

SERFF Tracking Number: MADS-126227354 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 42977  
Company Tracking Number: IWL-CONV  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: IWL-Conv  
Project Name/Number: /

## Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: IWL-Conv

SERFF Tr Num: MADS-126227354 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42977

Sub-TOI: L08.000 Life - Other

Co Tr Num: IWL-CONV

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sue Long, Cheryl

Disposition Date: 07/22/2009

Richards, Andrea Greiber

Date Submitted: 07/14/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 07/09/2009

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: 07/22/2009

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Deemer Date:

Created By: Andrea Greiber

Submitted By: Andrea Greiber

Corresponding Filing Tracking Number:

Filing Description:

INDIVIDUAL WHOLE LIFE INSURANCE - CONVERSION POLICY

2001 CSO Ultimate - Age Last Birthday - Sex Distinct - Uni-Smoke – Level Premium & Benefits - Not Illustrated

We are filing the above referenced product for your review and approval. These forms are new and will not replace any existing forms on file with your Department.

POLICY:

The Policy form is a non-participating Individual Whole Life Insurance Policy with Level death benefits and premiums.

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**Variables:**

There are variables in the Policy, all located on the Schedule Page and Guaranteed Policy Values section. We have attached a Variability Statement with the variable explanations.

**APPLICATION:**

The Application form is an individual conversion Application for Individual Whole Life Insurance.

**JOHN DOE SPECIMEN:**

The Policy Schedule Page and Application completed in John Doe fashion are included under the "Supporting Documentation" tab.

**DISCLOSURES:**

We understand and comply with State Disclosure Requirements: We provide Disclosure documents as required and which vary by State. These disclosures include the Policy Summary, Buyer's Guide, and Guaranty Association notices.

## Company and Contact

**Filing Contact Information**

Andrea Greiber, Compliance Specialist ALG@madisonlife.com  
PO Box 5008 800-356-9601 [Phone] 2059 [Ext]  
Madison, WI 53705 608-830-2704 [FAX]

**Filing Company Information**

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin  
1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health  
Madison, WI 53717 Group Name: State ID Number:  
(608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Madison National Life Insurance Company, Inc. \$50.00 07/14/2009 29177396

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2009	07/22/2009

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## Disposition

Disposition Date: 07/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MADS-126227354 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 42977  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Actuarial		No
Supporting Document	John Doe, Summary- Policy's Statement of Variability, Checklist		Yes
Form	POLICY		Yes
Form	APPLICATION		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IWLC-P-0609-AR	Policy/Contract/Fraternal Certificate	Initial		0.000	IWLC-P-0609-AR.pdf
	IWLC-A-0609-AR	Application/Enrollment Form	Initial		0.000	IWLC-A-0609-AR.pdf

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

**Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601**

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

**INDIVIDUAL WHOLE LIFE INSURANCE POLICY**

This Policy provides level death benefits and premiums. The death benefit is payable upon the Insured's death. We will pay the death benefit to the Beneficiary upon receipt of due Proof of Loss, while this Policy is in force. We issued this Policy in consideration of the Application and the payment of premiums.

During the lifetime of the Insured, You may obtain Policy loans, change the Beneficiary, assign an interest in this Policy, surrender this Policy for its Cash Value and exercise the other rights provided.

**THIS IS A LEGAL CONTRACT.  
PLEASE READ YOUR POLICY CAREFULLY.**

**RIGHT TO EXAMINE. We want You to be satisfied with this Policy. If You decide not to keep this Policy, return it within 30 days after receipt. It may be returned by delivering or mailing it to Our Home Office, or to the Insurance Producer who sold You this Policy. Once returned, this Policy will be void from its beginning. We will promptly refund any premium paid.**

Executed by the Madison National Life Insurance Company, Inc. as of this Policy date.



**Larry R. Graber**  
President



**Adam C. Vandervoort**  
Secretary

**LIFE INSURANCE PAYABLE AT DEATH  
BENEFIT AMOUNTS AS SPECIFIED  
PREMIUMS PAYABLE THROUGHOUT LIFE  
NON-PARTICIPATING**

## NOTICE TO POLICYHOLDERS

**Madison National Life Insurance Company, Inc.**, 1241 John Q. Hammons Drive, Madison, Wisconsin 53717

You may call Madison National Life Insurance Company at the following telephone number:

1-800-356-9601, Toll-Free Telephone Number  
(608) 830-2000, Local Telephone Number

You may write to Madison National Life Insurance Company at:

P. O. Box 5008  
Madison, WI 53705

You may contact the **Arkansas Department of Insurance** at the following address:

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

The consumer service telephone number for the Arkansas Department of Insurance is as follows:

1-800-852-5494

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## Schedule Page

TYPE OF COVERAGE	BENEFIT	BENEFIT PERIOD	ANNUAL PREMIUM	PREMIUM PAYABLE
WHOLE LIFE INSURANCE [[NAME] RIDER	\$(AMOUNT) [\$(AMOUNT)]	AGE 121 [AGE]	\$(AMOUNT) \$(AMOUNT)	AGE 121 [AGE]

**MODAL PREMIUM:** \$(AMOUNT)

**PAYABLE:** [M/Q/S-A/A]

ANNUAL PREMIUM: \$(AMOUNT)

[M/Q/S-A/A] BANK DRAFT PREMIUM: \$(AMOUNT)

SEMI-ANNUAL PREMIUM: \$(AMOUNT)

POLICY FEE: \$(AMOUNT)

QUARTERLY PREMIUM: \$(AMOUNT)

MONTHLY DIRECT: \$(AMOUNT)

**INSURED:** [NAME]

**FACE AMOUNT:** \$(AMOUNT)

**OWNER:** [NAME]

**POLICY NUMBER:** [NUMBER]

**INSURED AGE AT ISSUE:** [AGE]

**DATE OF ISSUE:** [DATE]

**INSURED SEX:** [MALE/FEMALE]

**PREMIUM CLASS:** STANDARD

**BENEFICIARY:** AS NAMED IN THE APPLICATION UNLESS OTHERWISE CHANGED

NONFORFEITURE FACTOR: [AMOUNT]

INTEREST RATE PER YEAR: RESERVES 4.0%

CASH VALUES 5.0%

## Guaranteed Policy Values

The Guaranteed Policy Values shown below are the values for the end of the indicated Policy years. The Guaranteed Policy Values are based on the assumptions that all premiums due have been paid, there is no indebtedness on the Policy and values are based on the Face Amount, as shown on Schedule Page. Values not shown below may be requested. All values will be determined with allowance for elapsed time and premium payments for part of a year.

End of Policy Year	Cash Value	Reduced Paid-Up Insurance Amount	Extended Term Insurance	
			Years	Days
1	[0.00	0.00	0	0
2	0.00	0.00	0	0
3	94.50	553.96	2	227
4	313.75	1763.66	7	112
5	542.00	2921.88	10	343
6	779.00	4028.25	13	301
7	1,024.50	5082.84	15	330
8	1,278.50	6087.54	17	204
9	1,540.50	7042.39	18	304
10	1,810.50	7949.93	19	286
11	2,089.00	8813.92	20	193
12	2,376.25	9636.87	21	49
13	2,674.00	10425.29	21	231
14	2,983.75	11183.11	22	11
15	3,305.25	11909.98	22	115
16	3,638.50	12606.81	22	184
17	3,982.25	13271.39	22	225
18	4,335.75	13904.14	22	243
19	4,698.00	14504.45	22	238
20	5,068.25	15073.94	22	214
AGE 60	7,041.25	17518.42	21	207
AGE 62	7,888.50	18338.95	20	339
AGE 65	9,185.25	19405.50	19	302]

## Death Benefit Claim Payment

**Proof of Loss** - Proof of Loss must be sent to Us at Our office within one year of the Insured's death or as soon as reasonably possible. Proof of Loss must include a copy of the death certificate or other legal proof of death. We may request the return of this Policy.

**Payment of Proceeds** - The death benefit proceeds are payable to the Beneficiary no later than 30 days after receipt of due Proof of Loss that the Insured has died while this Policy is In Force. If any claims payment interest accrues, interest will be paid in the amount determined by the State in which the claims are incurred. The death benefit will be paid in one lump sum unless another Payment Option is selected.

The death benefit will be the face amount in effect at date of death, less any Policy debt and less one month's premium if death occurs during the grace period while premium is unpaid.

## Death Benefit Payment Options

You may elect one or more Payment Options for the Beneficiary. If you have not elected any Payment Options prior to the Insured's death, the Beneficiary may elect one or more Payment Options at that time. The amount to be applied under any one Payment Option must be at least \$2,000.00 and individual benefit payments must be at least \$50.00. Proceeds of a smaller amount will be paid in one lump sum.

If the Beneficiary is an estate, a partnership, a corporation, or an assignee, only a lump sum benefit will be available. If there is no Beneficiary living when this Policy becomes a death claim, only a lump sum benefit will be available.

If a Payment Option is elected by the Owner, the right of the Beneficiary to make any change in payment is available only if it is provided in the election. Each election or change of election must be made by the Owner in writing and to Us. To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

**Option 1. Income for a Fixed Period.** Equal monthly payments will be made for a fixed period. The monthly income for each \$1,000.00 applied is shown in the following table:

No. of Years Payable	Monthly Installments	No. of Years Payable	Monthly Installments
1	84.29	11	8.65
2	42.67	12	8.03
3	28.80	13	7.50
4	21.87	14	7.05
5	17.71	15	6.65
6	14.94	16	6.31
7	12.96	17	6.01
8	11.48	18	5.74
9	10.33	19	5.50
10	9.41	20	5.29

To determine Annual, Semi-Annual or Quarterly income, multiply monthly income by 11.813; 5.957; or 2.991. The above table is based on a guaranteed interest rate of 3% compounded annually.

### **Option 2. Income for Life with Period Certain.**

Equal monthly payments will be made for a fixed period and will continue after that period through the lifetime of the Beneficiary. You may elect a fixed period for 10, 15 or 20 years. The amount of each payment will depend upon the age at the last birthday of the Beneficiary at the time the first payment is due, and will be based on the following table:

## Monthly Income for Life with Period Certain

### MALE

* Beneficiary AGE	No. of Years Certain			* Beneficiary AGE	No. of Years Certain		
	10	15	20		10	15	20
10	2.85	2.84	2.84	45	3.79	3.76	3.73
15	2.91	2.91	2.91	50	4.08	4.04	3.98
20	2.99	2.99	2.99	55	4.45	4.38	4.27
25	3.09	3.09	3.08	60	4.94	4.80	4.59
30	3.21	3.21	3.20	65	5.56	5.28	4.92
35	3.36	3.35	3.34	70	6.31	5.78	5.19
40	3.55	3.54	3.52	75	7.17	6.24	5.37

\* Beneficiary Age at Date of Payment - Values for ages not shown will be provided upon request.

The above table is based on a guaranteed interest rate of 3% compounded annually.

### FEMALE

* Beneficiary AGE	No. of Years Certain			* Beneficiary AGE	No. of Years Certain		
	10	15	20		10	15	20
10	2.79	2.79	2.79	45	3.59	3.58	3.56
15	2.85	2.85	2.84	50	3.84	3.82	3.79
20	2.92	2.92	2.91	55	4.17	4.12	4.06
25	3.00	3.00	3.00	60	4.59	4.51	4.39
30	3.10	3.10	3.10	65	5.14	4.98	4.75
35	3.23	3.23	3.22	70	5.86	5.53	5.09
40	3.39	3.38	3.37	75	6.77	6.08	5.33

\* Beneficiary Age at Date of Payment - Values for ages not shown will be provided upon request.

The above table is based on a guaranteed interest rate of 3% compounded annually.

Should more than one Beneficiary be entitled to payment under this option, the portion of the death benefit accruing to each Beneficiary when the first installment becomes due, shall be applied separately to the purchase of the installments, based upon the age of each individual Beneficiary.

**Option 3. Payments of a Fixed Amount.** An agreed upon amount shall be paid to the Beneficiary each month until the proceeds, held at interest, are paid in full. The amount of each monthly payment may not be less than \$50.00 for each \$1,000.00 of proceeds applied. An annual percentage rate of at least 3% will be applied to the unpaid proceeds.

**Option 4. Interest Only Payment.** We will hold any proceeds applied under this Payment Option. Interest on the unpaid balance will be paid each month at an annual effective rate of at least 3%.

**Option 5. Other Payment Options.** The proceeds may be paid in any other manner agreed to by Us. On request, We will inform You of the amount of the monthly payment for the optional type of annuity desired. The payment will be the actuarial equivalent to those set out in the options above.

## Surrender Benefit Options

**Guaranteed Policy Value** - Upon lapse of this Policy, the Guaranteed Values will be determined as follows:

1. **Cash Value** – The Cash Value of this Policy, as shown in the Guaranteed Policy Values section, less any Policy debt, will be paid upon surrender of this Policy. We will have the right to delay payment of the Cash Value for a period of no more than 6 months after you request payment, or
2. **Paid-Up Insurance** – This Policy may be continued in force for a reduced face amount of Paid-Up Insurance using this Policy’s Cash Value as a net single premium. Such premium will be based on the Insured’s attained age, last birthday, on the due date of the premium in default. The death benefit payable is the reduced face amount of Paid Up Insurance, less any Policy debt, payable at the same time and under the same conditions as this Policy, or
3. **Extended Term Insurance** – This Policy may be continued in force, as Extended Term Insurance, from the due date of the first unpaid premium for a period of time to be calculated using this Policy’s Cash Value as a net single premium. Such premium will be based on the Insured’s attained age, last birthday, on the due date of the premium in default.

The values shown in the Guaranteed Policy Values section are those available at the end of the Policy year. If premiums have been paid to a date within a Policy year, guaranteed values will be calculated on a proportionate basis. Guaranteed Policy Values will be available at the end of the first year for which a value is shown in the Guaranteed Policy Values section.

If you elect either Paid-Up or Extended Term Insurance, you will have the right to surrender this Policy at any time and receive the Cash Value of the Paid-Up Insurance or of the unexpired Extended Term Insurance. Any debt under this Policy will reduce the amount of Cash Value, Paid-Up Insurance, or the period for which the Extended Term Insurance will be continued. Any insurance continued under “2.” or “3.” above will not include any benefit riders, if any, attached to this Policy.

**Automatic Feature** - If, on the expiry date of the grace period for an unpaid premium, the premium is not paid under the Automatic Premium Loan Option (in Section “Loan Provisions”), and none of the above Guaranteed Values have been elected, this Policy will automatically continue in force under the Paid Up Insurance Option. You have the right to elect another of the above options within 60 days after the due date of any unpaid premium.

**Basis of Computation** - All Guaranteed Policy Values and net single premiums for this Policy are computed using: (a) the Commissioners’ 2001 Ultimate Mortality Table, (b) annual effective interest at the rate shown on the Schedule Page for Cash Values, (c) the Insured’s sex and age as of his or her last birthday.

The Cash Value and the Paid-Up Insurance benefits of this Policy are not less than minimum values or benefits required by the law of the State to which this Policy is subject, utilizing the Non-Forfeiture Factor on the Schedule Page.

An extension of the Guaranteed Policy Values will be provided upon request.

## Loan Provisions

**Policy Loans** - While this Policy is In Force, other than as Extended Term Insurance, We will lend a sum not exceeding the available Cash Value. Interest on the loan at the rate of 8% per year will be due and payable at the beginning of each Policy year and, if not paid, will be added to the principal and bear the same rate of interest.

We will have the right to delay any loan under this Policy for a period of no more than 6 months after request for loan has been received, unless such loan is to be applied to the payment of premiums.

Failure to repay a Policy debt or interest will not terminate this Policy until the total debt equals or exceeds the Cash Value, and until 31 days after notice has been mailed to the last known address of the Owner and any assignee of record. Failure to repay such debt after the total debt equals or exceeds the Cash Value, and after giving notice, shall render this Policy void.

**Automatic Premium Loan Option** - If you elect the Automatic Premium Loan Option in the Application, in writing to Us, a Policy loan will be made to pay any premium on this Policy remaining unpaid at the end of the grace period. The request must be received at Our office before the 31-day grace period for an unpaid premium expires.

Interest on an Automatic Premium Loan will be charged from the premium due date and the terms of the Loan Provisions will apply. You can revoke the Automatic Premium Loan Option by contacting Us in writing.

## Premium Provisions

**Premiums** – The premium for this Policy is payable during the life-time of the Insured for the amount shown on the Schedule Page. The Insured must be alive when the first premium is paid. To keep this Policy in force, you must pay the premiums when they are due. Premiums are payable to Us at Our Home Office and are payable in advance after the first premium. At your request, and upon payment of the premium, we will deliver to you a receipt signed by an officer of Our company. The signing officer will reflect that of officer availability at the time of your premium payment.

You may pay premiums annually, semi-annually, quarterly, or monthly, as designated on the Application. Any portion of a premium paid beyond the month in which the Insured dies will be added to this Policy's death benefit.

**Grace Period** – You are allowed a grace period of 31 days after the due date of each premium. We will send You a notice of the default at least 31 days prior to the end of the grace period at Your last known address. The premium may be paid at any time during the grace period without interest. During the grace period, this Policy will remain In Force, but the premium will be unpaid. If death occurs within the grace period, the premium for the month in which death occurred will be deducted from the death benefit.

**Reinstatement** – This Policy may be reinstated at any time within 3 years after lapse, and during the Insured's lifetime, unless this Policy has been surrendered for cash, and if the following requirements are met:

1. You furnish Evidence of insurability satisfactory to Us.
2. You pay all past due premiums, with compound interest at the rate not exceeding 6% a year.
3. You pay or reinstate any indebtedness, with compound interest at the rate of 8% a year.
4. The request for reinstatement must be made by You in writing and submitted to Us within 3 years after the date this Policy lapsed.
5. The Incontestability provision will apply beginning on Your reinstatement date and through the number of years specified in the Incontestability provision.

## Ownership Provisions

The Owner of this Policy is the person shown as Owner on Our records. The Owner on this Policy's Date of Issue is the person shown as Owner in the Schedule Page. The Owner controls this Policy during the lifetime of the

Insured, unless otherwise provided for in this Policy, and may exercise all rights given by this Policy or allowed by Us without the consent of anyone else.

You may change the Owner or name a contingent Owner at any time during the lifetime of the Insured. We will provide forms which must be signed by You and returned to Us with this Policy. The new Owner change will be effective as of the date You sign the forms, subject to any action We have taken before We received them.

If the Owner dies after the Insured attains age 21, the Insured shall become the Owner. If the Owner dies before the Insured attains age 21, ownership shall belong to:

1. the Insured, after the Insured attains age 21;
2. one of the following living persons, in this order, until the Insured attains age 21: (a) contingent Owner, (b) Insured's legally appointed guardian; (c) Insured's father, or (d) Insured's mother.

## General Provisions

**Assignment** – While the Insured is living, You may assign this Policy or any interest to another. You must do so in writing and a copy of the assignment must be filed with Us. When We receive it, your rights and those of the Beneficiary will be subject to the assignment. No assignment is binding on Us until We receive it at Our office. An assignee cannot change the Beneficiary nor transfer ownership of this Policy. Any assignment is subject to any Policy debt made before the Assignment has been recorded by Us. We assume no responsibility for the validity of any assignment.

**Autopsy:** We, at Our own expense, may have the right to make an autopsy in the case of Your death, where it is not prohibited by law.

**Beneficiary** - The Beneficiary of this Policy is as stated in the Application unless changed as provided below. The death benefit will be paid to the primary Beneficiary when the Insured dies.

- **Death of Beneficiary** - As shown in Section "Death Benefit Payment Options", if the Beneficiary dies while there are any unpaid installments under "Option 1", " or before the end of the period certain under "Option 2", We will pay the commuted value of the remaining payments in a lump sum. The commuted value of any balance held under "Option 3" or "Option 4" will be paid to the Beneficiary's Executors or Administrators unless the written election of the option states differently. Any commuted value will be calculated using an annual effective interest rate of 5%.

If a Beneficiary dies on the same day the Insured dies, or within 120 hours from the Insured's time of death, benefits will be paid as if that Beneficiary had died before the Insured, unless Proof of Loss, with respect to the Insured's death, is delivered to Us before the date of the Beneficiary's death.

- **Change of Beneficiary** - While the Insured is living, You may change the Beneficiary, unless the Beneficiary is irrevocable. If the Beneficiary is irrevocable, You must obtain the Beneficiary's written consent to change the Beneficiary. A written request, dated and signed by You, must be filed with Us. The effective date of change will be the date the request was signed, subject to Our acceptance.

**Conformity with State Laws** - This Policy is subject to the laws of the State where the Application was signed. If part of it does not follow that law, it will be treated as if it does.

**Entire Contract** - The entire agreement between You and Us consists of this Policy, the attached Application, attached riders or endorsements, if any, and the medical examination or declaration of insurability, if applicable. No Insurance Producer or other person, except an officer of Our company, has the authority to make or modify this Policy or waive any of Our rights or requirements.

Any change, modification or waiver must be made in writing. This Policy is issued based on the statements in the Application and the payment of the first premium. All statements made by the Insured or on behalf of the Insured will be considered representations and not warranties. We will not use any statement to invalidate this Policy nor to  
IWLC-P-0609-AR

defend against a claim unless that statement is contained in the Application and a copy is attached to this Policy when issued.

**Incontestability** – We cannot contest this Policy, except for non-payment of premium, during the Insured’s lifetime, after it has been In Force for 2 years from the Date of Issue or Reinstatement.

**Legal Actions:** A legal action may not be brought to recover on this Certificate within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

**Misstatement of Age or Sex** – If the age or sex of the Insured is misstated in the Application, We will adjust any proceeds payable to the benefit amount the premium paid would have purchased at the correct age or sex.

**Non-Participating** – This Policy is Non-Participating. It does not share in Our earnings.

**Suicide** – If the Insured commits suicide, while sane or insane, within 2 years of the Date of Issue, and while this Policy is in force, We will not pay the death benefit. We will return all premiums paid, less any Policy debt.

**Clerical Error:** Clerical error, whether by the Policyholder or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

## Definitions

When used in this Policy or in any benefit rider attached to this Policy, if any, the following words have the meaning stated below:

**Age as of Last Birthday** – This means the age the Insured turned at his or her last birthday.

**Beneficiary** – See Section “General Provisions”, subsection “Beneficiary”.

**Cash Value** – See Section “Surrender Benefit Options”.

**Date of Issue** - Is the date the Policy was issued, as shown on the “Schedule Page”.

**Extended Term Insurance** - See Section “Surrender Benefit Options”.

**Face Amount** - As shown on the “Schedule Page”.

**Insurance Producer** – An insurance agent, broker or any person licensed to sell insurance.

**Insured** - The person whose life is covered by this Policy.

**In Force** - This Policy is in force if premiums are paid when due or within the grace period, or if this Policy has been placed on Paid-Up or Extended Term Insurance.

**Lapse** - This Policy will lapse when the premium is not paid when due or within the grace period. This Policy may still have value and provide benefits even though it has lapsed.

**Owner** - The Owner of this Policy, as shown on the “Schedule Page”, unless subsequently changed as provided for in this Policy. The Owner may be someone other than the Insured.

**Paid-Up Insurance** - See Section “Surrender Benefit Options”.

**Payment Option** – See Section “Death Benefit Payment Options.

**We, Us, Our** - Madison National Life Insurance Company, Inc.

**You or Your** - The Owner of this Policy.

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**  
**Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601**  
Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

**LIFE INSURANCE PAYABLE AT DEATH  
BENEFIT AMOUNTS AS SPECIFIED  
PREMIUMS PAYABLE THROUGHOUT LIFE  
NON-PARTICIPATING**

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

Mailing: PO Box [2867, Clinton, IA 52732 (Admin. Office)]

**APPLICATION FOR CONVERSION COVERAGE  
INDIVIDUAL WHOLE LIFE INSURANCE**

<b>Applicant/Insured</b>				
Name: <i>(First, Middle, Last)</i>			SSN or Tax ID No.	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <i>(mo/day/year)</i>	Age	Weight	Height
Street Address, City, State, Zip or Country			Phone No.(s)	
<b>Owner/Payor, if other than the Applicant/Insured</b>				
Name: <i>(First, Middle, Last)</i> Sex <input type="checkbox"/> M <input type="checkbox"/> F			SSN or Tax ID No.	
Relationship to Applicant/Insured:				
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if "No", Country of Citizenship):</i>				
Street Address, City, State, Zip or Country			Phone No.(s)	
<b>Current Coverage <i>(that is being converted to conversion coverage)</i></b>				
<input type="checkbox"/> Individual <input type="checkbox"/> Group	Type(s) <i>(e.g. term life):</i>			
<b>Whole Life Conversion Coverage</b>				
Amount \$	Administrative Endorsements/Notes:			
<b>Premium <i>(Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)</i></b>				
MODE PREMIUM: \$	Is Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly				
Payment Type <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft <input type="checkbox"/> Other:				
<b>Beneficiary</b>				
<input type="checkbox"/> Primary-Name <i>(First, Middle, Last)</i>	Age	Address		Relationship
<input type="checkbox"/> Primary-Name <i>(First, Middle, Last)</i>	Age	Address		Relationship
<input type="checkbox"/> Contingent-Name <i>(First, Middle, Last)</i>	Age	Address		Relationship
<input type="checkbox"/> Contingent-Name <i>(First, Middle, Last)</i>	Age	Address		Relationship



SERFF Tracking Number: MADS-126227354 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 42977  
Company Tracking Number: IWL-CONV  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: IWL-Conv  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Certification.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> The Application is included under the "Forms Tab". <b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> John Doe, Summary- Policy's Statement of Variability, Checklist <b>Comments:</b> <ul style="list-style-type: none"><li>- Policy variables in John Doe fashion</li><li>- Application in John Doe fashion</li><li>- Sample Policy Summary</li><li>- Statement of Variability</li><li>- Checklist-NAIC</li></ul> <b>Attachments:</b> JDoe IWLC-P SchdPg.pdf JDoe IWLC-A.pdf Policy Summary-MNL.pdf STATEMENT OF VARIABILITY.pdf Checklist-NAIC.pdf		

## CERTIFICATE OF READABILITY

I hereby certify that the below forms meet the minimum requirements of the Flesch reading ease policy simplification test, are at least 10 point type or larger, and that the Flesch reading ease test has been applied to said forms individually or in combination with another, including, if applicable, removal of all tables, schedule pages, and/or legal or medical terminology, with resulting scores of:

<b>Form No.</b>	<b>Description</b>	<b>Score</b>
<b>IWLC-P-0609-AR</b>	<b>Individual Whole Life Policy</b>	<b>50.5</b>
<b>IWLC-A-0609-AR</b>	<b>Application</b>	<b>79</b>



Robert J. Stubbe  
Executive Vice President  
Madison National Life Insurance Company, Inc.  
Dated: July 14, 2009

## Schedule Page

<b>TYPE OF COVERAGE</b>	<b>BENEFIT</b>	<b>BENEFIT PERIOD</b>	<b>ANNUAL PREMIUM</b>	<b>PREMIUM PAYABLE</b>
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WHOLE LIFE INSURANCE	\$25,000	AGE 121	\$435.75	AGE 121
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**MODAL PREMIUM:** \$39.21

**PAYABLE:** MONTHLY

ANNUAL PREMIUM: \$435.75

MONTHLY BANK DRAFT PREMIUM: \$39.21

SEMI-ANNUAL PREMIUM: \$226.59

POLICY FEE: \$25.00

QUARTERLY PREMIUM: \$115.47

MONTHLY DIRECT: \$39.21

**INSURED:** JOHN DOE

**FACE AMOUNT:** \$25,000

**OWNER:** JOHN DOE

**POLICY NUMBER:** CONV1

**INSURED AGE AT ISSUE:** 35

**DATE OF ISSUE:** 11/01/09

**INSURED SEX:** MALE

**PREMIUM CLASS:** STANDARD

**BENEFICIARY:** AS NAMED LISTED IN THE APPLICATION OTHERWISE CHANGED ACCORDINGLY

NONFORFEITURE FACTOR: 9.57721

INTEREST RATE PER YEAR: RESERVES 4.0%

CASH VALUES 5.0%

## Guaranteed Policy Values

The Guaranteed Policy Values shown below are the values for the end of the indicated Policy years. The Guaranteed Policy Values are based on the assumptions that all premiums due have been paid, there is no indebtedness on the Policy and values are based on the Face Amount, as shown on Schedule Page. Values not shown below may be requested. All values will be determined with allowance for elapsed time and premium payments for part of a year.

End of Policy Year	Cash Value	Reduced Paid-Up Insurance Amount	Extended Term Insurance Years	Days
1	0.00	0.00	0	0
2	0.00	0.00	0	0
3	94.50	555.50	2	230
4	313.75	1,765.25	7	114
5	542.00	2,923.25	10	344
6	779.00	4,028.25	13	301
7	1,024.50	5,083.00	15	330
8	1,278.50	6,087.75	17	204
9	1,540.50	7,043.75	18	305
10	1,810.50	7,950.00	19	286
11	2,089.00	8,814.00	20	193
12	2,376.25	9,638.00	21	50
13	2,674.00	10,425.50	21	231
14	2,983.75	11,183.25	22	11
15	3,305.25	11,911.00	22	115
16	3,638.50	12,607.00	22	184
17	3,982.25	13,272.25	22	226
18	4,335.75	13,904.25	22	243
19	4,698.00	14,505.25	22	239
20	5,068.25	15,074.00	22	214
AGE 60	7,041.25	17,519.25	21	207
AGE 62	7,888.50	18,339.75	20	339
AGE 65	9,185.25	19,405.50	19	302

# MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

Mailing: PO Box [2867, Clinton, IA 52732 (Admin. Office)]

## APPLICATION FOR CONVERSION COVERAGE INDIVIDUAL WHOLE LIFE INSURANCE

Applicant/Insured				
Name: (First, Middle, Last) John Allen Doe		SSN or Tax ID No. 123-45-6789		
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mo/day/year) 01/01/74	Age 35	Weight 180	Height 5'9"
Street Address, City, State, Zip or Country 622 Old Mill Road, Madison, AR 53704			Phone No.(s) (123) 456-7890	
Owner/Payor, if other than the Applicant/Insured				
Name: (First, Middle, Last) Sex <input type="checkbox"/> M <input type="checkbox"/> F		SSN or Tax ID No.		
Relationship to Applicant/Insured:				
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", Country of Citizenship):				
Street Address, City, State, Zip or Country			Phone No.(s)	
Current Coverage (that is being converted to conversion coverage)				
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group	Type(s) (e.g. term life): Term life insurance			
Whole Life Conversion Coverage				
Amount \$25,000	Administrative Endorsements/Notes:			
Premium (Premium checks must ONLY be made payable to (list the payee as) Madison National Life Insurance Co., Inc.)				
MODE PREMIUM: \$39.21	Is Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly				
Payment Type <input checked="" type="checkbox"/> Bank Draft <input type="checkbox"/> Draft <input type="checkbox"/> Other:				
Beneficiary				
<input checked="" type="checkbox"/> Primary-Name (First, Middle, Last) Jane Ellen Doe	Age 35	Address 622 Old Mill Road, Madison, AR 53704	Relationship wife	
<input type="checkbox"/> Primary-Name (First, Middle, Last)	Age	Address	Relationship	
<input type="checkbox"/> Contingent-Name (First, Middle, Last)	Age	Address	Relationship	
<input type="checkbox"/> Contingent-Name (First, Middle, Last)	Age	Address	Relationship	

**Third-Party Notice Request**

As an Applicant/Insured or Owner/Payor of a Policy, you have the right to designate another person to receive correspondence in the event any past due premiums could cause a possible lapse of the Policy. This person is known as a "third party" and this person would not receive regular premium billings or other Policy correspondence.

**Would you like to designate a third-party to receive notice if the Policy is going to lapse due to nonpayment of premium?**  Yes  No If "Yes, please complete the following:

**Name of Designee** (*First, Middle, Last*):  
John Allen Doe, Sr.

**Address of Designee:**  
8992 Jarvin Street, Madison, AR 53712

**Certifications and Signature**

- I certify under penalty and perjury that my statements made on this Application are true, complete, and correct to the best of my knowledge and belief. I understand Madison National Life Insurance Company, Inc. is required to verify the identity of its members. Providing my name, address, date-of-birth and social security, or tax payer identification, number allows them to verify my identity.
- I hereby authorize any state or local government agency, insurance or reinsurance company to give to Madison National Life Insurance Company, Inc., its legal representative or its reinsurers any and all such information to use for underwriting insurance. Such information may include employment, other insurance coverage, claims history and mode of living. I also know that if a consumer report about me is prepared, I may request a copy of the report. I also have the right to be interviewed as part of the application process and I may contact Madison National Life Insurance Company for further information. I agree that this authorization, in connection with this form, shall be valid for 24 months from my signature date and that I, or my representative, have the right to revoke this authorization at any time. However, I realize that any such revocation may be a basis for denying the policy being applied for. I realize such failure to sign an authorization statement may impair the ability of a regulated insurance agency to process applications and may be a basis for denying this application. I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me upon request.

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

<i>John Allen Doe</i>	<i>11/01/09</i>		
Signature of Applicant/Insured	Date	Signature of Owner/Payor	Date
<i>Madison, AR</i>			
Dated at this City & State		Dated at this City & State	

CONTRACT SUMMARY  
STATEMENT OF POLICY COST AND BENEFIT INFORMATION AS OF 07/01/2009

POLICY NUMBER: 1234567  
INSURED: DOE, JOHN  
FACE AMOUNT: \$25,000.00

AGE: 35

DESCRIPTION: INDIVIDUAL WHOLE LIFE INSURANCE POLICY  
ANNUAL PREMIUM: 435.75

IF YOU HAVE ANY QUESTIONS REGARDING THIS CONTRACT SUMMARY, PLEASE CONTACT:

AGENT:  
JOE AGENT  
123 ABC DR  
MADISON, WI 53717

HOME OFFICE:  
MADISON NATIONAL LIFE INS  
1241 JOHN Q. HAMMONS DRIVE  
MADISON, WI 53717  
ATTN: POLICYHOLDERS SERVICE

INDIVIDUAL WHOLE LIFE POLICY VALUES

END OF YEAR	GUARANTEED CASH OR LOAN VALUE*	GUARANTEED PAID UP INS	GUARANTEED EXTENDED INS		GUARANTEED AMOUNT PAID AT DEATH*
			YRS	DAYS	
1	.00	.00	0	0	25,000.00
2	.00	.00	0	0	25,000.00
3	94.50	555.50	2	230	25,000.00
4	313.75	1,765.25	7	114	25,000.00
5	542.00	2,923.25	10	344	25,000.00
6	779.00	4,028.25	13	301	25,000.00
7	1,024.50	5,083.00	15	330	25,000.00
8	1,278.50	6,087.75	17	204	25,000.00
9	1,540.50	7,043.75	18	305	25,000.00
10	1,810.50	7,950.00	19	286	25,000.00
15	3,305.25	11,911.00	22	115	25,000.00
18	4,335.75	13,904.25	22	243	25,000.00
20	5,068.25	15,074.00	22	214	25,000.00
AGE 60	7,041.25	17,519.25	21	207	25,000.00
AGE 62	7,888.50	18,339.75	20	339	25,000.00
AGE 65	9,185.25	19,405.50	19	302	25,000.00
AGE 121	25,000.00				25,000.00

\*VALUES SHOWN WILL BE REDUCED BY ANY EXISTING INDEBTEDNESS.

THIS POLICY DOES NOT PAY CASH DIVIDENDS. POLICY LOAN INTEREST RATE IS 8.00% IN ADVANCE.

PREMIUM CLASS: STANDARD

PREMIUMS PAYABLE ON POLICY FOR LIFE

LIFE INSURANCE SURRENDER COST INDEX  
YEAR 10 11.59  
YEAR 20 11.59

LIFE INSURANCE NET PAYMENT COST INDEX  
YEAR 10 17.43  
YEAR 20 17.43

AN EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYERS GUIDE.

THIS SUMMARY OF BENEFITS WAS PREPARED FOR YOUR EASY REFERENCE AND DOES NOT MODIFY OR CHANGE ANY OF THE PROVISIONS OF THE CONTRACT.

STATEMENT OF VARIABILITY

TYPE OF COVERAGE	BENEFIT	BENEFIT PERIOD	ANNUAL PREMIUM	PREMIUM PAYABLE
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WHOLE LIFE INSURANCE      \$[1 – 1,000,000]      AGE 121      \$[AMOUNT]<sup>1</sup>      AGE 121

<sup>2</sup> [[<sup>3</sup>NAME] RIDER      \$[AMOUNT]<sup>4</sup>      [AGE]<sup>5</sup>      \$[AMOUNT]<sup>6</sup>      [AGE]<sup>7</sup>

**MODAL PREMIUM:** \$[AMOUNT]<sup>1</sup>      **PAYABLE:** [M/Q/S-A/A]<sup>8</sup>

ANNUAL PREMIUM: \$[AMOUNT]<sup>1</sup>      [M/Q/S-A/A]<sup>8</sup> BANK DRAFT PREMIUM: \$[AMOUNT]<sup>1</sup>

SEMI-ANNUAL PREMIUM: \$[AMOUNT]<sup>1</sup>      POLICY FEE: \$[AMOUNT]<sup>1</sup>

QUARTERLY PREMIUM: \$[AMOUNT]<sup>1</sup>

MONTHLY DIRECT: \$[AMOUNT]<sup>1</sup>

<sup>1</sup> The life premium amount will vary by Insured.

<sup>2, 3, 4, 5, 6, 7</sup> We do not currently offer any benefit riders with this Policy. In the event we file a benefit rider, along with related actuarial and other required information, in the future, we would like to also add the benefit rider and premium information to the Policy Schedule Page, when the time comes. Thus, we added such bracketed language. We want to make sure the Schedule Page lists all applicable benefit and premiums amounts and the Insured age.

<sup>8</sup> “M” means “Monthly”, “Q” means “Quarterly”, “S-A” means “Semi-Annually” and “A” means Annually and is dependent on what the Insured chooses.

**INSURED:** [NAME]<sup>9</sup>      **FACE AMOUNT:** \$[1 – 1,000,000]

**OWNER:** [NAME]<sup>10</sup>      **POLICY NUMBER:** [NUMBER]<sup>12</sup>

**INSURED AGE AT ISSUE:** [AGE]<sup>11</sup>      **DATE OF ISSUE:** [DATE]<sup>13</sup>

**INSURED SEX:** [MALE/FEMALE]

**PREMIUM CLASS:** STANDARD

**BENEFICIARY:** AS NAMED LISTED IN THE APPLICATION OTHERWISE CHANGED ACCORDINGLY

NONFORFEITURE FACTOR: [AMOUNT]<sup>14</sup>

INTEREST RATE PER YEAR: RESERVES 4.0%      CASH VALUES 5.0%

<sup>9</sup> This will show the name of the Insured.

<sup>10</sup> This will show the name of the Owner, if other than the Insured.

<sup>11</sup> This will show the age of the Insured at the Date of Issue.

<sup>12</sup> This will show the Policy number we assign.

<sup>13</sup> This will show the Date of Issue of the Policy.

<sup>14</sup> This amount will vary by insured.

The below values will be changed based on the Insured's age and gender.

## Guaranteed Policy Values

The Guaranteed Policy Values shown below are the values for the end of the indicated Policy years. The Guaranteed Policy Values are based on the assumptions that all premiums due have been paid, there is no indebtedness on the Policy and values are based on the Face Amount, as shown on Schedule Page. Values not shown below may be requested. All values will be determined with allowance for elapsed time and premium payments for part of a year.

End of Policy Year	Cash Value	Reduced Paid-Up Insurance Amount	Extended Term Insurance Years	Days
1	[0.00	.00	0	0
2	0.00	.00	0	0
3	94.50	555.50	2	230
4	313.75	1,765.25	7	114
5	542.00	2,923.25	10	344
6	779.00	4,028.25	13	301
7	1,024.50	5,083.00	15	330
8	1,278.50	6,087.75	17	204
9	1,540.50	7,043.75	18	305
10	1,810.50	7,950.00	19	286
11	2,089.00	8,814.00	20	193
12	2,376.25	9,638.00	21	50
13	2,674.00	10,425.50	21	231
14	2,983.75	11,183.25	22	11
15	3,305.25	11,911.00	22	115
16	3,638.50	12,607.00	22	184
17	3,982.25	13,272.25	22	226
18	4,335.75	13,904.25	22	243
19	4,698.00	14,505.25	22	239
20	5,068.25	15,074.00	22	214
AGE 60	7,041.25	17,519.25	21	207
AGE 62	7,888.50	18,339.75	20	339
AGE 65	9,185.25	19,405.50	19	302]

**REVIEW REQUIREMENTS CHECKLIST FOR LIFE, ACCIDENT & HEALTH, ANNUITY AND CREDIT**

LINE OF BUSINESS:  
**Individual Whole Life Insurance**

LINES OF INSURANCE:  
**Conversion**

CODES:  
**Due to lack of a NAIC Code,  
we're filing as "L08.000 Other"**

*[The "©" in the Reference column indicates a CARFRA standard]*

<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS</b>	<b>LOCATION OF STANDARD IN FILING</b>
<b>GENERAL REQUIREMENTS (FOR ALL FILINGS)</b>			
ADVERTISING	N/A		
Sales with securities notice			
READABILITY ©	IWLC-P-0609 IWLC-A-0609		See Readability Cert under Supporting Docs
Non-English policies			
VARIABILITY ©	IWLC-P-0609	Section "Schedule Page"	See Variability Statement under Supporting Docs
<b>LINE OF BUSINESS: LIFE CODES: L01 THROUGH L08</b>			
<b>POLICY FORMS</b>			
<b>REQUIREMENTS RELATING TO APPLICATIONS ©</b>			
AUTHORIZATION	IWLC-A-0609		Section "Certifications and Signature"
HIV CONSENT	N/A	No testing required	
GENETIC TESTING	N/A	No testing required	
CONDITIONS FOR FURNISHING EVIDENCE OF INSURABILITY ©	N/A	N/A	
FRAUDULENT STATEMENTS	IWLC-A-0609		Section "Certifications and Signature"
REPLACEMENT QUESTIONS	N/A	This is a conversion policy.	
UNDERWRITING QUESTIONS ©	IWLC-A-0609	N/A	
<b>REQUIREMENTS RELATING TO POLICY FORM REVIEW:</b>			
ADVANCE PAYMENT OF PREMIUM ©	IWLC-P-0609		Section "Premium Provisions" Subsection "Premium"
ARBITRATION	N/A		

ASSIGNMENT ©	IWLC-P-0609		Section "General Provisions" Subsection "Assignment"
BENEFICIARY ©	IWLC-P-0609		Section "General Provisions" Subsection "Beneficiary"
CLAIM PAYMENT PROVISION	IWLC-P-0609		Section "Death Benefit Claim Payment"
CLAIMS OF CREDITORS ©	IWLC-P-0609		Section "Death Benefit Payment Options"
CLARITY	IWLC-P-0609		"Cover Page"
Policy title & headings			
CONTINUATION (Group only)	N/A	Individual	
CONVERSION ©	N/A	Whole Life	
DEATH BENEFIT PROCEEDS ©	IWLC-P-0609		Section "Death Benefit Payment Options"
DISCLOSURES			
Credit disclosure	N/A		
Replacement disclosure	N/A	This is a conversion policy	
Variable account disclosure	N/A		
ELIGIBILITY (Group only)	N/A		
ENTIRE CONTRACT ©	IWLC-P-0609		Section "General Provisions" Subsection "Entire Contract"
EXCLUSIONS ©	IWLC-P-0609		Section "General Provisions" Subsection "Suicide"
AVOCATIONAL OR OCCUPATIONAL EXCLUSION RIDERS ©	N/A		
WAR RISK ©	N/A		
POLICY FEE	IWLC-P-0609		Section "Schedule Page"
GRACE PERIOD ©	IWLC-P-0609		Section "Premium Provisions" Subsection "Grace Period"
INCENTIVES/INDUCEMENTS	N/A	None	

INCONTESTABILITY ©	IWLC-P-0609		Section "General Provisions" Subsection "Incontestability"
INDETERMINATE PREMIUM ©	N/A		
INDEXING	N/A		
ILLUSTRATIVE REPORTS	N/A	Not Illustrated	
INSURABLE INTEREST	N/A	This is a conversion policy. The prior Owner (individual insurance), if other than the Insured, may convert to this conversion policy.	
JUVENILE NONSMOKER CLASSIFICATION	N/A		
LIMITED POLICIES		This is a conversion policy.	
Limited pay	N/A		
Modified benefit	N/A		
Modified premium	N/A		
LOANS ©	IWLC-P-0609		Section "Loan Provisions"
Policy loan interest rate			Subsection "Policy Loans"
MISCELLANEOUS AMENDMENTS ©, ENDORSEMENT, RIDERS	N/A	None being filed at this time	
MISSTATEMENT OF AGE ©	IWLC-P-0609		Section "General Provisions" Subsection "Misstatement of Age & Sex"
MISSTATEMENT OF SMOKING ©	N/A		
NONFORFEITURE OPTIONS	IWLC-P-0609		Section "Schedule Page" and "Guaranteed Policy Values"
NONFORFEITURE VALUES – POLICY PROVISIONS ©	IWLC-P-0609		Section "Guaranteed Policy Values"
NONFORFEITURE VALUES – COMPUTATION OF VALUES ©	IWLC-P-0609		Section "Guaranteed Policy Values"
OWNERSHIP ©	IWLC-P-0609		Section "Ownership Provisions"

PARTICIPATING PROVISIONS ©	N/A	Non-participating	
PAYMENT PLAN	IWLC-P-0609		Section "Death Benefit Payment Options"
PARTIAL WITHDRAWAL	IWLC-P-0609		Section "Loan Provisions"
PAYMENT IN PROCEEDS	IWLC-P-0609		Section "Death Benefit Payment Options"
PREMIUMS	IWLC-P-0609		Section "Premium Provisions"
RATED CLASS ISSUANCE	N/A	One class	
RE-ENTRY OR REQUALIFICATION TERM ©	N/A		
REINSTATEMENT ©	IWLC-P-0609		Section "Premium Provisions" Subsection "Reinstatement"
RENEWABILITY ©	IWLC-P-0609		Section "Schedule Page"
RIGHT TO EXAMINE ©	IWLC-P-0609		Cover Page
SPECIFICATIONS PAGE ©	IWLC-P-0609		Section "Schedule Page"
SIMULTANEOUS DEATH ©	IWLC-P-0609		Section "General Provisions" Subsection "Beneficiary"
SUICIDE ©	IWLC-P-0609		Section "General Provisions" Subsection "Suicide"
SURRENDER CHARGES	IWLC-P-0609		Section "Surrender Benefit Options"
TERMINATION (Group only)	N/A	Individual	
UNISEX	Compliant	Sex Distinct	
VALUES DEFINED ©			
Cash values	IWLC-P-0609		Section "Guaranteed Policy Values"