

SERFF Tracking Number: NGLI-126140296 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 42284
Company Tracking Number: SERIES 4 CLASS A 7 PAY
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name: Series 4 Class A 7 Pay
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Series 4 Class A 7 Pay

TOI: L07G Group Life - Whole

Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense

Filing Type: Form

SERFF Tr Num: NGLI-126140296 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 42284

Co Tr Num: SERIES 4 CLASS A 7 State Status: Approved-Closed PAY

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 05/11/2009

Date Submitted: 05/05/2009 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/11/2009

Deemer Date:

Submitted By: Kim Bolinder

Filing Description:

May 5, 2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Created By: Kim Bolinder

Corresponding Filing Tracking Number:

Arkansas Department of Insurance

VIA SERFF

RE: National Guardian Life Insurance Company

NAIC # 66583 - FEIN# 39-0493780

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Additional Certificate Schedule Page – 7-Pay Option
Previously Approved Group Certificate: NPNCERTMP2002-AR

Dear Commissioner/Director:

I have enclosed an additional certificate schedule page, intended for use with Certificate form NPNCERTMP2002-AR. This group Certificate was previously approved for use by your department on November 21, 2002 in accordance with group policies issued outside your state (Missouri) which extend coverage to residents of Arkansas.

Certificate NPNCERTMP2002-AR was initially filed with premium payment options of 3 years, 5 years and 10 years. A one-pay option was approved on April 22, 2005. We would like to offer a seven year payment option.

This schedule page represents a 7-year payment option. Premiums are paid modally over a period of 7 years. At the end of seven years the Certificate is fully paid up.

Your approval of this additional Schedule page for use with the previously approved Certificate would greatly be appreciated.

If you have any questions or comments, please contact me. We thank you in advance for your assistance.

Sincerely,

Kim Bolinder, Policy Forms Specialist
National Guardian Life Insurance Company
800-548-2962, ext. 5335
kabolinder@nglic.com

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com
2 East Gilman Street 608-443-5335 [Phone]
Madison, WI 53701 608-443-5365 [FAX]

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Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5790[Phone]	FEIN Number: 39-0493780	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	05/05/2009	27644165

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/11/2009	05/11/2009

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Disposition

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Form	SCHEDULE OF BENEFITS AND PREMIUMS		Yes

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Form Schedule

Lead Form Number: NPNCERTMP2002-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NPNCERTMP2002-AR 1/06	Schedule Pages	SCHEDULE OF BENEFITS AND PREMIUMS	Initial			NPNCERTMP 2002-AR 1-06 3 7-Pay.pdf

SCHEDULE OF BENEFITS AND PREMIUMS
 CERTIFICATE NUMBER [123456] ISSUED [MARCH 15, 2009]
 Group Policy Number [78910]

Plan	Certificate Amount	Annual Premium	Years Payable	Maturity/ Expiry Date	
Limited Pay Whole Life	[\$5,000]	[\$885.00]	[7]	Life	
Premium Mode:	Annually	Semi-annually	Quarterly	Monthly	EFT Monthly
Premium Payable:	885.00	460.20	234.53	81.42	77.88
*Total Annual Cost:	885.00	920.40	938.12	977.04	934.56
*Total Extra Annual Cost:	0	35.40	53.12	92.04	49.56

*Note: Total Extra Annual Cost is the additional cost each year for your certificate if you pay your premium other than annually.

Guaranteed Values

Figures based on above Certificate Amount not including future growth.

End of Certificate Year	Cash or Loan Value	Paid-Up Insurance
1	[0.00]	[0.00]
2	[129.60]	[623.55]
3	[335.35]	[1,551.05]
4	[551.05]	[2,450.45]
5	[777.10]	[3,323.55]
6	[1,014.15]	[4,172.75]
7	[1,262.75]	[5,000.00]
8	[1,311.70]	[5,000.00]
9	[1,362.15]	[5,000.00]
10	[1,414.05]	[5,000.00]
11	[1,467.40]	[5,000.00]
12	[1,522.35]	[5,000.00]
13	[1,578.85]	[5,000.00]
14	[1,637.00]	[5,000.00]
15	[1,696.70]	[5,000.00]
16	[1,757.95]	[5,000.00]
17	[1,820.65]	[5,000.00]
18	[1,884.70]	[5,000.00]
19	[1,949.95]	[5,000.00]
20	[2,016.30]	[5,000.00]
Age 55	[2,016.30]	[5,000.00]
Age 60	[2,365.30]	[5,000.00]
Age 65	[2,737.15]	[5,000.00]

Declared Annual Growth Rate: [2.00]% Non-Guaranteed
 Certificate Loan Interest Rate: 8.00% Annually In Arrears
 Guaranteed Basis Of Values and Paid-Up Insurance:
 Mortality Table: 1980 CSO Sex Distinct Age Last Birthday
 Interest Rate: 5.00%
 Method: 1980 CSO Standard Nonforfeiture Law Minimum

Insured: [John Doe]
 Age: [35 Male]
 Beneficiary: As Stated In The Enrollment Form Or Last Recorded Endorsement
 Certificate Owner: [John Doe]

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: New Schedule Page only-		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment:		
AR- Previous Approved Applications.pdf		

Applications to be used with new Schedule Page NPNCERTMP2002-AR:

FORM NUMBER	DATE APPROVED	AR FILING ID
2735PN-AR 05/08	10/30/2008	40720
2735FE-AR 12/08	01/07/2009	41258