

SERFF Tracking Number: AAMC-126268822 State: Arkansas
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 43250
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Voice Signatures 9617
Project Name/Number: /

Filing at a Glance

Company: Pioneer Security Life Insurance Company

Product Name: Voice Signatures 9617

SERFF Tr Num: AAMC-126268822 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Filed-
Closed

State Tr Num: 43250

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Vicky Morris

Disposition Date: 08/19/2009

Date Submitted: 08/17/2009

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

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: 08/19/2009

Explanation for Other Group Market Type:

State Status Changed: 08/19/2009

Deemer Date:

Created By: Vicky Morris

Submitted By: Vicky Morris

Corresponding Filing Tracking Number:

Filing Description:

Cover letter is located under supporting documentation

Company and Contact

Filing Contact Information

Clara Keel, Product Filing Manager and
Assistant Secretary

ckeel@aatx.com

425 Austin Avenue

254-297-2794 [Phone]

Waco, TX 76701

254-297-2138 [FAX]

Filing Company Information

SERFF Tracking Number: AAMC-126268822 State: Arkansas
 Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 43250
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Voice Signatures 9617
 Project Name/Number: /
 Pioneer Security Life Insurance Company CoCode: 67946 State of Domicile: Texas
 425 Group Code: 1327 Company Type: LAH
 Waco, TX 76701 Group Name: State ID Number:
 (254) 297-2777 ext. [Phone] FEIN Number: 75-1083342

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer Security Life Insurance Company	\$0.00	08/17/2009	

SERFF Tracking Number: AAMC-126268822 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	08/19/2009	08/19/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Pending Fees Message	Note To Filer	Linda Bird	08/19/2009	08/19/2009
Pending Fees Message	Note To Reviewer	Vicky Morris	08/19/2009	08/19/2009

SERFF Tracking Number: AAMC-126268822 State: Arkansas
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Disposition

Disposition Date: 08/19/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AAMC-126268822 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Cover Letter and Encl. 1 and Encl. 2		No

SERFF Tracking Number: AAMC-126268822 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Voice Signatures 9617
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 08/19/2009 02:51 PM

Last Edited By:

Linda Bird

Submitted On:

08/19/2009 02:51 PM

Subject:

Pending Fees Message

Comments:

No filing fee required.

SERFF Tracking Number: AAMC-126268822 State: Arkansas
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 43250
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Voice Signatures 9617
Project Name/Number: /

Note To Reviewer

Created By:

Vicky Morris on 08/19/2009 01:19 PM

Last Edited By:

Vicky Morris

Submitted On:

08/19/2009 01:19 PM

Subject:

Pending Fees Message

Comments:

Since this is Voice Signature approval request and not a form filing, I was unsure if there would be a fee. Please advise.

Thanks,

Vicky

SERFF Tracking Number: AAMC-126268822 State: Arkansas
 Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 43250
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Voice Signatures 9617
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Form No. PS9617-AR(rev.6/08) for Pioneer Security Life Insurance Company		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter and Encl. 1 and Encl. 2		
Comments:		
Attached is documentation for requesting permission to use Voice Signatures on our application PS9617-AR(Rev.6/08) for Pioneer Security Life Insurance Company		
Attachments:		
PS9617 Cover Letter.pdf		
PS9617 Encl. 1.pdf		
PS9617 Encl. 2.pdf		

Pioneer Security Life Insurance Company

P.O. Box 2550 • Waco, Texas 76702-2550 • 254-297-2778 • pos@PioneerSecurityLife.com

August 17, 2009

Mr. Joe Musgrove
Policy and Other Form Filings
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: Voice Signatures on Application PS9617-AR (Rev. 6/08)

Dear Mr. Musgrove:

In February 2009, your department marked as "Filed" our request for Pioneer Security Life Insurance Company (NAIC # 67946) to use voice signatures on our application for life insurance form (PS9466-AR Rev. 11/04). (See Encl. 1)

We are writing today to request permission to also use an additional application form, form **PS9617-AR (Rev. 6/08)**, for voice signature on applications for life insurance. The procedures will be exactly the same as those already outlined and filed for use by Pioneer Security Life Insurance Company as outlined in our previous correspondence. For this purpose we are enclosing a copy of the following application which has previously been filed with your department:

- **PS9617-AR (Rev. 6/08)** which was previously approved by your department for Pioneer Security Life Insurance Company (See Encl. 2)

We look forward to hearing from you at your earliest convenience. If you have any questions or comments, please do not hesitate to contact me at 800.736.7311 ext. 3288 or kschroeder@aatx.com.

Sincerely,



Keith Schroeder FLMI
Compliance Manager

Encl.



Pioneer Security Life Insurance Company

LB

P.O. Box 2550 • Waco, Texas 76702-2550 • 254-297-2778 • pos@PioneerSecurityLife.com

January 12, 2009

41531

Mr. Joe Musgrove
Policy and Other Form Filings
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

FILED
FEB 13 2009
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Re: Voice Signatures on Application PS9466-AR Rev. 11/04

Dear Mr. Musgrove:

In February 2007, you filed a request for American-Amicable Life Insurance Company of Texas (NAIC # 68594) to use voice signatures on applications for life insurance. (See enclosed copy.) American-Amicable is part of a group of companies which also includes Pioneer Security Life Insurance Company (NAIC #67946).

We would like to request permission to also use voice signatures on applications for life insurance with this additional affiliated company. The procedures will be exactly the same as those already outlined and approved for use by our sister company American-Amicable Life Insurance Company of Texas (NAIC #68594). For this purpose we are enclosing a copy of the following application which has previously been filed with your department:

- **PS9466-AR Rev. 11/04** which was previously approved by your department for Pioneer Security Life Insurance Company

We look forward to hearing from you at your earliest convenience. If you have any questions or comments, please do not hesitate to contact me at 800.736.7311 ext. 3288 or kschroeder@aatx.com.

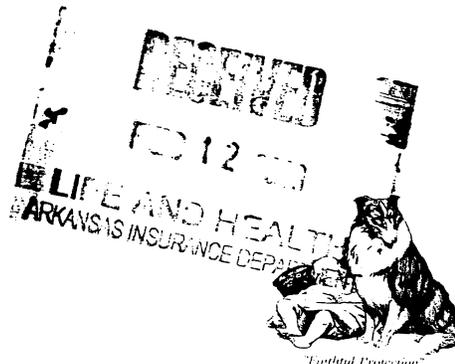
Sincerely,



Keith Schroeder FLMI
Compliance Manager

Encl.

RECEIVED
FEB 12 2009
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT



Disposition for AAMC-125816818

Close

SERFF Tracking Number: AAMC-125816818 **State:** Arkansas
Filing Company: Pioneer Security Life Insurance Company **State Tracking Number:** 40342
Company Tracking Number:
TOI: L08 Life - Other **Sub-TOI:** L08.000 Life - Other
Product Name: Application for Life Insurance
Project Name:

Disposition Date: 10/01/2008

Implementation Date:

Status: Approved

Comment:

Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	PS9617-AR(Rev.6/08), Application/Enrollment Form, Application for Life Insurance		Yes

Close

FAMILY PLAN

PIONEER SECURITY LIFE INSURANCE COMPANY
 P.O. BOX 2550, WACO, TX 76702-2550 • (254) 297-2778

LIFE INSURANCE APPLICATION (Please print in black ink)

Telephone Case No: _____

Proposed Insured _____ <small>(First) (Middle) (Last)</small>					Phone interview completed (Age 40-49) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address (No. & Street) _____					Phone _____ Best time to call <input type="checkbox"/> am <input type="checkbox"/> pm				
City _____		State _____		Zip Code _____		E-mail Address _____			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo. Day Yr / /	Age	State of Birth	SS# _____ DL# _____	Height ft in	Weight lbs	Occupation		
Owner: Name _____			SS# _____	Address: _____					
Payor: Name _____			SS# _____	Address: _____					
Primary Beneficiary			Relationship	Contingent Beneficiary			Relationship		
Plan: <input type="checkbox"/> Immediate Plan (Issue Age 0-49) Automatic Prem. Loan Elected <input type="checkbox"/> Yes <input type="checkbox"/> No					During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No Face Amt \$				
Rider: <input type="checkbox"/> Children's Insurance Agreement \$ _____		<input type="checkbox"/> Spouse Term Rider \$ _____			Sex	Birthdate	Height	Weight	
<input type="checkbox"/> ADB \$ <input type="checkbox"/> Other		Name: _____							
Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual				CWA: <input type="checkbox"/> E-Check Immediate 1st Prem		Policy Date Request:			
<input type="checkbox"/> Draft 1st premium on Requested Date Modal Premium \$				<input type="checkbox"/> Collected \$		/ /			
Do you have any existing life or disability insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					Company				
Will you replace an existing life or disability insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No					Policy #		Amount of Coverage \$		
Physician: Name _____			City/State _____			Phone: _____			

HEALTH INFORMATION - Answer Questions for all Proposed Insureds.

	PROPOSED INSURED		PROPOSED SPOUSE	
	YES	NO	YES	NO
1. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 24 months , have you been convicted of any felony, or had your driver's license suspended or revoked, or been convicted of driving under the influence of alcohol or drugs, or used illegal drugs or abused alcohol or drugs, or had or been recommended to have treatment or counseling for alcohol or drug abuse?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past 12 months , have you been on probation, parole, or been prohibited from actively working full time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem, or currently disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 5 years have you been medically diagnosed or treated, or taken medication for internal cancer, melanoma, Hodgkin's disease, or lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been medically diagnosed, treated, or taken medication for diabetes prior to age 21, or do you currently take insulin shots, or been medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been medically diagnosed, treated, or taken medication for: a. heart or circulatory disease or disorder, stroke, congestive heart failure, cardiomyopathy, heart valve disease, sickle cell anemia, leukemia, hemophilia, Marfan's syndrome, cystic fibrosis, muscular dystrophy, Huntington's disease, motor neuron disease, systemic lupus (SLE), connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. mental retardation, bi-polar or schizophrenia, Down's syndrome, liver or kidney failure or renal insufficiency (including dialysis), had an amputation caused by disease or had or been advised to have an organ transplant?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been medically diagnosed, treated, or taken medication for: a. high blood pressure prior to age 30, diabetes prior to age 39 or taking 3 or more medications for high blood pressure? b. rheumatoid arthritis, paralysis of two or more extremities or any neuro-muscular disease (including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease), liver disease, Hepatitis C, chronic hepatitis or chronic pancreatitis, Crohn's disease or ulcerative colitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past 12 months have you had surgical treatment for morbid obesity, or been declined for life insurance coverage or had any diagnostic testing, surgery or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the past 3 years have you been medically diagnosed or treated, or taken medication for chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), irregular heart beat, seizures, blood clot, aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If all questions 1 through 9 are answered "No" the Proposed Insured and Spouse, if applicable, are eligible for Immediate Coverage.

CHILDREN COVERAGE ONLY Children Proposed for Insurance (any additional children should be listed on a separate sheet):

Proposed Insured Name	Ht.	Wt.	Sex	Birthdate	Proposed Insured Name	Ht.	Wt.	Sex	Birthdate

CHILDREN HEALTH STATEMENT—To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down's Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months.

List the names of the children that are exceptions to the CHILDREN HEALTH STATEMENT. **Children listed as an exception are excluded from the Children's Insurance Agreement Rider. Exceptions are:** _____

AGREEMENT—I agree with Pioneer Security Life Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the Medical Information Bureau or other organization that has knowledge or records of me and my health to give such information to: (a) Pioneer Security Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the Medical Information Bureau, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Pioneer Security Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the Medical Information Bureau; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice, MIB Pre-Notice, Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Proposed Insured Signature: _____ Date Signed: ____/____/____

Signed at _____ CITY STATE SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED) SIGNATURE OF SPOUSE (IF APPLYING FOR COVERAGE)

AGENT'S REPORT

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms has been presented to the applicant, if applicable.

Does the proposed insured have any existing life or disability insurance or annuity contract? Yes No
 Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity? Yes No

Mail Policy To: Insured Agent Owner Agent's remarks: _____

Agent (SIGNATURE) _____ No: _____ % Agent (SIGNATURE) _____ No: _____ %

PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured _____ Account Holder _____

Financial Institution (name/address) _____

Transit / ABA Number _____ Account Number _____ Checking Savings Requested Draft Day (1st-28th) _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of Pioneer Security Life Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (As on Financial Institution Records) _____ DATE _____

PIONEER SECURITY LIFE INSURANCE COMPANY
P.O. BOX 2550, WACO, TX 76702-2550

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

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

Received of _____ the sum of \$ _____ as first payment on this application.

Date _____ Agent _____

If (1) an amount equal to the first full premium is submitted; and if (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; and (3) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, or (b) the date of the latest medical exam required by the Company. THE AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED \$150,000.00 (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met, the liability of the Company shall be limited to the return of any amount paid.

NOTICE

Printed in compliance with Public Law 91-508

Thank you for considering Pioneer Security Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Pioneer Security Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life 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 about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information 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 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Pioneer Security Life Insurance Company, or its reinsurers, may also release information from 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. Information for consumers about MIB may be obtained on its website at www.mib.com.