

SERFF Tracking Number: ONLI-126121221 State: Arkansas
 Filing Company: Ozark National Life Insurance Company State Tracking Number: 42252
 Company Tracking Number: 370 R 09
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Annual Renewable, Convertible Term
 Project Name/Number: Annual Renewable, Convertible Term/370 R 09

Filing at a Glance

Company: Ozark National Life Insurance Company

Product Name: Annual Renewable, Convertible SERFF Tr Num: ONLI-126121221 State: Arkansas

Term

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 42252

Closed

Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: 370 R 09 State Status: Approved-Closed
 Fixed/Indeterminate Premium

Filing Type: Form

Reviewer(s): Linda Bird

Author: Peggy Glover

Disposition Date: 05/08/2009

Date Submitted: 04/30/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Annual Renewable, Convertible Term

Status of Filing in Domicile: Authorized

Project Number: 370 R 09

Date Approved in Domicile: 04/28/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/08/2009

Explanation for Other Group Market Type:

State Status Changed: 05/08/2009

Deemer Date:

Created By: Peggy Glover

Submitted By: Peggy Glover

Corresponding Filing Tracking Number:

Filing Description:

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

The submitted Plan 370 R 009 (Annual Renewable and Convertible Term Insurance Policy) is substantially similar to our previously submitted and approved Plan 368 R 93. Material differences between the previously approved product and the current submission are these:

SERFF Tracking Number: ONLI-126121221 State: Arkansas
 Filing Company: Ozark National Life Insurance Company State Tracking Number: 42252
 Company Tracking Number: 370 R 09
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Annual Renewable, Convertible Term
 Project Name/Number: Annual Renewable, Convertible Term/370 R 09

- 1) The Plan 370 R 009 utilizes the 2001 CSO tables. The previously approved product used the 1980 CSO tables.
- 2) The Schedule page will reflect the applicable state insurance department telephone number. For filing purposes, the telephone number is that of the Company's state of domicile, Missouri.

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

Company and Contact

Filing Contact Information

Peggy Glover, Paralegal peggy.glover@ozark-national.com
 500 E 9th St 816-842-6300 [Phone] 222 [Ext]
 Kansas City, MO 64106-2627 816-842-7482 [FAX]

Filing Company Information

Ozark National Life Insurance Company CoCode: 67393 State of Domicile: Missouri
 500 E 9th St Group Code: Company Type: life insurer
 Kansas City, MO 64106-2627 Group Name: State ID Number:
 (816) 842-6300 ext. [Phone] FEIN Number: 43-0812448

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 370 R 09 AR - \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ozark National Life Insurance Company	\$50.00	04/30/2009	27551214

SERFF Tracking Number: ONLI-126121221 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Annual Renewable, Convertible Term
Project Name/Number: Annual Renewable, Convertible Term/370 R 09

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/08/2009	05/08/2009

SERFF Tracking Number: ONLI-126121221 *State:* Arkansas
Filing Company: Ozark National Life Insurance Company *State Tracking Number:* 42252
Company Tracking Number: 370 R 09
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Annual Renewable, Convertible Term
Project Name/Number: Annual Renewable, Convertible Term/370 R 09

Disposition

Disposition Date: 05/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ONLI-126121221 State: Arkansas
 Filing Company: Ozark National Life Insurance Company State Tracking Number: 42252
 Company Tracking Number: 370 R 09
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Annual Renewable, Convertible Term
 Project Name/Number: Annual Renewable, Convertible Term/370 R 09

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Annual Renewable & Convertible Term Insurance Policy		Yes

SERFF Tracking Number: ONLI-126121221 State: Arkansas
 Filing Company: Ozark National Life Insurance Company State Tracking Number: 42252
 Company Tracking Number: 370 R 09
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Annual Renewable, Convertible Term
 Project Name/Number: Annual Renewable, Convertible Term/370 R 09

Form Schedule

Lead Form Number: 370 R 09 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	370 R 09	Policy/Cont	Annual Renewable & Initial ract/Fratern Convertible Term al Insurance Policy Certificate			59.120	370 R 09 AR wSchedule.pdf



LIFE OF THE OZARKS
A LEGAL RESERVE STOCK COMPANY

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

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

Chairman and CEO

Secretary

RIGHT TO CANCEL

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

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

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

ANNUAL RENEWABLE AND CONVERTIBLE TERM INSURANCE POLICY
RENEWABLE TO AGE 100 CONVERTIBLE TO AGE 69
PREMIUMS PAYABLE TO AGE 100

NON PARTICIPATING

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Copy of Application and any Rider Benefits follow Page 10.

POLICY DEFINITIONS

"We", "Us", or "Our"

LIFE OF THE OZARKS

Please contact your agent or call our Policy Services Department at (816) 842-6300 to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.

"You" or "Your"

The Owner of the Policy.

"Owner"

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

"Insured"

The person whose life is insured by this Policy.

"Beneficiary"

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

"Death Benefit"

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

"Policy Date"

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

"Proceeds"

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

"In Writing"

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

"Conversion Provision"

You may convert this term policy in whole or part to a whole life policy on or prior to the Policy Anniversary coinciding with or next succeeding the insured's 69th birthday.

"Age"

Age last birthday.

INSURED: SAM SAMPLE
 AGE: 35
 SEX: MALE

POLICY NUMBER: 1045988
 POLICY DATE: 04-20-2009
 PREMIUM CLASS: STANDARD

BENEFIT AMOUNT	ANNUAL PREMIUMS	ANNUAL WAIVER	PERIOD PAYABLE
50,000	134.50	12.50	01
50,000	139.50	12.50	02
50,000	146.00	12.50	03
50,000	153.50	13.00	04
50,000	162.50	13.50	05
50,000	172.50	14.00	06
50,000	183.50	14.50	07
50,000	195.00	15.50	08
50,000	207.50	16.50	09
50,000	221.00	17.50	10
50,000	235.00	18.50	11
50,000	249.50	20.00	12
50,000	265.00	22.00	13
50,000	282.00	25.00	14
50,000	302.00	29.50	15
50,000	304.50	35.00	16
50,000	350.50	42.50	17
50,000	379.50	52.00	18
50,000	411.50	63.50	19
50,000	446.00	80.00	20
50,000	483.00	100.00	21
50,000	522.00	130.00	22
50,000	564.00	155.00	23
50,000	609.50	190.00	24
50,000	659.50	235.00	25
50,000	715.00		26
50,000	776.50		27
50,000	843.00		28
50,000	914.00		29
50,000	988.50		30
50,000	1,065.00		31
50,000	1,143.50		32
50,000	1,227.00		33
50,000	1,320.00		34
50,000	1,426.00		35
50,000	1,549.00		36
50,000	1,692.50		37
50,000	1,857.50		38
50,000	2,046.00		39
50,000	2,257.50		40
50,000	2,494.00		41
50,000	2,756.00		42
50,000	3,044.50		43
50,000	3,361.00		44

(Continued)

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

PLAN 370

SCHEDULE

BENEFIT AMOUNT	ANNUAL PREMIUMS	ANNUAL WAIVER	PERIOD PAYABLE
50,000	3,707.00		45
50,000	4,083.00		46
50,000	4,485.50		47
50,000	4,910.50		48
50,000	5,358.50		49
50,000	5,833.00		50
50,000	6,337.50		51
50,000	6,874.50		52
50,000	7,451.00		53
50,000	8,076.00		54
50,000	8,763.00		55
50,000	9,531.00		56
50,000	10,403.50		57
50,000	11,407.50		58
50,000	12,577.00		59
50,000	13,988.50		60
50,000	15,853.00		61
50,000	18,744.00		62
50,000	24,005.50		63
50,000	33,164.00		64
50,000	44,642.00		65

THE ABOVE PREMIUM RATES INCLUDE A \$50.00 ANNUAL POLICY FEE.
LIFE OF THE OZARKS

GENERAL PROVISIONS

PREMIUM PAYMENTS

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

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

GRACE PERIOD

The Grace Period is thirty-one days. It applies to each premium after the first. It begins on the premium due date. It ends thirty-one days later. A premium may be paid (without interest) any time during the Grace Period. This Policy will be in force during the Grace Period. If the Insured dies during the Grace Period We will deduct the past due premium from any benefits We owe. If a premium is not paid before the Grace Period ends, this Policy will lapse. Lapse means it will end and be of no value.

REINSTATEMENT

This Policy may be reinstated within five years after default in the payment of any premium upon written request to the Company with evidence of insurability satisfactory to the Company and upon payment of all past due premiums with interest on such premiums at the Annual Interest Rate of 6%.

ENTIRE CONTRACT

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

CHANGE OF CONTRACT

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

INCONTESTABILITY

After this Policy has been in force during the lifetime of the Insured for two years from the Policy Date, We cannot contest it except for non-payment of premiums when due.

This paragraph does not apply to any benefits payable under any Disability or Accidental Death Rider.

SUICIDE EXCLUSION

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

*This exclusion is limited to one year for any policy issued or delivered in the states of Colorado, Missouri and North Dakota.

INCORRECT AGE OR SEX

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

SETTLEMENT AND INDEBTEDNESS

All sums We owe under the Policy are payable at Our Home Office. You must surrender the Policy.

CONVERSION PRIVILEGE

This Policy may be converted in whole or in part (subject to Our minimum policy requirements) to a new whole life or endowment policy with a face amount not greater than the Face Amount of this Policy, and with a Policy Date which shall be the Date of Conversion, at any time during the continuance of this Policy on or prior to the Policy Anniversary coinciding with or next succeeding the Insured's 69th birthday. If, under the provisions of a disability rider, We are waiving payment of premiums because of the Insured's total disability, then the conversion privilege may not be exercised. The premium rate for such new policy (at the attained age of the Insured) shall be that then in use by Us for the same risk classification as this Policy. A rider providing benefits in the event of total and permanent disability or additional benefits in event of accidental death will be included in the new Policy without evidence of insurability only if such a Rider is in force under this Policy at the Date of Conversion, and only if We, on the Date of Conversion, customarily issue such riders with new policies at the then attained age of the Insured at last birthday.

RENEWAL PROVISIONS

Upon payment of premiums and subject to its terms and conditions, this Policy, will be automatically renewed, without evidence of insurability, at the end of the first Policy Year and from year to year thereafter, until the Policy Anniversary on or after the Insured's 99th birthday. The premium for each renewal year shall be payable at the beginning of that year, subject to the PREMIUM PAYMENTS and GRACE PERIOD provisions.

BENEFICIARY AND OWNERSHIP PROVISIONS

BENEFICIARY

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

CHANGE OF BENEFICIARY

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

RIGHTS OF THE OWNER

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

CHANGE OF OWNER

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

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

TRANSFER BY ASSIGNMENT

You may assign or transfer to someone else all or some of Your rights in this Policy. The transfer will take effect when We receive it In Writing. We will record the transfer. We will not be responsible for its validity or effect.

SETTLEMENT OPTIONS

When a policy becomes a claim by the death of the insured, settlement shall be made upon receipt of due proof of death, or not later than two months after receipt of such proof. All of the Proceeds of this Policy will be paid in one sum unless one of the following options is chosen by You. Interest shall be payable from the date of death to the date of settlement. Interest will be paid at a rate that is the same interest percentage as set forth in **Option 4. Interest Income** of this section.

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

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

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

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

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

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

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

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

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

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

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

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

Option 2. Life Income with a Fixed Period. Payments will be in equal monthly installments. The amount of each payment will be based on the age and sex of the Payee. Payments will be made for a fixed period and for as long after that as the Payee lives. No Payee may commute

installments under this Option 2. Use the sex and age last birthday of the Payee at the time payment starts. Use the correct fixed period. The table below will then tell You the amount of each monthly installment for each \$1,000 of Proceeds.

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

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

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

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

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

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

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

Option 4. Interest Income. The proceeds may be held by Us at interest. We will hold them for an agreed period of

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

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

ALPHABETICAL INDEX TO YOUR POLICY

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

A LEGAL RESERVE STOCK COMPANY

**ANNUAL RENEWABLE
AND CONVERTIBLE TERM
INSURANCE
RENEWABLE TO AGE 100
CONVERTIBLE TO AGE 69
PREMIUMS PAYABLE TO AGE 100**

NON PARTICIPATING

SERFF Tracking Number: ONLI-126121221 State: Arkansas
Filing Company: Ozark National Life Insurance Company State Tracking Number: 42252
Company Tracking Number: 370 R 09
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Annual Renewable, Convertible Term
Project Name/Number: Annual Renewable, Convertible Term/370 R 09

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Certification form 370 R 09.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Attachment:

540 IR 08 AR.pdf

CERTIFICATE OF COMPLIANCE

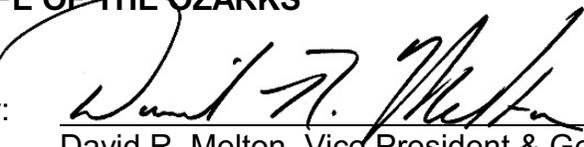
Re: Policy Form No. 370 R 09 AR

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

1. The captioned form complies with the applicable statutory and regulatory laws in the state to which this filing is submitted.
2. The captioned form meets or exceeds the legibility and readability requirements in the states to which this filing is submitted, including ten (10) point or larger type, and Flesch scores of 40 or greater.
3. That the Company complies with Rule and Regulation 19 by providing the consumer with a Life and Health Guaranty Association notice.
4. The captioned forms contain no unusual or controversial provisions.

LIFE OF THE OZARKS

By: _____


David R. Melton, Vice President & General Counsel

Date: April 21, 2009



INSURED

USE BLACK INK ONLY - PLEASE PRINT

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

First Middle Last

2. Residence Address

Street

City State Zip

3. Insured's Previous Address

Street

City State Zip

4. Driver's License # State Issued

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

b. Duties Performed

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

Marital Status: Single Married Widowed Divorced Separated

Social Security # [] [] [] - [] [] - [] [] [] []

Are you a U.S. Citizen? Yes No

Height Weight

Home Phone ()

Bus/Cell Phone ()

Email Address:

5. Existing Fund Account Numbers

Employer

Location

PLAN INFORMATION

7. Total Annual Premium Mode Premium Pay Mode Pay Code A S ET DB SS Q M GR FB PY

8. Plan # of Insurance Rider I Rider II Rider III Base Plan Volume Tobacco Use Non-Tobacco GR / FB # WP AD GI PDD (See #16)

9. Special Requests: 10. Special Draft Date

11. Automatic Premium Loan Clause to be operative? Yes No 12. Replacement / Conversion Yes No

Prior Policy #

OWNER

13. Proposed ownership designation - Legal name(s)

Same as above insured

Primary Owner

[] [] [] - [] [] - [] [] [] [] Owner's Soc. Sec. # Birth Date Relationship

Owner's Mailing Address

City State Zip

Contingent Owner

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

Contingent Owner's Address

City State Zip

Agent No. 1 Agent #

Agent No. 2 Agent #



PRIMARY BENEFICIARIES

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

Additional Primary Beneficiaries Continued on another sheet

CONTINGENT BENEFICIARIES

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

Additional Contingent Beneficiaries Continued on another sheet

COMPLETE FOR SPOUSE, CPR, PAYOR DEATH / DISABILITY COVERAGE

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

PDD Yes No

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

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

ADDITIONAL INSURANCE

17. Life Insurance in force on Proposed Insured:

Year Issued	Name of Company	Amount	Amount of Accidental Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY HISTORY

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

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

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

b. Had any test, procedure or treatment? If YES, provide details.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Been advised to have any diagnostic test, hospitalization, treatment or surgery which was not completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



CERTIFICATION

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

FRAUD WARNING

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

ACKNOWLEDGMENT AND AUTHORIZATION

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

Monies Received with Application \$ _____ For _____ Premium _____

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

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

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

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

Home Office Additions or Corrections

* A A R O S *

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

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

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

Agent _____ Date _____

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

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

OTHER SPECIAL REQUESTS



Date _____ Agent's Signature _____

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

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

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

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