



PRESIDENT

**GROUP DECREASING TERM LIFE INSURANCE
NO DIVIDENDS. PREMIUMS SUBJECT TO CHANGE.**

POLICY SCHEDULE

SCHEDULE OF LIFE INSURANCE BENEFITS

YOUR ATTAINED AGE	YOUR DEATH BENEFIT	YOUR SPOUSE'S DEATH BENEFIT*
0 – 29	\$50,000	\$10,000
30 – 34	\$40,000	\$10,000
35 – 39	\$30,000	\$10,000
40 – 44	\$20,000	\$10,000
45 – 49	\$15,000	\$7,500
50 – 54	\$10,000	\$5,000
55- 59	\$7,500	\$3,750
60 - 69	\$5,000	\$2,500
69+	-0-	-0-

CHILD'S ATTAINED AGE AT DEATH

0 – 14 DAYS
15 DAYS – 6 MONTHS
OVER 6 MONTHS

CHILD'S DEATH BENEFIT*

-0-
\$500
\$2,000

***BENEFITS FOR YOUR SPOUSE AND CHILDREN ARE PROVIDED ONLY IF DEPENDENT COVERAGE HAS BEEN APPLIED FOR, APPROVED BY THE COMPANY, AND THE APPROPRIATE PREMIUM PAID.**

**GROUP POLICYHOLDER:
GROUP POLICY NUMBER:
STATE OF ISSUE:
DATE OF ISSUE:**

POLICY PROVISIONS

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DEFINITIONS

ATTAINED AGE means age last birthday.

BENEFICIARY means the following person respective of the deceased Covered Person, unless otherwise named in accordance with the provisions of this Policy:

1. the Certificateholder's Spouse for the Certificateholder;
2. the Certificateholder for the Certificateholder's Spouse; and
3. the Certificateholder for each child Covered Person.

The Beneficiary is named to receive the Death Benefit in the event of a Covered Person's death.

CALENDAR YEAR means the twelve-month period that begins January 1 and ends December 31, each year.

CERTIFICATE means the written description of coverage provided to the Certificateholder as evidence of coverage under this Policy.

CERTIFICATE DATE means the date, shown in the Certificateholder's Certificate Schedule, when coverage begins for the Covered Persons originally covered under this Policy. We use the Certificateholder's Certificate Date to determine the anniversary dates of coverage under this Policy. It also refers, separately, to the date We add a Covered Person to this Policy or when any change in coverage occurs.

CERTIFICATEHOLDER means the Applicant named in the Enrollment Application, any successor thereof, or, in the case of the death of the Applicant, any person thereafter named to assume ownership privileges under this Policy. Such person, regardless of title, has exclusive ownership privileges under this Policy. These privileges include, but are not limited to, his/her right to change coverage under this Policy for themselves or any Covered Person.

COVERED PERSON means each person named as a Covered Person on the Certificateholder's Certificate Schedule whose coverage under the Group Policy has not terminated.

DEATH BENEFIT means the amount of coverage applicable to each Covered Person, as shown in the Certificateholder's Certificate Schedule.

LIMITING AGE for the Certificateholder's children is each child's Attained Age 26. This is the Certificateholder's coverage anniversary next following the child's 26th birthday.

NATURAL PERSON means a human being only and not a trust, a corporation, or any other legally recognized entity.

PAYEE means the person to whom any of the proceeds of this Policy are paid.

PROOF OF DEATH means all of the following:

1. a certified death certificate;
2. a claimant statement; and
3. any other information We may reasonably require to establish the validity of the claim.

US, WE, OUR or THE COMPANY means American National Life Insurance Company of Texas (ANTEX).

YOU or YOUR means the Certificateholder who is the Applicant in the Certificateholder's Enrollment Application.

DEATH BENEFIT

The Death Benefit payable upon Your death or Your Spouse's death will be based upon the Attained Age on the date either such death occurs. The Death Benefit for Your child will be based upon its Attained Age. The Death Benefits for all Covered Persons are shown in Your Certificate Schedule.

Proceeds payable at death of a Covered Person will be paid upon the Company's receipt of Proof of Death of the Covered Person. Such proceeds will be paid to the designated beneficiary, if living on the Covered Person's date of death. If the designated beneficiary is deceased, such proceeds will be paid to the deceased Covered Person's estate. If proceeds are not paid within 30 days from the date of Our receipt of due Proof of Death, then such proceeds, including both the Death Benefit and any refund of premiums at death, will include interest from the date of death to the date of payment. Interest will be calculated at an interest rate equal to the statutory rate in effect in the state where the deceased Covered Person legally resided on his/her date of death. Any proceeds payable under the terms of the Group Policy are subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions.

FAMILY SECURITY BENEFIT

Upon receipt of the Certificateholder's Due Proof of Death occurring while coverage under this Policy is in effect, if coverage is then in effect for other Covered Persons, the Company will waive future premiums due after such receipt for a period of twelve months. During this period, coverage for other Covered Persons will remain as it was on the date of the Certificateholder's death, unless this Policy is terminated.

NONPARTICIPATING POLICY

This Policy is nonparticipating. It does not share in the Company's profits or surplus.

ADDITION OF NEWBORN CHILDREN

A child born to or adopted by the Certificateholder will become a Covered Person under this Policy. For a child born to the Certificateholder, coverage begins on the date of birth. For a child adopted by the Certificateholder, coverage begins: (a) from the date of birth if a petition for adoption is filed within 30 days of the birth of such child; or (b) from the date of placement for the purpose of adoption if a petition for adoption is filed within 30 days of placement of the child. This coverage will be free, without action by the Certificateholder, but it will last only through the 31st day following the child's date of birth or date of adoption, as described under situation (a) or (b) above, whichever is applicable. The term "placement" means in the physical custody of the adoptive parent.

To continue the child as a Covered Person, the Certificateholder must:

1. Notify ANTEX in writing of the child's birth or date of adoption as described in (a) or (b), above; and
2. Pay the extra premium for the child no later than 62 days following the child's date of birth or date of adoption, as described in (a) or (b), above.

As long as the Certificateholder pays the extra premium, the child will remain a Covered Person, subject to the Termination of Coverage and Loss of Coverage Eligibility provisions of this Policy. Coverage for a child that is placed with the Certificateholder for adoption will continue in accordance with the Termination of Coverage and Loss of Coverage Eligibility provisions, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

We do not require an application for the child unless the Certificateholder has notified Us of the child later than the 31 days as required above.

LOSS OF ELIGIBILITY

Eligibility for continuation of coverage under this Policy by a Covered Person ends on the date of the month that coincides with the date of the month shown on the Certificate Schedule and occurs on such date next following the date of the event that causes such termination.

RULES FOR ALL COVERED PERSONS - Coverage will end:

1. If this Policy is terminated in accordance with the section titled TERMINATION OF COVERAGE; or
2. If the Certificateholder fails to pay the required premium within the Grace Period.

RULES FOR ADULT COVERED PERSONS - Coverage will end:

1. For the Certificateholder's spouse if there is a divorce;
2. If a mentally or physically disabled Covered Person marries or becomes capable of self-support; or
3. If the Certificateholder's spouse is not a Covered Person at the time of his/her death, We will end coverage for all Covered Persons.

If a married Certificateholder dies and his/her spouse is a Covered Person, the spouse will become the Certificateholder.

RULES FOR CHILD COVERED PERSONS - Coverage will end for a child when:

1. The child is no longer a dependent of the Certificateholder;
2. The child gets married;
3. The child attains the Limiting Age; or
4. Neither the Certificateholder nor his/her spouse remains covered under this Policy.

PREMIUM – We will adjust premiums if required under Our rules as of the date coverage ends for a Covered Person. This will occur on a date consistent with the date coverage ends, as described above.

PREMIUM CHANGES

We reserve the right to change the Certificateholder's current premium any time, from time to time. Any change in premium will be on a uniform basis for Covered Persons of the same age, sex and underwriting classification whose coverage has been in force for the same length of time. Change in health or other risk factors after the Certificateholder's Certificate Date will not affect any change in premium. In the event of such a change, The Certificateholder and the Group Policyholder will be given 31 days advance written notice of such change.

REINSTATEMENT

The Certificateholder may reinstate coverage under this Policy after it has lapsed. All these conditions must be met:

1. the reinstatement must be within 180 days of the date the Certificateholder's coverage under this Policy terminates;
2. The Certificateholder must give the Company any facts it requires to prove The Certificateholder and any other Covered Person is insurable; and
3. all premiums in arrears must be paid with compound interest. The interest rate will be 6% per year.

TERMINATION

Coverage under this Policy terminates on the on the earliest of:

1. the anniversary of the Certificateholder's Certificate Date next following the Certificateholder's 69th birthday;
or
2. 31 days after ANTEX or the Group Policyholder provide written notice to the other party that this Policy is terminated.

CONVERSION PRIVILEGE

Membership Termination

If the Certificateholder ceases to be an eligible member of the Association, he will be eligible to convert coverage under this Policy to an individual policy of life insurance without Evidence of Insurability. In order to be eligible for this conversion, the coverage must have not been terminated due to: 1) the Certificateholder's request to end such coverage; or 2) Failure to make timely premium payments.

The terms of such a conversion policy are as follows:

1. The conversion policy will not include any disability or other supplementary benefits.
2. The conversion policy may be on any of the forms the Company would then issue in the amount applied for to a person of the same age, sex, and class of insurance, other than term insurance. The form issued will be at the option of the Company.
3. The face amount of the converted policy shall be no more than the amount of group insurance terminated.
4. The premium for the converted policy will be at the Company's normal rates, given:
 - a. the form and amount applied for;
 - b. the class of risk to which You then belong; and
 - c. Your Attained Age as of the date the conversion goes into effect.

The Certificateholder must pay the first and subsequent premiums to the Company at Our Administrative Office. Written application and the first premium payment must be made within 31 days after the loss of group coverage under this Policy.

Policy Termination

If this terminates and the Certificateholder has been covered for at least five years prior to the loss of coverage, he will be eligible to convert coverage under this Policy to an individual policy of life insurance without Evidence of Insurability.

Conversion would be according to the same terms stated for Membership Termination above except that the amount that may be converted is limited to the lesser of:

1. the amount lost under this Policy (minus any amounts to which the Certificateholder becomes eligible under any other group plan within 31 days); or
2. [\$2,000.00].

The Company will pay any amount that could have been converted if the Certificateholder dies during the 31 days allowed for conversion. The Company will pay this amount whether or not a conversion application or payment of the first premium has been made.

"Evidence of Insurability" means proof satisfactory to Us that the Certificateholder is an acceptable risk under the Group Policy.

SETTLEMENT OPTIONS

The Company will first discharge in a single sum any liability under an assignment of the Policy. Other options can be used if agreed to by the Company.

GENERAL PROVISIONS

ENTIRE CONTRACT -- The Entire Contract will consist of:

1. This Policy;
2. The Application of the Group Policyholder, which will be attached to this Policy;
3. Any Enrollment Applications and attached papers for the proposed Covered Persons; and
4. Any riders, endorsements or amendments issued with or added to this Policy or any Certificate which is a part of this Policy.

We will deem all the statements provided in the Certificateholder's Enrollment Application and attached supplements, except fraudulent statements, as representations and not warranties.

INCONTESTABILITY -- A Covered Person's coverage under this Policy will be incontestable after it has been in force during the Covered Person's lifetime for two years from the Covered Person's Certificate Date, except for nonpayment of premium.

Any reinstatement shall be incontestable after two years from the Effective Date of such reinstatement, except for nonpayment of premium. The basis for contest by the Company for a reinstatement shall be only the answers stated in the reinstatement application.

PREMIUM PAYMENT -- Premiums will be payable in advance of coverage being provided:

1. while the Certificateholder is living;
2. starting on the Certificateholder's Certificate Date;
3. during the premium period shown in the Certificateholder's Certificate Schedule; and
4. at the premium interval and amount shown in the Certificateholder's Certificate Schedule.

Premiums are payable to the Home Office, or to the Company's authorized agent in exchange for an official receipt. The receipt will be signed by the President or Secretary and will be countersigned by the agent. Premium payment intervals may be changed with the Company's consent upon written request.

NONPAYMENT OF PREMIUM -- If a premium is not paid within the Grace Period defined below, coverage under this Policy for all Covered Persons listed in the Certificateholder's Certificate Schedule will terminate on the due date of the first premium in default.

GRACE PERIOD -- A grace period of 31 days is granted for the Certificateholder's payment of each premium after the first. The Certificateholder's coverage under this Policy stays in force during this period. If a Covered Person dies within the 31 days after the due date of the unpaid premium, premium due for the deceased Covered Person will be deducted from the Policy proceeds.

SUICIDE -- If the Covered Person, whether sane or insane, dies from suicide within two years from his/her Certificate Date or effective date of reinstatement, the Company is liable only for return of premiums paid.

MISSTATEMENT OF AGE OR SEX -- If the age or sex of the Covered Person is misstated, any benefits or amounts payable will be changed to what the premium would have bought for the correct age and sex. Amounts will be based on the Company's rates on the Certificateholder's Certificate Date.

ASSIGNMENT -- No assignment will bind the Company until recorded at the Home Office. The Company is not obligated to see that an assignment is valid or sufficient.

BENEFICIARY INTEREST -- Beneficiaries will be designated as first, second, third, and so on. A Beneficiary or class of Beneficiaries will receive Death Benefits in that order. Unless changed by endorsement or written request filed at the Company's Home Office:

1. two or more class members will share proceeds equally;
2. surviving class members will share equally the proceeds to which a deceased class member would have been entitled; and
3. if no Beneficiary survives the deceased Covered Person, proceeds will be paid to the deceased Covered Person's estate.

A Beneficiary will not share in any proceeds or benefits if:

1. the Beneficiary dies within 6 days after a Covered Person's death; and
2. the Company's Home Office has not then received proof of the Covered Person's death.

If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Covered Person's death. All Beneficiaries' interests are subject to any assignment on record at the Company's Home Office.

CHANGE OF BENEFICIARY -- The Certificateholder may change a Beneficiary if a written request in a form acceptable to the Company is filed at the Company's Home Office. Upon being recorded at the Company's Home Office, the change will take effect as of the date the request was signed, whether or not the Covered Person is living on the date the change is recorded, subject to any payment made or other action taken by the Company before such recording. The change is subject to:

1. the rights of an assignee of record; and
2. the rights of an irrevocable Beneficiary.

POWER TO MODIFY -- Only the Company's President, a Vice President, or Secretary has the power to:

1. change this Policy;
2. extend the time for payment of premiums; or
3. waive any Policy provisions.

Any change in the Policy will be by endorsement signed by one of the above-named officers.

NOTICES -- All notices, Applications, and other correspondence required, by this Policy or any attached riders, to be sent to the Company must be mailed or delivered to the Company's Home Office in Galveston, Texas.

AUTOPSY -- In the case of death, the Company, at its own expense, has the right and opportunity to make an autopsy where it is not prohibited.

CLAIMS OF CREDITORS -- The payment of benefits under this Policy will not be subject to the claims of creditors to the extent allowed by law.

LEGAL ACTIONS -- No legal action may be brought to recover on the Group Policy within 60 days after a claimant gives written Proof of Loss. No legal action may be brought after 3 years from the time the Group Policy requires written Proof of Loss.

LIMITATION OF LIABILITY -- The Certificateholder agrees that Our maximum liability under the Group Policy and related matters is limited to:

1. Group Policy benefits otherwise payable;
2. The Certificateholder's reasonable attorneys fees, if any; and
3. Any statutory penalties that may be imposed.

**GROUP DECREASING TERM LIFE INSURANCE
NO DIVIDENDS. PREMIUMS SUBJECT TO CHANGE.**