

SERFF Tracking Number: ICCI-126436306 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number: 44566
Company Tracking Number: LIMITED MEDICAL HOSPITAL INDEMNITY AMLI GRP LM 2007 NE ASSOC
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC
Project Name/Number: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC/AMLI GRP LM 2007 NE ASSOC

Filing at a Glance

Company: American Medical and Life Insurance Company

Product Name: Limited Medical Hospital SERFF Tr Num: ICCI-126436306 State: Arkansas

Indemnity AMLI GRP LM 2007 NE ASSOC

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 44566
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: LIMITED MEDICAL State Status: Approved-Closed
HOSPITAL INDEMNITY AMLI GRP
LM 2007 NE ASSOC

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Brenda Dawson Disposition Date: 02/01/2010
Date Submitted: 01/13/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC Status of Filing in Domicile:

Project Number: AMLI GRP LM 2007 NE ASSOC

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 02/01/2010

Explanation for Other Group Market Type:

State Status Changed: 02/01/2010

Deemer Date:

Created By: Brenda Dawson

Submitted By: Brenda Dawson

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the captioned forms for filing for use in your state. These are new forms and are not intended to replace any forms previously approved by your Department.

Insurance Compliance Consultants, Inc., is making this filing on behalf of American Medical and Life Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance

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Consultants, Inc., at the address shown above.

Master Group Policy form AMLI GRP LM 2007 POL NE will be issued to a group located outside of your state. Application AMLI GRP LM 2007 APP AR is the group application.

Form AMLI GRP LM 2007 CERT NE is the Group Supplemental Hospital and Medical Certificate of Insurance evidencing coverage under the Master Group Policy. This is a fixed indemnity plan.

Amendatory Endorsement GRP LM AE AR will be attached to all Certificates issued in Arkansas.

The Schedule of Benefit page and the endorsement are attached to the Certificate.

Application form AMLI GRP LM 2007 ENRL AR is the enrollment application used to apply for coverage.

We use multiple computer systems to generate forms. Therefore, actual issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refiling for a font style variation.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

American Medical and Life Insurance Company	CoCode: 81418	State of Domicile: New York
8 West 38th Street	Group Code:	Company Type:
Suite 1002	Group Name:	State ID Number:
New York City, NY 10018	FEIN Number: 13-2562243	
(646) 223-9300 ext. [Phone]		

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Medical and Life Insurance Company	\$50.00	01/13/2010	33487501

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/01/2010	02/01/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/15/2010	01/15/2010	Brenda Dawson	01/29/2010	01/29/2010

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Disposition

Disposition Date: 02/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AMHI Authorization Letter	Approved-Closed	Yes
Supporting Document	American Advantage Association (AAA) bylaws and articles of incorporation	Approved-Closed	Yes
Supporting Document	Association Checklist and members listing	Approved-Closed	Yes
Supporting Document	Articles of Incorporation	Approved-Closed	Yes
Form	Group Limited Benefit Policy	Approved-Closed	Yes
Form	Certificate of Insurance	Approved-Closed	Yes
Form (revised)	Schedule Page	Approved-Closed	Yes
Form	Schedule Page	Replaced	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	Group Application	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/15/2010
Submitted Date 01/15/2010

Respond By Date

Dear Brenda Dawson,

This will acknowledge receipt of the captioned filing.

Objection 1

- American Advantage Association (AAA) bylaws and articles of incorporation (Supporting Document)

Comment:

As required under ACA 23-86-106(2)(A)(i), please provide a copy of the Articles of Incorporation.

Objection 2

- Schedule Page, AMLI GRP LM 2007 SCHED (Form)

Comment: Under Item 9 on Page 4, what will the variables be within the bracket {12} months.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/29/2010
Submitted Date 01/29/2010

Dear Rosalind Minor,

Comments:

Thank you for your letter.

Response 1

Comments: Please find attached the requested Articles of Incorporation

Related Objection 1

Applies To:

SERFF Tracking Number: ICCI-126436306 State: Arkansas
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 - American Advantage Association (AAA) bylaws and articles of incorporation (Supporting Document)
 Comment:

As required under ACA 23-86-106(2)(A)(i), please provide a copy of the Articles of Incorporation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Articles of Incorporation
 Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Please find attached revised Schedule of Benefits. Ranges have been added. The last page shows that the Rate Guarantee Period will be [0-12] months.

Related Objection 1

Applies To:
 - Schedule Page, AMLI GRP LM 2007 SCHED (Form)

Comment:
 Under Item 9 on Page 4, what will the variables be within the bracket {12} months.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Schedule Page	AMLI GRP LM 2007 SCHED		Schedule Pages	Initial		0.000	AMLI GRP LM 2007 SCHED

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NE added
ranges.pdf

Previous Version

Schedule Page	AMLI GRP	Schedule Pages	Initial	0.000	AMLI GRP
	LM 2007				LM 2007
	SCHED				SCHED
					NE.pdf

No Rate/Rule Schedule items changed.

Your continued review for approval is greatly appreciated. Thank you.

Sincerely,
Brenda Dawson

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Form Schedule

Lead Form Number: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/01/2010	AMLI GRP LM 2007 POL NE	Policy/Cont ract/Fraternal Certificate	Group Limited Benefit Policy	Initial		0.000	AMLI GRP LM 2007 POL NE.pdf
Approved-Closed 02/01/2010	AMLI GRP LM 2007 CERT NE	Certificate	Certificate of Insurance	Initial		0.000	AMLI GRP LM 2007 CERT NE.pdf
Approved-Closed 02/01/2010	AMLI GRP LM 2007 SCHED	Schedule Pages	Schedule Page	Initial		0.000	AMLI GRP LM 2007 SCHED NE added ranges.pdf
Approved-Closed 02/01/2010	AMLI GRP LM 2007 ENRL AR	Application/ Enrollment Form	Enrollment Form	Initial		0.000	AR AMLI GRP LM 2007 ENRL NE AR.pdf
Approved-Closed 02/01/2010	AMLI GRP LM 2007 APP AR	Application/ Enrollment Form	Group Application	Initial		0.000	AR AMLI GRP LM 2007 APP NE AR.pdf
Approved-Closed 02/01/2010	GRP LM 2007 AE AR	Certificate Amendmen t, Insert Page, Endorsement or Rider	Amendatory Endorsement	Initial			AR GRP LM 2007 AE AR - mandates 12-11-09.pdf

American Medical and Life Insurance Company
(A Stock Company)
New York, New York

GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE

THIS IS A LIMITED BENEFIT POLICY PROVIDING BENEFITS DUE TO ACCIDENT AND SICKNESS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE.

Policy Holder: [XYZ Company]
Policy Number: [12345]
Policy Date: [JANUARY 1, 2006]
Anniversary Date: [JANUARY 1, of each year]

MASTER POLICY

This Policy is a legal contract between You and Us. To understand the coverage, You must read this Policy as a whole.

In this Policy, the words You and Your refer to the Holder shown above. The words Named Insured refer to those persons who are members of an eligible class as described in the Certificate Schedule who hold a Certificate of coverage. Benefit payment is governed by the terms of this Policy. The words Covered Person refer to any person covered under this Policy as described on the Certificate Schedule. The words We, Us, Our or Company refer to American Medical and Life Insurance Company. The male pronoun includes the female whenever used.

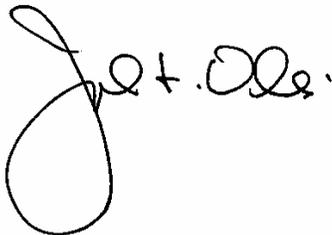
We agree to insure certain individuals and to pay the benefits provided by this Policy in accordance with its provisions. This Policy is issued in consideration of statements made in the application and the payment of premiums by the Holder. A copy of the signed application will be attached and made a part of this Policy.

This Policy is effective on the Policy Date. The Policy Date will be the date of issue. The first Policy Year will end on the anniversary date shown above. Each Policy Year after that will end on the same date of each year. All periods will begin and end at 12:01 A.M. Standard Time at the Holder's main address.

This Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

TO OBTAIN INFORMATION YOU MAY CALL OUR TOLL FREE NUMBER: [1-800-XXX-XXXX].

For American Medical and Life Insurance Company:



President



Chief Compliance Officer

**This is a limited policy. Please read it carefully.
THE POLICY IS CANCELLABLE AT THE OPTION OF THE COMPANY.
PLEASE READ THE TERMINATION PROVISION.**

This is Not Medicare Supplement Coverage

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INCORPORATION PROVISION

The provisions of the attached Certificate and all amendments to this Group Policy after its effective date are incorporated into and made part of this Group Policy.

The provisions listed below are shown in the Certificate and are hereby incorporated into and made a part of this Group Policy.

Schedule of Benefits
Definitions
Effective Date of Coverage
Conversion
General Provision
Coverage Descriptions
Exclusions and Limitations

Certificate

The *Certificate*, including the Certificate Schedule, amendments, riders and supplements, if any, is a written statement prepared by Us to set forth a summary of:

- benefits to which the Covered Person is entitled;
- to whom the benefits are payable; and
- limitations or requirements that may apply.

ELIGIBILITY AND EFFECTIVE DATE

Policy Effective Date

Coverage under this Policy begins at 12:01 a.m. Standard Time on the effective date shown in the Policy.

Delayed Effective Date of Coverage

The effective date of any Named Insured's coverage will be delayed for any Named Insured if they are not a member of an eligible class on the effective date shown on the Certificate Schedule. The coverage will be effective on the date that the Named Insured returns to status as a member of an eligible class. If this is Named Insured and Spouse coverage or family coverage, coverage on the Spouse and/or Dependent children will be effective on the date that the Named Insured returns to status as a member of an eligible class.

TERMINATION OF INSURANCE

Termination of This Contract

This Policy can be cancelled:

- by You; or
- by Us.

If the premium is not paid when it is due or during the grace period, this Policy will terminate at midnight on the last day for which premium was paid. You must pay all premium due for the full period each Certificate is in force.

If We cancel this Policy for reasons other than Your failure to remit premium, a written notice will be delivered to You at least 30 days prior to the cancellation date.

You may cancel this Policy by written notice delivered to Us at least 31 days prior to the cancellation date. This Policy can be cancelled on an earlier date if We both agree. Coverage will end at 12:00 midnight Standard Time on the cancellation date.

PREMIUMS

When and Where to Pay Premiums

The premiums for the coverage must be paid to Us at Our home office when they are due.

The premium due dates are based on:

- the effective date of the coverage shown on the [Policy] [Certificate Schedule]; and
- the premium frequency.

The *premium frequency* is how often the premiums are paid.

Grace Period (If Premiums Are Not Paid When Due)

After the first premium, if the premium is not paid when it is due, it can be paid during the next 31 days. These 31 days are called the grace period. If the premium is not paid before the grace period ends, the coverage provided by this Policy will terminate at midnight on the last day for which premium was paid.

Our Right to Change Premiums

We have the right to change the premium We charge. If We plan to make a change, We will send You a notice at least 45 days before We make it.

A change in premium rate will not take effect before the end of the rate guarantee period shown on the Certificate Schedule. Provided, however, We may change premium rates at any time for reasons which affect the risk assumed, including the reasons shown below:

- a change occurs in the plan design;
- a division, subsidiary, or affiliated company is added or deleted;
- a substantial change occurs in the participation level of those eligible employees;
- the number of insureds changes by 25% or more; or
- a new law or a change in any existing law is enacted which applies to this plan.

GENERAL PROVISIONS

Coverage Provided by This Policy

We insure a Covered Person for a loss according to the provisions of this Policy.

When making a benefit determination under this Policy, We have discretionary authority to determine the Covered Person's eligibility for the benefits and to interpret the terms and provisions of the Policy.

Entire Contract: Changes

This Policy is a legal contract between You and Us. The Policy is issued in consideration for the application(s) and payments, called premiums. The initial rates for this Policy are shown on the Certificate Schedule.

Whenever We use the word Policy, We mean the entire contract. The entire contract consists of:

- the Policy, including the Certificate, Schedule;
- the attached copy of the application(s); and
- any attached riders or endorsements.

Riders and endorsements add provisions to or change the terms of the Policy.

Any changes made to this Policy must be attached in writing and signed by one of Our executive officers at Our home office. No agent or anyone else can change this Policy or waive any of its provisions.

Furnishing Certificates

The Company will provide certificates to the Holder for delivery to each Named Insured. The Certificate will describe the insurance coverage and to whom payable. If the terms of a Certificate and this Policy differ, the Policy governs.

Benefit Amounts

Benefit amounts will be the amount of coverage selected at the time of application and reflected on the Named Insured's Certificate Schedule.

State Laws

Any provision of this Policy that, on the effective date, does not agree with state laws where the Named Insured lives will be amended to conform to the minimum requirements of those laws.

Information to Be Furnished By You

As the policyholder, You must keep a record of the Named Insureds and the particulars of the insurance on each. You should provide Us at regular intervals, on forms acceptable to Us, information relative to persons:

- who are eligible to enroll;
- who are insured by the coverage; and/or
- whose coverage terminates pursuant to the "Termination of a Named Insured's Coverage" provision.

You should also provide Us with any other information about the coverage that may be reasonably required, such as Named Insureds on leave of absence, including Named Insureds who are on leave under the Family and Medical Leave Act.

We have the right to inspect Your records which may have a bearing on the insurance provided by this Policy. We may inspect these at any time while this Policy is in force and within one year after the termination of this Policy.

In the absence of fraud, all statements made in any application are considered representations and not warranties. No representation of the policyholder in applying for insurance under this Policy will make it void unless the representation is contained in the application.

American Medical and Life Insurance Company
New York, New York

GROUP LIMITED BENEFITS ACCIDENT AND SICKNESS HEALTH INSURANCE

THIS IS A LIMITED BENEFIT COVERAGE PROVIDING BENEFITS DUE TO ACCIDENT AND SICKNESS. THIS CERTIFICATE EXPLAINS THE LIMITED BENEFITS PROVIDED UNDER THE GROUP SUPPLEMENTAL HEALTH INSURANCE POLICY. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE.

CERTIFICATE OF COVERAGE

Issued under the terms of

Group Insurance Policy Number: [12345]

**Issued to: [XYZ Company]
(herein called the Holder)**

Policy Date: [January 1, 2006]

American Medical and Life Insurance Company hereby certifies that members of the class(es) eligible for insurance are insured under the above Policy as determined by the Eligibility and Effective Date provisions. Class is defined in the Certificate Schedule.

This Certificate is evidence of insurance provided under the Policy. All benefits are paid according to the terms of the Policy. This Certificate describes the essential features of the insurance coverage.

In this Certificate, the words "Named Insured" or "You" means a member of an eligible class as described on the Certificate Schedule, who is insured under the Policy and for whom premiums are remitted. The words Covered Person refer to any person covered under the Policy as described on the Certificate Schedule. The words We, Us, Our or Company refer to American Medical and Life Insurance Company. Policy means the Group Supplemental Health Insurance contract owned by the Policy Holder and available for review by You. If the terms of Your Certificate of coverage and the Policy differ, the Policy will govern.

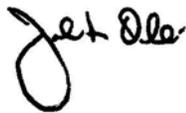
The Policy and this Certificate may be changed in whole or in part or cancelled as stated in the Policy. Such action may be taken without the consent of or notice to any Covered Person. Only an authorized officer at Our home office can approve a change. The approval must be in writing and endorsed on or attached to the Policy. No other person, including an agent, may change the Policy or Certificate or waive any of its provisions. Premiums are subject to periodic changes.

The male pronoun includes the female whenever used.

This Policy is delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

TO OBTAIN INFORMATION YOU MAY CALL OUR TOLL FREE NUMBER: [1-800-XXX-XXXX]

For American Medical and Life Insurance Company:



Chairman, President and CEO



Chief Compliance Officer

**The Policy is a limited Policy. Please read this Certificate carefully.
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

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CERTIFICATE SCHEDULE

The benefit specifications are shown on the following attachment(s) which are hereby made a part of this Certificate:

AMLI GRP LM 2007-SCHED Certificate Schedule

GENERAL DEFINITIONS

Additional definitions may be contained in other Certificate benefit provision or any endorsement or rider.

Accident

Accident means an unintended or unforeseen bodily injury sustained by a Covered Person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital or a licensed Skilled Nursing Facility on the advice of a Physician or Confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Covered Accident

A *Covered Accident* is an Accident which:

- occurs after the effective date shown on the Certificate Schedule;
- occurs while this Certificate is in force; and
- is not excluded by name or specific description in this Certificate.

Covered Person(s). You and Your Dependents who are insured under the Group Policy.

Covered Sickness

A *Covered Sickness* means a Sickness which:

- occurs after the effective date shown on the Certificate Schedule;
- occurs while this Certificate is in force; and
- is not excluded by name or specific description in this Certificate.

Doctor or Physician

A *Doctor or Physician* means a legally qualified practitioner of the healing arts acting within the scope of his or her license and is not an Immediate Family Member.

For purposes of this definition, Immediate Family Member means a Covered Person's Spouse, son, daughter, mother, father, sister, or brother.

Experimental/Investigational

A drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;

- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine the maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment; or the written informed consent used by the treating facility or other facility studying substantially the same drug, device, medical care or treatment. Benefits will be considered in accordance with the drug or device at the time it is given or when medical care is received.

Hospital

A *Hospital* means a short-term, acute general hospital that is:

- primarily engaged in providing, by or under continuous supervision of physicians, to inpatients diagnostic and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- has organized departments of medicine and major surgery;
- has a requirement that every patient must be under the care of a physician or dentist;
- provides 24 hour nursing care by or under the supervision of RNs;
- has in effect a hospital review plan applicable to all patients which meets at least the standards set forth in Section 1861(k) of the United States Public Law 89-97 (42 USCA 1395x[k]);
- is duly licensed by the agency responsible for licensing such hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitatory care.

Hospital Intensive Care Unit

A *Hospital Intensive Care Unit* means a place which:

- is a specifically designated area of the Hospital called an Intensive Care Unit that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the Intensive Care Unit on a 24-hour basis; and
- has a Physician assigned to the Intensive Care Unit on a full-time basis.

A Hospital Intensive Care Unit that meets the definition above may include Hospital units with the following names:

- Intensive Care Unit;
- Coronary Care Unit;
- Neonatal Intensive Care Unit;
- Pulmonary Care Unit;
- Burn Unit;
- Transplant Unit.

A Hospital Intensive Care Unit is not any of the following step-down units:

- a progressive care unit;
- an intermediate care unit;
- a private monitored room;
- a sub-acute Intensive Care Unit;
- an Observation Unit; or
- any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this Certificate.

Medically Necessary

Medically Necessary means a service or supply that is necessary and appropriate for the diagnosis or treatment of an Injury or Sickness based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- it is provided only as a convenience to the Covered Person or provider;
- it is not appropriate treatment for the Covered Person's diagnosis or symptoms;
- it exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- it is experimental/investigational treatment.

The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Named Insured

A *Named Insured* is a person who is a member of an eligible class and holds a certificate of coverage.

Observation Unit

An *Observation Unit* is a specified area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a Physician; and which

- is under the direct supervision of a Physician or registered nurse; and
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.

Policy Year

Policy Year means a consecutive 12-month period or any part of such period, beginning on the Certificate Effective Date and ending on the Certificate Anniversary Date as shown on the Certificate Schedule.

[Pre-existing Condition

Pre-existing condition means a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a [6] month period preceding the effective date of coverage of the Covered Person.]

[Resource Based Relative Value System, referred to as RBRVS.

The methodology used by the federal government to determine benefits payable under Medicare. Medicare assigns a "Relative Value Unit" or RVU to thousands of procedure codes used to bill physician and other services. The total RVU is the sum of three component RVUs including the Work RVU, the Practice Expense RVU and the Malpractice RVU. The Work RVU takes into account factors such as the amount of time required to perform the service and the degree of skill required to perform it. The Practice Expense RVU takes into account the location of the service, e.g., office setting, outpatient setting, etc. The Malpractice RVU takes into account the malpractice cost associated with a particular practice. We will base benefits payable on RBRVS.]

Sickness

Sickness means an illness, infection, disease or any other abnormal physical condition not caused by an Accident.

Skilled Nursing Facility

Skilled Nursing Facility means a facility that is operated pursuant to law and is primarily engaged in providing

room and board accommodations and skilled nursing care under the supervision of a duly licensed Physician.

Waiting Period

Waiting period means the period of time during which benefits are not paid. The waiting period for this policy is [0-90] days

ELIGIBILITY AND EFFECTIVE DATE

Effective Dates of Coverage

Your coverage under the Policy will start at 12:01 a.m. Standard Time on the effective date of coverage shown on Your Certificate Schedule.

Eligibility

To be eligible to enroll in the coverage, an individual must:

- be a member of an eligible class as defined on the Certificate Schedule; and
- satisfy the waiting period shown on the Certificate Schedule, if applicable.

Enrollment

An individual who is a member of an eligible class may enroll for coverage during the eligibility period, as shown on the Certificate Schedule that follows the later of:

- the Certificate Effective Date;
- the date the individual first becomes a member of an eligible class;
- the date the individual completes the waiting period shown on the Certificate Schedule, if applicable.

An individual who fails to enroll during the eligibility period may enroll only during the annual Open Enrollment Period shown on the Certificate Schedule.

Delayed Effective Date of Coverage

The effective date of any Named Insured's coverage will be delayed for any Named Insured if they are not a member of an eligible class on the effective date shown on the Certificate Schedule. The coverage will be effective on the date that the Named Insured returns to status as a member of an eligible class. If this is Named Insured and Spouse coverage or family coverage, coverage on the Spouse and/or Dependent children will be effective on the date that the Named Insured returns to status as a member of an eligible class.

Who is Covered By This Certificate

If this is Named Insured coverage as shown on the Certificate Schedule, We insure You, the Named Insured.

If this is Named Insured and Spouse coverage as shown on the Certificate Schedule, We insure You and Your Spouse.

If this family coverage, as shown on the Certificate Schedule, We insure You, Your Spouse (if applicable), and Your Dependent children.

Spouse means the person married to You on the day We issue Your Certificate.

Dependent children means:

- any unmarried natural children, step-children, legally adopted children or children placed into Your custody for adoption who is under the age of 19 years of age; and
- any unmarried children who are 19 years of age to age 26 years of age if the child:
 - a. is attending an accredited school full-time; and
 - b. chiefly dependent upon you for support and maintenance.

Adopted children and step children will be eligible for coverage on the same basis as natural children.

Coverage on a Dependent child will continue for a covered student who takes a leave of absence from school due to illness for a period of 12 months from the last day of attendance in school. However, coverage will not continue beyond the age at which coverage would otherwise terminate. In order to qualify for this continuation, the medical necessity of a leave of absence from school must be certified to by the student's attending Physician. Written documentation of the illness must be submitted to Us.

Coverage for the Named Insured's newborn children:

A child born to You or Your insured Spouse will automatically become insured as a Dependent. The child must be born to the Named Insured or to his Spouse while this Policy is in force. We will cover each newborn child from the moment of live birth. Such coverage includes:

- the necessary care and treatment of medically diagnosed congenital defects;
- birth abnormalities;
- prematurity'

Coverage for the Named Insured's adopted child(ren):

We will cover the Named Insured's adopted child(ren) from the moment of birth if You take physical custody of the infant upon the infant's release from the hospital and file a petition pursuant to Section 115-c of the Domestic Relations Law within thirty days of birth provided that no notice of revocation to the adoption has been filed pursuant to Section 115-b of the Domestic Relations Law and consent to the adoption has not been revoked. However, coverage of the initial hospital stay shall not be required where a natural parent has insurance coverage available for the infant's care.

A child adopted by You or Your insured Spouse will automatically become insured as a dependent. The effective date of the coverage will be the earlier of:

- the date of placement for the purpose of adoption; or
- the date on which You assume a legal obligation for total or partial support of the child.

Coverage for adopted children will be to the same extent as is provided for other covered dependent children and will include the necessary care and treatment of pre-existing medical conditions.

Coverage will continue for the adopted child unless the placement is disrupted prior to the final adoption; and

- the child is permanently removed from placement;
- the legal obligation terminates; or
- You rescind, in writing, the agreement of adoption or agreement assuming financial responsibility.

For each newborn, step child and/or adopted child, You must:

- notify Us of his birth or placement in Your residence within 31 days of this occurrence;
- complete the required application for him; and
- pay the required premium for him, if any.

If a newborn is not enrolled within 31 days of birth coverage will be provided from the date that notice is given. Any Additional premium required should be made to the Holder within 31 days of notification of birth or placement for the purposes of a step child and/ or adoption.

DESCRIPTION OF BENEFITS

[ACCIDENT MEDICAL BENEFIT

We will pay the Accidental Medical Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges due to injuries received in a Covered Accident. Covered charges are subject to:

- Accident Medical Benefit Deductible;
- The Accident Medical Benefit percent;
- Accident Medical Maximum Benefit amount; and
- the provisions of this Policy.

The Deductible, Accident Medical Benefit percent and Maximum Benefit for the Accident Medical Benefit are shown in the Certificate Schedule.

Covered charges for this benefit are:

- Hospital room and board and general nursing services;
- Hospital miscellaneous expense for medical services and supplies including emergency services;
- operating and recovery room;

- Physician charges for medical treatment including performing a surgical procedure;
- diagnostic tests performed by a Physician including laboratory fees and x-rays;
- the cost of giving an anesthetic;
- a private duty nurse;
- prescription drugs;
- rental of durable medical equipment (if the purchase price is less than the rental, the maximum amount payable will be the purchase price);
- artificial limbs, eyes and other prosthetic devices, except replacement;
- casts, splints, trusses, crutches and braces, except dental braces;
- oxygen and rental of equipment for the administration of oxygen;
- physiotherapy given by a licensed physical therapist acting within the scope of their license.

If a Covered Person is injured in a Covered Accident, this Accident Medical Benefit will cover any remaining expenses, not covered by the group policy according to the Schedule of Benefits and Policy Provisions.

The Accident Medical Benefit will be paid after other Benefits available under the Group Limited Benefits Accident and Sickness Health Insurance has been exhausted.]

[HOSPITAL CONFINEMENT BENEFITS

Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and is Confined in a Hospital due to injuries received in a Covered Accident or due to a Covered Sickness. The Confinement to a Hospital must begin while the coverage is in force.

We will pay the amount shown on the Certificate Schedule for each day the Covered Person is confined, up to the Hospital Confinement Maximum Benefit shown on the Certificate Schedule.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit Confinement benefit concurrently.

We will not pay for any Hospital Confinement of a newborn child of a covered person following birth unless the child is injured or sick.

Written proof of loss should include a Hospital bill verifying the patient's name, the dates of Hospital Confinement, the diagnosis and the charges incurred.}]

[Hospital Intensive Care Unit Confinement Benefit

We will pay the Hospital Intensive Care Unit Confinement Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and is Confined to a Hospital Intensive Care Unit as the result of injuries received in a Covered Accident or due to a Covered Sickness. The Confinement to a Hospital Intensive Care Unit must begin while the coverage is in force.

We will pay the Hospital Intensive Care Unit benefit amount shown on the Certificate Schedule for each day the Covered Person is Confined, up to the Hospital Intensive Care Unit Maximum Benefit shown on the Certificate Schedule.

If any Covered Person is Confined to a Hospital care unit that does not meet the definition in this Policy of a Hospital Intensive Care Unit, We will pay the Hospital Confinement benefit up to the maximum benefit period shown on the Certificate Schedule. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

We will not pay for any Hospital Confinement of a newborn child of a covered person following birth unless the child is injured or sick.

Written proof of loss should include a Hospital bill verifying the patient's name, the dates of Hospital Confinement, the diagnosis and the charges incurred.}]

[Surgery With Anesthesia Benefit

We will pay the Surgery Benefit, shown on the Certificate Schedule, if any Covered Person undergoes a surgical procedure due to a Covered Accident or Covered Sickness. The procedure must be performed by a Physician using anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA). We will pay this benefit once per covered surgical procedure. If a Covered Person has more than one surgical procedure performed at the same time, We will pay only one surgical procedure benefit, even if caused by more than one Accident or Sickness. We will pay the benefit that has the highest dollar value. The surgical procedure must occur while the coverage is in force.

The Anesthesia Benefit is the surgery benefit times the percentage shown in the Certificate Schedule.

If a Covered Person has more than one surgery for the same Covered Accident or Covered Sickness in a 90-day time period, We will pay the benefit that has the highest dollar value. If We have already paid a lower benefit amount for the same Covered Accident or

Covered Sickness, We will deduct the amount paid from the higher benefit amount and pay the difference.

Written proof of loss should include the surgeon's and the anesthesiologist's or certified registered nurse anesthetist's (CRNA's) itemized statement(s) verifying the patient's name, the surgical procedure code(s), the date of treatment, the diagnosis and the charges incurred.

This benefit is subject to the Surgery Maximum Benefit shown on the Certificate Schedule.

This benefit will not be paid for surgeries performed without anesthesia.}]

[SKILLED NURSING FACILITY BENEFIT

We will pay the Skilled Nursing Facility Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and is Confined in a Skilled Nursing Facility due to injuries received in a Covered Accident or due to a Covered Sickness. Payment of this benefit will be in lieu of any Hospital Confinement benefit.

We will pay the Skilled Nursing Facility Benefit, shown on the Certificate Schedule, for each day the Covered Person is Confined, up to the Skilled Nursing Maximum Benefit shown on the Certificate Schedule.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay the Skilled Nursing Facility benefit, if the Covered Person is Hospital Confined.}]

[HOSPITAL ADMISSION BENEFIT

We will pay the Hospital Admission Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges and is admitted to a Hospital as the result of injuries received in a Covered Accident or Covered Sickness while this coverage is in force. If admission is due to a Covered Accident the Covered Person must be admitted within [six] [months] after the Covered Accident.

If a Covered Person is admitted to a Hospital and is discharged and admitted again for the same or related condition within 90 days, We will treat this later Hospital admission as a continuation of the previous Confinement. If more than 90 days have passed between the periods of Hospital Confinement, We will treat this later admission as a new and separate admission.

We will not pay this benefit for:

- emergency room treatment;
- outpatient treatment; or
- A stay of less than 20 hours in an Observation

Unit.]

This benefit is subject to the Hospital Admission Benefit Maximum Benefit, shown on the Certificate Schedule.

[DOCTOR'S OFFICE VISIT BENEFITS

Doctor's Office Visit

We will pay the Doctor's Office Visit Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and requires a Doctor's office visit due to injuries received in a Covered Accident or due to a Covered Sickness. The visit must occur:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for visits during the waiting period.

For a visit due to injuries received in a Covered Accident, the visit must occur within 72 hours after the date of the Covered Accident.

Services must be rendered by a licensed Physician acting within the scope of their license.

We will pay the Doctor's Office Visit benefit amount per visit shown on the Certificate Schedule, up to the Doctor's Office Visit Benefit Maximum Benefit, shown on the Certificate Schedule.

Written proof of loss should include bills verifying the patient name, the date of treatment, the diagnosis and the charges incurred.]

[PREVENTIVE CARE TEST BENEFIT

We will pay the Preventive Care Test Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and has one of the preventive care tests listed below performed:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for a Preventive Care Test performed during the waiting period.

This benefit is not subject to the limitations and exclusions listed in the Limitations and Exclusions section of this Policy.

We will pay the Preventive Care Test Benefit listed on the Certificate Schedule for one of only the following Preventive Care Tests (also referred to as "Tests" or "Test")

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy or virtual colonoscopy

- Eye exam performed by a licensed optometrist or ophthalmologist
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- PSA (blood test for prostate cancer)
- Pap smear or Thin Prep Pap Test
- Serum Protein Electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography

This benefit is subject to the Preventive Care Test Benefit Maximum Benefit shown on the Certificate Schedule.

Written proof of loss should include a billing statement from the medical provider conducting the test, verifying the patient's name, the type of Preventive Test performed and the date of treatment.]

[URGENT CARE/EMERGENCY ROOM VISIT BENEFIT

We will pay the Urgent Care/Emergency Room Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for and requires medical care from an urgent care facility or emergency room due to injuries received in a Covered Accident or due to a Covered Sickness. The visit must occur:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for visits during the waiting period.

For a visit due to injuries received in a Covered Accident, the visit must occur within 72 hours after the date of the Covered Accident.

Services must be rendered by a Physician.

We will pay the Urgent Care/Emergency Room benefit amount shown on the Certificate Schedule, up to the Urgent Care/Emergency Room Benefit Maximum Benefit, shown on the Certificate Schedule.

Written proof of loss should include bills verifying the patient name, the date of treatment, the diagnosis and the charges incurred]

[DIAGNOSTIC, X-RAY AND LABORATORY TESTS BENEFIT

We will pay the Diagnostic Test Benefit shown on the Certificate Schedule when any Covered Person incurs charges for diagnostic, x-ray and/or laboratory testing caused by a Covered Accident or Covered Sickness.

Benefits are payable on a per day basis and are subject to:

- the Diagnostic Test Benefit amount per day;

- the maximum number of testing days per Policy Year, per Covered Person; and
- the definitions, limitations, exclusions and other provisions of this policy.

The Diagnostic Test must be performed:

- while the coverage is in force;
- in a Hospital, ambulatory surgical center or Doctor's office; and
- after the waiting period. No benefits will be paid for a diagnostic test performed during the waiting period.

The Diagnostic Test must be ordered by a Physician because of a Covered Accident or Covered Sickness.

Benefits are payable subject to the Maximum Number of Testing days per Policy Year for each Covered Person shown in the Certificate Schedule.

This benefit is subject to the Diagnostic Tests, X-ray and Laboratory Benefit Maximum Benefit shown on the Certificate Schedule.

We will not pay the Preventive Care Test Benefit and the Diagnostic Test Benefit concurrently.

Benefits for Colonoscopy Test are limited to one test per Policy Year per Covered Person.

If any Covered Person has a procedure for which a benefit would be payable under the Surgery With Anesthesia benefit, We will pay only the Surgery With Anesthesia benefit.

Written proof of loss should include a billing statement from the medical provider conducting the Diagnostic Test, verifying the patient's name, the type of Diagnostic Test performed, the diagnosis and the charges incurred and the date of treatment.]

[PRESCRIPTION BENEFIT

We will pay the Prescription Benefit, shown on the Certificate Schedule, for a Covered Accident or Sickness if any Covered Person incurs charges for and has a prescription dispensed for medication prescribed for the Covered Person:

- while the coverage is in force; and
- after the waiting period. No benefits will be paid for a prescription ordered or dispensed during the waiting period.

The prescription must be ordered by a Physician and dispensed by a licensed pharmacist.

We will not pay this benefit for medication not requiring a prescription. Medication recommended by a Physician but which is available without a prescription (over the counter) will not be covered, even if the Physician writes a prescription for the over-the-counter medication.

This benefit is subject to the Prescription Benefit Maximum Benefit, shown on the Certificate Schedule.

Proof of Loss for the Prescription Benefit

Written proof of loss should include a pharmacy detailed receipt or mail order pharmaceutical statement showing the patient's name, the name of the prescription drug(s), the date the prescription(s) was filled and the charge(s) incurred.]

[AMBULANCE BENEFIT

We will pay the Ambulance Benefit shown on the Certificate Schedule, if a licensed professional ambulance company transports any Covered Person by ground or air transportation to or from a Hospital or between medical facilities, where treatment is received as the result of a Covered Sickness or Accident. The Covered Person must incur charges while the coverage is in force for professional ambulance service to receive this benefit. The ambulance transportation must be within 90 days after a Covered Sickness or Accident. We will pay this amount once per Covered Sickness or Accident.

This benefit is subject to the Ambulance Benefit Maximum Benefit, shown on the Certificate Schedule.]

[MENTAL HEALTH BENEFITS

Inpatient Benefits

For Inpatient Benefits, we will pay the Mental Health Inpatient Benefit, shown on the Certificate Schedule, for each day of confinement if any Covered Person is confined to a Hospital or licensed institution to provide treatment for Mental Illness.

Benefits are subject to the Mental Health Inpatient Benefit Maximum Benefit shown on the Certificate Schedule.

Outpatient Benefits

For Outpatient Benefit, we will pay the Mental Health Outpatient Benefit, shown on the Certificate Schedule, for Covered Persons receiving treatment as a result of Mental Illness.

Benefits are subject to the Mental Health Outpatient Benefit Maximum shown on the Certificate Schedule.

Mental Illness means any mental condition including but not limited to affective disorders, neuroses, anxiety, stress, adjustment reactions, Alzheimer's disease and other organic senile dementias.

We will not pay any benefit for stays in a Half-Way house or other place that is not a licensed facility offering treatment for Mental Illness.]

[CHEMICAL ABUSE AND DEPENDENCY DIAGNOSIS AND TREATMENT BENEFIT

We will pay the Chemical Abuse and Dependency Diagnosis and Treatment Benefit, shown on the Certificate Schedule for Covered Persons receiving services provided in facilities which are accredited by the joint commission on accreditation of hospitals as alcoholism, substance abuse or chemical dependence treatment programs, for the treatment of Chemical Abuse and Chemical Dependency.

Benefits for detoxification services as a consequence of chemical dependence are subject to the Detoxification Maximum Benefit, shown on the Certificate Schedule, of 7 days of active treatment per Policy Year per Family.

Benefits for rehabilitation services are subject to the Rehabilitation Maximum Benefit, shown on the Certificate Schedule, of 30 days of inpatient care per Policy Year per Family.

Chemical Abuse and Dependence Diagnosis and Treatment

The term "chemical abuse" means alcohol and substance abuse.

[[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFIT

[Accidental Death Benefit

We will pay the Accidental Death Benefit, shown on the Certificate Schedule if any Covered Person is injured as the result of a Covered Accident, and the injury causes the Covered Person to die within 90 days after the Covered Accident.]

[Dismemberment Benefit

We will pay the Dismemberment Benefit amount shown on the Rider Schedule if any Covered Person is injured as the result of a Covered Accident. Loss must occur within 90 days after the Covered Accident.

Only one amount will be paid for all losses resulting from one Accident. We will pay the largest benefit amount to which the Covered Person is entitled. Payment will be made to the Covered Person, or in the event of his death, to the named beneficiary.]

Proof of Loss

We must be given written proof of loss within 90 days after the covered loss occurs. If an authorized representative is not able to give Us written proof of loss within 90 days, it will not have a bearing on the claim if proof is given to Us as soon as it is reasonably possible except in the absence of legal capacity. Written proof of loss must include a claim form and if loss is due to death of a covered person, a certified copy of the death certificate.

Beneficiary

In the event of a benefit payable due to the Named Insured's death, the Accidental Death benefit will be paid to the Named Insured's beneficiary. The beneficiary is the person the Named Insured designated in the enrollment form as the beneficiary, unless it was changed at a later date. If a beneficiary was not named or if the person named is not living at the Named Insured's death, any Accidental Death benefit due will be paid in this order to:

The Insured's Spouse; or children; or parents; or brothers and sisters; or estate. In the event of a benefit payable due to the death of a Spouse or Dependent child, the Accidental Death benefit will be paid to the Named Insured, if living, otherwise to the estate of the insured Spouse or Dependent child.

If benefits are payable to a Covered Person's estate, We can pay benefits up to \$1,000 to someone related to the Covered Person by blood or marriage who We feel is fairly entitled to them. If We do this, We will have no responsibility for this payment because We made it in good faith.

Change of Beneficiary

The Named Insured can ask Us to change their beneficiary at any time. The Insured should notify Us, and We will send him the form to complete. The request must be witnessed by someone other than his present beneficiary or his proposed beneficiary and returned to Us at Our home office. The change must be approved by Us. If approved, it will go into effect the day he signed the request. The change will not have a bearing on any payment We make before We receive it.]

[DENTAL BENEFIT

We will pay the Maximum Covered Charge for the corresponding Dental Procedure listed on the Certificate Schedule for any Covered Person receiving the dental procedure. Any procedure not listed is excluded. If one or more of the listed procedures would be appropriate according to customary dental practice, the Maximum Covered Charge will be the amount allowable for the largest charge.]

[TERM LIFE BENEFIT

We will pay the Term Life Benefit, shown on the Certificate for any Covered Person, who dies.]

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for:

Treatment, services or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat Sickness or injury;
- Are experimental/investigational in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.

Additional Limitations and Exclusions

Except as specifically provided for in this Policy or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

[Alcoholism or Drug Addiction]

[Dental Procedures – Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.]

Elective Procedures and Cosmetic Surgery – Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect or reconstruction surgery after a mastectomy.

Felony or Illegal Occupation Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

[Manipulations of the Musculoskeletal System –care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation or of or in the vertebral column.]

[Mental Illness – is a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. Mental Illness is not covered under this Policy. However, Alzheimer's disease and other organic senile dementias are covered under this Policy.]

Suicide or Injuries Which Any Covered Person Intentionally Does to Himself- suicide, attempted suicide or intentionally self-inflicted injury.

War or Act of War. War or act of war (whether declared or undeclared; participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.

Worker's Compensation –benefits provide under any State or Federal workers' compensation, employers' liability or occupational disease law.

[Pre-existing Condition Limitation

There is no coverage for a pre-existing condition for a continuous period of [6] months following the effective date of coverage under this Policy.

This limitation does not apply to:

- genetic information in the absence of a diagnosis of the condition related to such information;
- a newborn child who is enrolled in the plan within 30 days after birth; nor to a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of the 30-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage;
- pregnancy; and
- an individual, and any dependent of such individual, who is eligible for a federal tax credit under the federal Trade Adjustment Assistance Reform Act of 2002 and who has three months or more of creditable coverage.

In determining whether a pre-existing condition limitation applies, we will credit the time the covered person was previously covered under creditable coverage, if the previous creditable coverage was

Creditable coverage includes (a) a group health plan; (b) health coverage; (c) Part A or Part B of title XVIII of the Social Security Act; (d) Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928; (e) Chapter 55 of title 10, United States Code; (f) a medical care program of the Indian Health Service or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under chapter 89 of title 5, United States Code; (i) a public health plan, including health coverage provided under a plan established or maintained by a foreign country or political subdivision (as defined in regulations); (j) a health plan under section 5(e) of the Peace Corps Act (22 U.S.C. 2504(e)) and coverage under S-CHIP.]

TERMINATION OF INSURANCE

Termination of a Named Insured's Coverage

The coverage on a Named Insured will terminate on the earliest of the following dates:

- the date the Policy terminates; or
- midnight on the last day, for which premium was paid, if premium is not paid by the end of the grace period, or
- 90 days after the date written notice was provided that the Named Insured is no longer in an eligible class; or
- the date the Named Insured's class is no longer included for insurance; or
- on the date the Named Insured asks Us to end their coverage.

If we discontinue to offer this coverage to a particular class we will provide the class the option to purchase other coverage currently offered in such market without regard to the claims experience of the class or any health related status to any insureds covered or new insureds who may become eligible for such coverage.

Extension of Benefits

Termination of coverage will not affect any claim that began while the coverage was in force.

If a Covered Person is Confined in a Hospital on the date coverage terminates We will continue to pay any applicable benefits until the earlier of

- the date the Covered Person is discharged from the Hospital; or
- 90 days after the date the coverage terminates.

When Coverage Ends on the Named Insured's Spouse and/or Dependents

If this is Named Insured and Spouse coverage or two-parent family coverage, coverage on the Named Insured's Spouse will end:

- if the Policy terminates;
- if the premiums are not paid for the Named Insured's Spouse when they are due;
- on the date the Named Insured asks Us to end their Spouse's coverage;
- on the date the Named Insured dies; or
- on the date the next premium is due after the Named Insured divorces their Spouse.

If this is family coverage, coverage on the Named Insured's dependents will end:

- if this Policy terminates;
- if the premium is not paid for the Named Insured's dependents when it is due;
- on the date the Named Insured asks Us to end their Dependent coverage; or
- on the date the Named Insured dies.

Coverage will end on each Dependent child when they no longer qualifies as a Dependent as defined in the Certificate. It is the Named Insured's responsibility to notify Us if any Dependent no longer qualifies as an eligible Dependent. If this is family coverage and all of the dependents no longer qualify as eligible dependents and We are not notified, the extent of Our liability will be to refund premium for the time period for which they did not qualify. Coverage will not end on a Dependent child who reaches the limiting age if that child is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law or physical handicap and who became so incapable prior to the attainment of the age at which dependent coverage would otherwise terminate and who is dependent upon such employee or member for support and maintenance.

GENERAL PROVISIONS

Coverage Provided by the Policy

We insure a Covered Person for loss according to the provisions of the Policy.

When making a benefit determination under the Policy, We have discretionary authority to determine the Covered Person's eligibility for the benefits and interpret the terms and provisions of the Policy.

State Laws

Any provision of the Policy that, on the effective date, does not agree with state laws where the Named Insured lives will be amended to conform to the minimum requirements of those laws.

HOW TO FILE A CLAIM/CLAIM PROVISIONS

How to File a Claim

A claim form must be completed within 90 days after the covered loss begins or as soon as it is reasonably possible. The claim form, along with proof of loss, should be sent to Us at Our home office.

If the Named Insured does not have a claim form, he must give Us a written statement describing the loss within 90 days after the covered loss begins or as soon as it is reasonably possible. The statement should include his name and Certificate Schedule Number as shown in the Certificate Schedule. It must also include proof of loss and how the loss occurred. The Named Insured should send the statement to Us at Our home office. When We receive the statement describing the loss, We will send him claim forms within 15 days. If he does not receive claim forms, his written statement along with the proof of loss will be used to process his claim.

Proof of Loss

The Named Insured must give Us a written proof of loss within 90 days after the covered loss begins. If he is not able to give Us written proof of loss within 90 days, it will not have a bearing on this claim if proof is given to Us as soon as it is reasonably possible, except in the absence of legal capacity.

Refer to the applicable benefit section(s) for written proof of loss requirement.

Payment of Claim

Benefits will be paid to the Named Insured or to the designated beneficiary on record. If no named beneficiary is on record with us all or any part of the benefits owed will be paid to the estate. In lieu of paying benefits to the estate we may at our option pay benefits to any one or more of the following surviving relatives:

- spouse;
- mother;
- father
- child or children; and
- brothers or sisters.

If there are no survivors in any of these classes, we may pay benefits for expenses on account to a Hospital or Doctor's office or other person actually supporting him or her and who is deemed by us to be entitled to payment. Any payments made in good faith will end our liability to the extent of the payment.

Time of Payment of Claim

We will pay any benefits due not more than 30 days after We receive written proof of loss.

Questions Concerning the Named Insured's Claim

If the Named Insured has questions concerning his claim, he can call Us at Our home office.

Physical Examinations

We can require that any Covered Person be examined by a Physician of Our choice at Our expense as often as it is reasonably necessary while his claim is pending.

Legal Action

We cannot be sued for benefits under the Policy until 60 days after written proof of loss has been given as required by the Policy or the expiration of 3 years from the time We receive written proof of loss.

**American Medical and Life Insurance Company
New York, New York**

SUPPLEMENTAL ONLY

GROUP LIMITED BENEFITS HEALTH INSURANCE CERTIFICATE SCHEDULE

[Named Insured: [John Employee]]

Certificate Schedule Number: [123]

Group Policy Number: [12345]

Policy Holder: [XYZ Company]

Certificate Effective Date: [January 1, 2006]

Certificate Anniversary Date: [January 1, of each year]

Open Enrollment Period: [January 1] through [December 31] during each Policy Year

1. Description of Eligible Classes

[[I. - All employees of [XYZ Company] who are working a minimum of [15 – 20] hours per week.]

[Active Employment means the named insured is working at the worksite for earnings that are paid regularly, and he is performing the material and substantial duties of his regular occupation. Normal vacation is considered active employment. The worksite must be:

- . • At the usual place of business;
- . • An alternative worksite; or
- . • A location to which the named insured's job requires him to travel.]

[I. - All active members of [ABC Association] as determined by bylaws or charter of the Association]

[II. Dependents of Named Insured as defined in the Policy.]

2. Eligibility Period: [31 days]

3. Waiting Period [0-90] days

4. Plan Type: [Employer/Association-Paid – Employer/Association Contributions 1 - 100 %] [Voluntary]

5. Coverage: [Named Insured] [Named Insured and Spouse] [Family]

6. Benefits:

[Accident Medical Benefit	
Accident Medical Benefit Deductible	[\$[50-500] per Policy Year per Covered Person
Accident Medical Benefit	[80-100]%
Accident Medical Maximum Benefit	[\$[0-10,000] per Policy Year per Covered Person]
[Hospital Confinement Benefits	
Hospital Confinement Benefit	[\$[0-5,000] per day of confinement
Maximum Benefit	[0-100] days per Policy Year per Family]

[Hospital Intensive Care Unit Confinement Benefit	[\$0-5,000] per day of confinement
Maximum Benefit Period	Up to [0-15] days per Policy Year per Family]
[Surgery Benefit	
[Option 1: Maximum Benefit per Surgery	The lesser of the charge incurred or; \$[0-5,000]
Maximum Benefit	[\$[1-15,000]] per Policy Year per Family]
[Option 2: Maximum Benefit per Surgery	[50% - 100%] [2006] RBRVS
Maximum Benefit	[\$[1-15,000]] per Policy Year per Family]
Anesthesia Benefit	[0-50] % of surgical benefit.]
[Skilled Nursing Facility Benefit	
Skilled Nursing Facility Benefit	[\$[0-2,000] per day of confinement
Maximum Benefit	Up to [0-60] days per Policy Year per Family]
[Hospital Admission Benefit	
Hospital Admission Benefit	[\$[200 - \$2,000 in \$100 increments] per admission
Maximum Benefit	[\$[2,000 – 10,000 in \$1,000 increments] per Policy Year per Family]
[Doctor's Office Visit Benefits	
Doctor's Office Benefit	[\$[0-200] per visit
Maximum Benefit	[0-15] visits per Policy Year per Covered Person]
[Preventive Care Test Benefit	
Preventive Care Test Benefit	[\$[0-1,000] per Test
Maximum Benefit	[0-3] Tests per Policy Year per Covered Person]
[Urgent Care/Emergency Room Benefit	
Urgent Care/Emergency Room Benefit	[\$[0-1,000] per Visit
Maximum Benefit	[0-5] Visits per Policy Year per Covered Person]
[Diagnostic Tests, X-ray and Laboratory Benefit	
Diagnostic Test Benefit	[\$[0-1,000] per day
Maximum Benefit	[0-10] Tests per Policy Year per Covered Person]
[Prescription Benefit	
Prescription Benefit	[\$[0-1,000] per prescription
Maximum Benefit	[0-2] prescriptions per month per Covered Person 0-25 per year]
[Ambulance Benefit	
Ambulance Benefit	[\$[0-1,000] per covered sickness/accident per Covered Person
Maximum Number of Benefits	[0-unlimited] per Policy Year per Family.]
[Mental Health Benefit	
Mental Health Inpatient Benefit	[\$[0-2,000] per day
Mental Health Inpatient Maximum Benefit	[30] days per Policy Year per Family
Mental Health Outpatient Benefit	[\$[0-1,000] per treatment
Mental Health Outpatient Maximum Benefit	[\$[0-45,000] per Policy Year per Family]

[Chemical Abuse and Dependence Diagnosis and Treatment Benefit		
Chemical Abuse and Dependence Diagnosis and Treatment Benefit	[\$[0-2,000]] per day	
Detoxification Maximum Benefit	7 Days of Active Treatment per Policy Year per Family	
Inpatient Rehabilitation Maximum Benefit	30 Days per Policy Year per Family	
Outpatient Treatment	[\$[0-1,000]]	
[Accidental Death [and Dismemberment Benefit]		
Accidental Death Benefit	[\$[0-50,000 in \$5,000 increments]]	
[Dismemberment Benefit	[\$[0-50,000 in \$5,000 increments]]]	
[Dental Benefit		
Dental Benefit Deductible	[\$[0-50.00]] per Policy Year per Covered Person	
<u>Procedure Number</u>	<u>Description of Services</u>	<u>Maximum Covered Charge</u>
PREVENTIVE PROCEDURES		
ORAL EXAMINATIONS		
D0120	Periodic oral examination (limited to one examination every 6 months) provided no other procedure is performed during the same visit	[\$[17.00]]
D0140	Limited oral evaluation/problem focused	[\$[27.00]]
D0150	Comprehensive oral evaluation (limited to one examination per coverage year)	[\$[27.00]]
D9110	Palliative (Emergency) treatment, per visit	[\$[38.00]]
X-RAY AND PATHOLOGY		
(Except for injuries, covered charge includes examination and diagnosis.)		
D0210	Intraoral (including bitewings) (limited to once every 3 years)	[\$[40.00]]
D0220	Intraoral - Single film/initial	[\$[7.00]]
D0230	Intraoral - Each additional	[\$[7.00]]
D0240	Intraoral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months)	[\$[10.00]]
D0250	Extraoral – Single film/initial	[\$[11.00]]
D0260	Extraoral - Each additional	[\$[9.00]]
D0270	Bitewing – Single film (limited to once every 6 months)	[\$[8.00]]
D0272	Bitewing films, 2 films (limited to once every 6 months)	[\$[12.00]]
D0274	Bitewing films, 4 (limited to once every 6 months)	[\$[17.00]]
PROPHYLAXIS AND FLUORIDE APPLICATIONS		
D1110	Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to one treatment every 6 months)	[\$[30.00]]
D1120	Prophylaxis for children under age 14 (limited to one treatment every 6 months)	[\$[20.00]]
D1203	Topical application of fluoride/child (limited to one treatment per 6 consecutive months)	[\$[12.00]]
D1204	Topical application of fluoride/adult (limited to one treatment per 6 consecutive months)	[\$[12.00]]
D1351	Sealant, per tooth	[\$[16.00]]
BASIC PROCEDURES		
AMALGAM RESTORATIONS — PRIMARY/PERMANENT TEETH		
D2140	Amalgam - 1 surface	[\$[35.00]]
D2150	Amalgam - 2 surfaces	[\$[45.00]]
D2160	Amalgam - 3 surfaces	[\$[56.00]]
D2161	Amalgam - 4 or more surfaces	[\$[64.00]]
SYNTHETIC RESTORATIONS		
D2330	Resin-based composite - 1 surface, anterior	[\$[42.00]]
D2331	Resin-based composite - 2 surfaces, anterior	[\$[55.00]]
D2332	Resin-based composite - 3 surfaces, anterior	[\$[67.00]]
D2335	Resin-based composite - 4 or more surfaces, or involving incisal angle, anterior	[\$[71.00]]
D2390	Resin-based composite crown - anterior primary	[\$[77.00]]
D2391	Resin-based composite - 1 surface, posterior	[\$[50.00]]
D2392	Resin-based composite - 2 surfaces, posterior	[\$[68.00]]
D2393	Resin-based composite - 3 or more surfaces, posterior	[\$[85.00]]

The American Medical and Life Insurance Company
New York, New York

SUPPLEMENTAL ONLY

**GROUP LIMITED BENEFITS HEALTH INSURANCE
ENROLLMENT FORM**

GENERAL INFORMATION

Applicant's Name: _____ Gender: _____ Date of Birth: _____ SSN: _____
 Home Address: _____ Phone: _____
 [Occupation/Job Title: _____ Employee Class: _____ Hire Date: _____ Hrs/Wk: _____
 Annual Salary: \$ _____ Employee ID: _____ Business Phone: _____
 Employer Name: _____
 Employer Address: _____ Section/Dept. #: _____]
 [Member Class: _____ Join Date: _____
 Member ID: _____ Section/Dept. #: _____]
 Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____
 Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____
 Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

AD[&D] COVERAGE ELECTIONS*

Applicant: \$ _____ AD[&D] Yes No Spouse: \$ _____ AD[&D] Yes No Child(ren): \$ _____ AD[&D] Yes No

Do you have a comprehensive medical policy? Yes No
 (if you answered No to number 1, you are not eligible for a supplemental only policy)

Do you understand most supplemental only policies may not pay full benefits if the comprehensive major medical or comprehensive medical plan is not in force? Yes No

Do you understand that this is a supplemental only policy and that the benefits provided under this policy may be limited? Yes No

[Are you or any person to be covered Medicare eligible: Yes No
 Have you received the Guide to Health Insurance for People with Medicare? Yes No]

[SPOUSE AND DEPENDENT INFORMATION

Spouse/Dependent Name	Relationship to Applicant	Date of Birth	SSN

[*If you DO NOT ENROLL for AD&D coverage for you or your dependent(s) during the initial enrollment period, you will need to complete an evidence of insurability form, if required, for all amounts of coverage.]

BENEFICIARY INFORMATION

Beneficiary Name	Relationship to Applicant	Age	SSN	Benefit %	Primary	Contingent
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

[This Limited Medical Plan includes a Discount Program that is not health insurance. The Program provides discounts at certain healthcare providers for medical and ancillary services. The Program does not make payments directly to the provider of services, and members are obligated to pay the provider the discounted rate at the time of service. Participating Providers are

subject to change without notice and are not available in all areas. Actual savings may vary. Not available to residents of all states.]

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by American Medical and Life Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

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 is guilty of a crime and may be subject to fines and confinement in prison.

Signed at: City _____ State _____

Date

Signature of Applicant

**American Medical and Life Insurance Company
New York, New York**

SUPPLEMENTAL ONLY

**POLICYHOLDER APPLICATION
FOR GROUP LIMITED BENEFITS HEALTH INSURANCE**

1. Name of Employer/Association _____ Group #: _____

2. Address (Street) _____

City: _____ State: _____ Zip Code: _____

3. Phone Number: _____ 4. Plan Administrator: _____

5. Nature of Business/Association: _____ 6. Effective Date of Coverage: _____

7. Initial Enrollment: Start Date _____ Stop Date: _____

8. Subsequent Annual Enrollment Period, Subject to the Agreement of the Policyholder and American Medical Life and Health Insurance Company

Start Date _____ Stop Date: _____

9. Waiting Period (if any): _____ Days

If this is different by employee/member class or for the initial and future enrollments, please indicate: _____

10. Eligibility Period: _____

11. Eligible Class

[Employer Group

All active employees working a minimum of _____ regularly scheduled hours per week, per year.

(A minimum of [15 hours] per week is required.)

Are there any special eligibility or employee class requirements or restrictions? If so, please describe.

The participation requirement is the greater of [50] enrolled lives or [50%] If premium is non-contributory must have 100% eligible employee participation. If contributory not less than 50% of eligible employees or less than 50 eligible employees.

Number of eligible employees: _____ (Must be greater than 50). Number Enrolled: _____

Is there any employer contribution? Yes No If yes, what percentage? _____ %

Named Insured Only: 100% 75% 50% _____ (other)

Named Insured and Spouse: 100% 75% 50% _____ (other)

Family: 100% 75% 50% _____ (other)

Plan Applied For:

Employee Class: _____]

[Association Group

All active members of [ABC Association] as determined by bylaws or charter of the Association]

Number of eligible members: _____

Is there any association contribution? Yes No If yes, what percentage? _____ %

Named Insured Only: 100% 75% 50% _____ (other)

Named Insured and Spouse: 100% 75% 50% _____ (other)

Family: 100% 75% 50% _____ (other)

Plan Applied For:

Member Class: _____]

12. Policy Benefits Selected: (See Rate Manual for Options)

[Accident Medical Benefit	
Deductible	[\$250] per Policy Year per Covered Person
Accident Medical Benefit	[80]%
Maximum Benefit	[\$500] per Policy Year per Covered Person]
[Hospital Confinement Benefits	
Hospital Confinement Benefit	[\$300] per day of confinement
Maximum Benefit	[60] days per Policy Year per Family]
[Hospital Intensive Care Unit Confinement Benefit	[\$600] per day of confinement
Maximum Benefit Period	Up to [15] days per Policy Year per Family]
[Surgery Benefit	
[Option 1: Maximum Benefit per Surgery	The lesser of the charge incurred or; [\$3,500]
Maximum Benefit	[\$20,000]] per Policy Year per Family]
[Option 2: Maximum Benefit per Surgery	[50% - 100%] [2006] RBRVS
Maximum Benefit	[\$3,500]] per Policy Year per Family]
Anesthesia Benefit	[25] % of surgical benefit.]
[Skilled Nursing Facility Benefit	
Skilled Nursing Facility Benefit	[\$200] per day of confinement
Maximum Benefit	Up to [60] days per Policy Year per Family]
[Hospital Admission Benefit	
Hospital Admission Benefit	[\$250 - \$2,000] per admission
Maximum Benefit	[\$2,000 – 10,000 in \$1,000 increments] per Policy Year per Family]
[Doctor's Office Visit Benefits	
Doctor's Office Benefit	[\$50] per visit
Maximum Benefit	[3] visits per Policy Year per Covered Person]
[Preventive Care Test Benefit	
Preventive Care Test Benefit	[\$50] per Test
Maximum Benefit	[1] Tests per Policy Year per Covered Person]
[Urgent Care/Emergency Room Benefit	
Urgent Care/Emergency Room Benefit	[\$50] per Visit
Maximum Benefit	[3] Visits per Policy Year per Covered Person]
[Diagnostic Tests, X-ray and Laboratory Benefit	
Diagnostic Test Benefit	[\$100] per day
Maximum Benefit	[3] Tests per Policy Year per Covered Person]
[Prescription Benefit	
Prescription Benefit	[\$20] per prescription
Maximum Benefit	[2] prescriptions per month per Covered Person]

[Ambulance Benefit		
Ambulance Benefit	[\$100] per covered sickness/accident per Covered Person	
Maximum Number of Benefits	[3] per Policy Year per Family.]	
[Mental Health Benefit		
Mental Health Inpatient Benefit	[\$50] per day	
Mental Health Inpatient Maximum Benefit	[30] days per Policy Year per Family	
Mental Health Outpatient Benefit	[\$50] per treatment	
Mental Health Outpatient Maximum Benefit	[\$700] per Policy Year per Family]	
[Chemical Abuse and Dependence Diagnosis and Treatment Benefit		
Chemical Abuse and Dependence Diagnosis and Treatment Benefit	[\$100] per day	
Detoxification Maximum Benefit	7 Days of Active Treatment per Policy Year per Family	
Inpatient Rehabilitation Maximum Benefit	30 Days per Policy Year per Family	
[Accidental Death [and Dismemberment Benefit]		
Accidental Death Benefit	[\$5,000]	
[Dismemberment Benefit	[\$5,000]]]	
[Dental Benefit		
Dental Benefit Deductible	[\$50.00] per Policy Year per Covered Person	
<u>Procedure Number</u>	<u>Description of Services</u>	
	<u>Maximum Covered Charge</u>	
PREVENTIVE PROCEDURES		
ORAL EXAMINATIONS		
D0120	Periodic oral examination (limited to one examination every 6 months) provided no other procedure is performed during the same visit	[\$17.00]
D0140	Limited oral evaluation/problem focused	[\$27.00]
D0150	Comprehensive oral evaluation (limited to one examination per coverage year)	[\$27.00]
D9110	Palliative (Emergency) treatment, per visit	[\$38.00]
X-RAY AND PATHOLOGY		
(Except for injuries, covered charge includes examination and diagnosis.)		
D0210	Intraoral (including bitewings) (limited to once every 3 years)	[\$40.00]
D0220	Intraoral - Single film/initial	[\$7.00]
D0230	Intraoral - Each additional	[\$7.00]
D0240	Intraoral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months)	[\$10.00]
D0250	Extraoral – Single film/initial	[\$11.00]
D0260	Extraoral - Each additional	[\$9.00]
D0270	Bitewing – Single film (limited to once every 6 months)	[\$8.00]
D0272	Bitewing films, 2 films (limited to once every 6 months)	[\$12.00]
D0274	Bitewing films, 4 (limited to once every 6 months)	[\$17.00]
PROPHYLAXIS AND FLUORIDE APPLICATIONS		
D1110	Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to one treatment every 6 months)	[\$30.00]
D1120	Prophylaxis for children under age 14 (limited to one treatment every 6 months)	[\$20.00]
D1203	Topical application of fluoride/child (limited to one treatment per 6 consecutive months)	[\$12.00]
D1204	Topical application of fluoride/adult (limited to one treatment per 6 consecutive months)	[\$12.00]
D1351	Sealant, per tooth	[\$16.00]
BASIC PROCEDURES		
AMALGAM RESTORATIONS — PRIMARY/PERMANENT TEETH		
D2140	Amalgam - 1 surface	[\$35.00]
D2150	Amalgam - 2 surfaces	[\$45.00]
D2160	Amalgam - 3 surfaces	[\$56.00]
D2161	Amalgam - 4 or more surfaces	[\$64.00]

SYNTHETIC RESTORATIONS

D2330	Resin-based composite - 1 surface, anterior	\$[42.00]
D2331	Resin-based composite - 2 surfaces, anterior	\$[55.00]
D2332	Resin-based composite - 3 surfaces, anterior	\$[67.00]
D2335	Resin-based composite - 4 or more surfaces, or involving incisal angle, anterior	\$[71.00]
D2390	Resin-based composite crown - anterior primary	\$[77.00]
D2391	Resin-based composite - 1 surface, posterior	\$[50.00]
D2392	Resin-based composite - 2 surfaces, posterior	\$[68.00]
D2393	Resin-based composite - 3 or more surfaces, posterior	\$[85.00]

ORAL SURGERY

(Includes local anesthesia and routine post-operative care).

EXTRACTIONS

D7140	Extraction - Erupted tooth of exposed root	\$[39.00]
D7220	Removal of impacted tooth – Soft tissue	\$[45.00]
D7230	Removal of impacted tooth – Partially bony	\$[70.00]
D7240	Removal of impacted tooth – Completely bony	\$[85.00]
D7241	Removal of impacted tooth – Completely bony with unusual surgical complications	\$[85.00]
D7250	Surgical removal of residual tooth roots	\$[30.00]
D7510	Incision and drainage of abscess	\$[45.00]
D9220	General anesthesia	\$[52.00]

PERIODONTICS

D4341	Periodontal scaling and root planing, per quadrant	\$[72.00]
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$[50.00]
D4910	Periodontal maintenance procedures following active therapy, periodontal prophylactic	\$[3.00]

ENDODONTICS (excluding final restoration)

D3220	Therapeutic pulpotomy	\$[125.00]
D3310	Complete root canal therapy - Anterior	\$[125.00]
D3320	Complete root canal therapy – Bicuspid	\$[135.00]
D3330	Complete root canal therapy - Molar	\$[140.00]

[**Term Life Benefit**

\$[5,000]

13. Is this a replacement of similar coverage: Yes No

14. Previous Company: _____

Termination Date of Prior Plan: _____

It is understood and agreed that this application shall be attached as a part of the Policy applied for, and that no Insurance shall be effective until approved by American Medical and Life Insurance Company at its home office.

[**This Limited Medical Plan includes a Discount Program that is not health insurance.** The Program provides discounts at certain healthcare providers for medical and ancillary services. The Program does not make payments directly to the provider of services, and members are obligated to pay the provider the discounted rate at the time of service. Participating Providers are subject to change without notice and are not available in all areas. Actual savings may vary. Not available to residents of all states.]

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by American Medical and Life Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

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 is guilty of a crime and may be subject to fines and confinement in prison.

Dated at: _____
(City, State)

By: _____
(Authorized Signature/Title)

On: _____
Date (mm/dd/yyyy)

By: _____
(Printed Agent/Broker Name)

(Signature of Agent/Broker)

To be Completed by Home Office

On _____ By _____ Plan Effective Date _____
Date (mm/dd/yyyy) Home Office

American Medical and Life Insurance Company
New York, New York

ARKANSAS AMENDATORY ENDORSEMENT

This amendatory endorsement is made a part of the Policy or Certificate to which it is attached and is subject to all terms and provisions of such Policy or Certificate not inconsistent herewith. This amendatory endorsement is applicable only to Covered Persons who are residents of Arkansas on the Certificate Date.

A. Under **ELIGIBILITY AND EFFECTIVE DATE, Who is Covered By This Certificate**, the following changes are hereby made:

1. Coverage for the Named Insured's newborn children, is deleted and replaced with the following:

Coverage for the Named Insured's newborn children:

A child born to a Named Insured or a Named Insured's Spouse will automatically become insured as a Dependent. The child must be born to the Named Insured or to his or her Spouse while the Policy is in force. We will cover each newborn child from the moment of live birth, for up to 90 days. Such coverage includes:

- the necessary care and treatment of medically diagnosed congenital defects;
- birth abnormalities;
- prematurity'

For each newborn child, the Named Insured must:

- notify Us within 90 days of birth or when the Named Insured is named a party in a suit in which he or she is adopting the child; and
- pay the required premium for the newborn child, if any.

For each step child and/or adopted child, the Named Insured must:

- notify Us within 60 days of birth or when the Named Insured is named a party in a suit in which he or she is adopting the child; and
- pay the required premium for the child, if any.

If a newborn is not enrolled within 90 days of birth, coverage will be provided from the date that notice is given. Any additional premium required must be made to Us within 31 days of notification of birth or placement for the purposes of a step child and/ or adoption.

If a step child or adopted child is not enrolled within 60 days of birth, coverage will be provided from the date that notice is given. Any additional premium required must be made to Us within 31 days of notification of birth or placement for the purposes of a step child and/ or adoption.

Coverage Continuation for Handicapped Children

A child's attainment of age 25 does not terminate coverage while the child is:

- (1) incapable of self-sustaining employment because of mental retardation or physical disability; and
- (2) chiefly dependent on the Named Insured for support and maintenance.

To continue coverage for a handicapped child the Named Insured must provide proof of the child's incapacity and dependency:

- (1) after the date the child attains the limiting age; and
- (2) no more frequently than annually after the second anniversary of the date the child reaching age 25.

B. Under **DESCRIPTION OF BENEFITS**, the following is hereby added:

[1. Under **[HOSPITAL CONFINEMENT BENEFITS, Hospital Confinement Benefit, Hospital Intensive Care Unit Confinement Benefit, Surgery With Anesthesia Benefit, and HOSPITAL ADMISSION BENEFIT,]** the following is added:

Coverage for Anesthesia and Hospitalization for Dental Procedures

This benefit includes anesthesia and hospital services performed in connection with dental procedures in a hospital if: (1) the physician treating the Covered Person certifies that because of the Covered Person's age

or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures; and (2) the Covered Person is: (a) a child under 7 years of age who is determined by two dentists to have a significantly complex dental condition; (b) a Covered Person diagnosed with a serious mental or physical condition; or (c) a Covered Person with a significant behavioral problem as determined by his or her Physician. This benefit does not apply to TMJ.]

C. [Under **LIMITATIONS AND EXCLUSIONS, Additional Limitations and Exclusions**, the following changes are hereby made:

1. [Under Dental Procedures, the following is added: except as provided in the Policy or this Amendatory Endorsement.]
2. [Under Pre-Existing Condition Limitation, the 2nd bullet in the 2nd paragraph pertaining to a newborn child and an adopted child is deleted and replaced with the following:
 - a newborn child who is enrolled in the plan within 90 days after birth; nor to a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of a 90-day period beginning on the date of birth, or 60-day period beginning on the date of adoption or placement for adoption, is covered under creditable coverage;]

D. [Under **HOW TO FILE A CLAIM/CLAIM PROVISIONS, Time of Payment of Claim** is deleted and replaced with the following:

Time of Payment of Claim

We will pay, deny or settle all benefits due for clean claims within 30 calendar days after receipt of proof of loss submitted electronically or within 45 days by any other method.

If the resolution of a claim requires additional information, We will, within 30 calendar days after receipt of the claim, give You a full explanation of what additional information is needed. If You and the Provider have provided all such additional information necessary to resolve the claim, the claim shall be paid, denied, or settled within 30 calendar days after receipt.

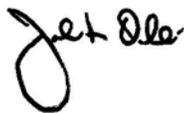
If We fail to pay, settle or deny a clean claim or take other required actions within 30 or 45 calendar days (excluding the time waiting for additional information), We will pay interest at the rate of 12% annually on the amount ultimately allowed on the claim, accruing from the date payment was due.

For the purpose of this provision, the following definition has been added:

"Clean Claim" means a claim that is submitted on a HCFA 1500 or on a UB92, in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on the Plan's standard claim form with all required fields completed in accordance with the Plan's published claim filing requirements. A Clean Claim does not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent, or (2) for which the Plan needs additional information in order to resolve one or more outstanding issues.

This endorsement takes effect and expires concurrently with the policy or certificate to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.

In Witness Whereof, We have caused this Endorsement to be signed by



Chairman, President and CEO



Executive Vice President & Chief Compliance Officer

SERFF Tracking Number: ICCI-126436306 State: Arkansas
 Filing Company: American Medical and Life Insurance Company State Tracking Number: 44566
 Company Tracking Number: LIMITED MEDICAL HOSPITAL INDEMNITY AMLI GRP LM 2007 NE ASSOC
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC
 Project Name/Number: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC/AMLI GRP LM 2007 NE ASSOC

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/01/2010
Comments:		
Attachment: Cert of Comp. with Rule 19 AMLI GRP NE 1-13-10.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	02/01/2010
Comments: See Form Schedule tab		

	Item Status:	Status Date:
Satisfied - Item: AMHI Authorization Letter	Approved-Closed	02/01/2010
Comments:		
Attachment: auth letter _2010_.pdf		

	Item Status:	Status Date:
Satisfied - Item: American Advantage Association (AAA) bylaws and articles of incorporation	Approved-Closed	02/01/2010
Comments:		
Attachment: American Advantave Association (AAA) bylaws.pdf		

	Item Status:	Status Date:
Satisfied - Item: Association Checklist and members	Approved-Closed	02/01/2010

SERFF Tracking Number: ICCI-126436306 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number: 44566
Company Tracking Number: LIMITED MEDICAL HOSPITAL INDEMNITY AMLI GRP LM 2007 NE ASSOC
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC
Project Name/Number: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC/AMLI GRP LM 2007 NE ASSOC
listing

Comments:

Attachments:

AAA Checklist AMLI NE assoc 1-12-10.pdf
American Advantage Association-AR Members(1 8 10).pdf

	Item Status:	Status
Satisfied - Item: Articles of Incorporation	Approved-Closed	Date: 02/01/2010

Comments:

Attachment:

AAA Articles of Incorporation.pdf

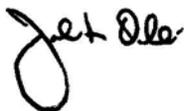
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American Medical and Life Insurance Company

Form Number(s):

Group Limited Benefit Accident and Sickness Insurance Policy – AMLI GRP LM 2007 POL NE
Certificate of Insurance – AMLI GRP LM 2007 CERT NE
Group Application – AMLI GRP LM 2007 APP AR
Enrollment Application – AMLI GRP LM 2007 ENRL AR
Schedule – AMLI GRP LM 2007 SCHED
Amendatory Endorsement – GRP LM 2007 AE AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

John Ollis

Name

CEO and President

Title

January 13, 2010

Date



8 WEST 38TH STREET – SUITE 1002
NEW YORK, NY 10018

MICHAEL F. MURPHY

EXECUTIVE VICE PRESIDENT & CHIEF MARKETING OFFICER

301.299.7802

CELL 301.943.2222

FAX 301.299.3410

mmurphy@usamli.com

www.usamli.com

January 1, 2010

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of American Medical and Life Insurance Company regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. American Medical may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

BY-LAWS
OF
AMERICAN ADVANTAGE ASSOCIATION

ARTICLE 1
PURPOSES

The purpose or purposes of “American Advantage Association” (Association) shall be:

- To work with Member Companies in identifying enhanced administrative processes, staying current on regulatory issues, and developing customer affinity solutions and product enhancements.
- To promote the enhancement of Member Companies’ products and services;
- To pursue providing Members with access to discounted pricing on consumer products and services;
- To promote the ease of access to products and services, and discounted consumer products and services, for Members;
- To prepare and distribute educational and informational materials and conduct informational and educational activities in support of the general purposes of the Association; and
- To conduct or engage in all lawful activities in furtherance of the forgoing purposes, or any purpose incidental thereto.

ARTICLE II
OFFICES

The Association shall have and continuously maintain in this state a registered office and a registered agent, and the registered office of the Association shall be identical to that of its registered agent. The Association may have other offices within or outside the State of Missouri as the Board of Directors may from time to time determine.

ARTICLE III
MEMBERS

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

1. Organization Members (Class 1): Organizations, Institutions, Associations, Corporations, Clubs and or other commonly classified groups of people (Groups) with which this Association has entered into an agreement to provide the Group and their members with access to the benefits of membership and who pay the dues and other fees established from time to time by the Board of Directors for the benefits, programs, privileges and activities specified in such agreement.

2. Reciprocal Members (Class 2): Those individuals who are members of this Association by virtue of their membership with an Organization Member with which this Association has entered into an agreement to provide access to the benefits of membership and who pay the dues and other fees established from time to time by the Board of Directors for the benefits, programs, privileges and activities specified in such agreement.
3. Individual Members (Class 3): Those individuals who elect to enroll as a Member to obtain access to the benefits of membership and who pay the dues and other fees established from time to time by the Board of Directors for the benefits, services and privileges of membership.

Section 2. Voting Rights. Each member of Classes 1, 2, and 3 shall be entitled to one vote on each matter submitted to a vote of the members by the Board of Directors. Voting may be in person or by proxy; provided that no proxy may be used for voting purposes unless the original of the proxy is filed with the Secretary of the Association at least seven (7) days before the meeting at which it is to be used.

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

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

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

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

ARTICLE IV MEETINGS OF MEMBERS

Section 1. Annual Meeting. An annual meeting of the members of the Association shall be held for the purpose of electing Directors and the transaction of any other business that may come before the meeting. The date of the annual meeting shall be at 10:00 a.m. (EST) on the last Thursday of January, or as otherwise determined by the Board of Directors.

Section 2. Special Meeting. Special meetings of the members, for any purpose or purposes, unless otherwise proscribed by law, may be called by the President and shall be called by the Secretary at the discretion of a majority of the Board of Directors, or at the

request in writing of members representing at least one hundred (100) votes entitled to be cast at such meeting.

Section 3. Place of Meeting. The Board of Directors may designate any place, within or outside the State of Missouri as the place of meeting for any annual meeting. The President or the Board of Directors may designate any place within or outside the State of Missouri as the place of any special meeting. If no designation is made, the place of meeting for the annual meeting shall be the registered office of the Association, 404 Harvey Street, Winston Salem, NC 27103.

Section 4. Notice of Meetings. Written or printed notice stating the place, day and hour of any regular or special meeting of the Association members shall be delivered, either personally, by mail, by e-mail, or by placement of a notice on the first page of the Association's website, to each member, not less than ten (10) or more than forty (40) days before the date of such meeting, by or at the discretion of the President, or Secretary or the Board of Directors or person calling the meeting. In the case of special meetings, the purpose for which the meeting is called shall be stated in the notice. If mailed, the notice of meeting shall be deemed delivered when deposited in the United States mail, addressed to the member at his or her address as it appears in the records of the Association, with postage thereon paid. Notice of meetings may be included in any publication that is distributed to the member.

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

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

Section 7. Informal Action by Members. Upon approval by the directors, any action required to be taken at a meeting of the members of the Association or any other action which may be taken at a meeting, may be taken without a meeting if consents in writing, setting forth the action so taken, shall be signed by 80 percent of the members with respect to the subject matter thereof.

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

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

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

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

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

ARTICLE V BOARD OF DIRECTORS

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

Section 2. Number, Tenure and Qualifications. The number of directors shall be no fewer than three (3) and no more than twenty-five (25) and may be changed from time to time by resolution of the Board of Directors. The Board of Directors shall appoint a committee to nominate successor directors. The directors shall be elected at an annual meeting of the members, except as provided in section 8 of this Article, and each director elected shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. Directors shall be residents of the United States of American and be members of the Association.

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

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

Section 5. Notice. Notice of any special meeting of the Board of Directors and the business to be transacted, shall be given at least five (5) days prior thereto by written notice delivered personally, by mail or through the internet to each director at his address shown in the records of the Association. If notice be given by mail, such notice shall be

deemed to be delivered when deposited in the United States mail, addressed to the director. Any director may waive notice of the transaction of any business because the meeting is not lawfully called or convened. The purpose of any special meeting of the Board of Directors shall be specified in the notice of such meeting.

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

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

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

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

Section 10. Telephonic, Participation in Meeting. The members of the Board of Directors, or any committee designated by the Board of Directors, may participate in a meeting of the Board of Directors or a committee by means of conference telephone or similar communication equipment whereby all persons participating in the meeting can hear each other, and participation in a meeting in this manner shall constitute presence in person at the meeting.

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

ARTICLE VI
OFFICERS

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

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

Section 3. Removal. Any Officer or Agent elected or appointed by the Board of Directors may be removed by the Board of Directors whenever in its judgement the best interests of the Association would be served thereby.

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

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

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

Section 7. Treasurer. The Treasurer or Assistant treasurer shall have charge and custody of and be responsible for all funds and securities of the Association; receive and give receipts for monies received by the Association from any source whatsoever, and deposit all such monies in the name of the Association in such banks, trust companies or

other depositories as shall be selected in accordance with the provisions of Article VIII of these By-Laws.

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

ARTICLE VII COMMITTEES

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

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

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

Section 4. Quorum. Unless provided in the resolution of the Board of Directors designating a committee, a majority of the whole committee shall constitute a quorum and the act of the majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

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

ARTICLE VIII
CONTRACTS, CHECKS, DEPOSITS AND FUNDS

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

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

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

Section 4. Gifts. The Board of Directors may accept on behalf of the Association any contributions, gifts, bequests or devises for general purposes or for any special purpose of the Association.

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

ARTICLE IX
CERTIFICATE OF MEMBERSHIP

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

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

ARTICLE X
BOOKS AND RECORDS

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

ARTICLE XI
DUES AND INITIATION FEE

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

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

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

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

ARTICLE XII
FISCAL YEAR

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

ARTICLE XIII
SEAL

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

ARTICLE XIV
WAVIER OF NOTICE

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

ARTICLE XV
AMENDMENT OF BY-LAWS

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

ARTICLE XVI
INDEMNIFICATION

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

ARTICLE XVII
DISSOLUTION

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

charitable, educational, scientific, or philanthropic organizations to be selected by the Board of Directors.

January 31, 2008

We have received your filing regarding the above named association/discretionary group. To determine if this organization is a qualified group under our statutes, please provide the answers to the following questions:

1. Name and address of the group.

American Advantage Association,
221 Executive Park Blvd, Winston Salem, NC 27103

2. Is this group incorporated? If so, give state of incorporation.

Yes. Missouri

3. Is there a current office in Arkansas?

No.

4. Does the Arkansas part of the organization have any officers, committees, or chapters? If so, give details.

N/A

5. Are annual dues charged? If so, specify amount.

Yes, members are charged membership dues to obtain access to the benefits of membership. The membership dues charged to the members varies by membership plan type. The association currently offers six basic membership types including Basic Plan; Savings Plan; Wellness Plan; Automobile Assistance Plan; Homeowners Assistance Plan; & Legal Plan. The dues for these membership plans range from \$39.95 per year to \$159.95 per year. The bylaws provide this flexibility as follows: "The Board of Directors may determine from time to time the amount of annual dues payable to the Association by members of each class."

6. What are the specific activities of the organization?

The purpose of the American Advantage Association as stated within its By-Laws is to enhance the products and services offered by Member Companies; to provide Members with access to discounted pricing on consumer products and services; to promote the ease of access to the products and services offered by Member Companies; and to prepare and distribute educational and informational materials and conduct informational and educational activities in support of the general purposes of the Association. These purposes are primarily accomplished by bringing together Member Companies to share information, strategies & ideas and to provide one another with access to each other's products and services toward this end.

Through these efforts, Member Companies are enhancing their customer relationships, current product and service offerings and overall value proposition by providing their customers with a larger package of products and services or additional products and services that they would otherwise be unable to accomplish on their own. They are also simplifying the distribution of products and services, making the products and services more accessible and reducing their cost of distribution..

Through these same efforts, Individual and Reciprocal Members benefit by gaining simplified and convenient access to the products and services developed or enhanced through the associations efforts as well as gaining access to educational materials concerning personal finance and financial literacy.

7. What benefits are provided to the members in addition to insurance?

The benefits provided exclusively to members include:

Discount Buying Service: Members receive access to discounts from thousands of local and national vendors. Our national vendor network provides discounts from over 18,000 hotels, 9,000 florists, 5,500 car dealerships, over 6,000 restaurants, and 20,000 concerts & events. This program includes partnerships with national retailers including Costco, Firestone Complete Auto Care, Toshiba, Target.com, Brinks Home Security, PODS, LifeLock, Kaplan, DishNetwork, TiVO, Overstock.com, Brooks Brothers, Philips Consumer Electronics, and BlockBuster. Our network also includes discounts to over 120 national attractions and theme parks from the Walt Disney World® Resort, Universal Studios®, SeaWorld, Six Flags, Cirque du Soleil, Broadway and other New York City performances, and much more!

Online Comparison Shopping Service: Members receive access to our comparison shopping website for thousands of products, automobiles, real estate, education and more. This solution uses proprietary technologies and algorithms that enable shoppers to quickly compare prices from multiple sources and find the best deals on millions of products and services. This site is used to research, compare, and save on products and services online.

Travel Benefits: Our full service travel agency service provides you with one-stop shopping for the most cost effective and friendly travel arrangements. You can interact directly with a live agent or use our convenient online travel booking solution. We offer the latest in travel technology and cost containment. We shop all available fares and fees with the intent to provide the absolute lowest cost available for your travel needs. Program highlights include:

- Agent Airline Fare Guarantee
- Maintenance of your personal preference profile
- 24 Hour Help Desk
- e-Travel – full online travel and reservation booking services
- Hotel & Rental Car Discount Programs
- Vacation Planning

Health & Wellness Benefits: Access to a free Discounted Prescription Drug plan accepted at over 54,000 participating pharmacies nationwide. Access to discounted prescription eyeglasses, contact lenses and designer sunglasses. Access to discounted vitamins, supplements and Diabetic Supplies.

Automobile Benefits: Roadside assistance service, access to negotiated discounts on automobile maintenance and automobile parts.

Home Ownership Benefits: Members receive access to our network of qualified, pre-screened home repair service professionals in their area and receive significant labor discounts and a workmanship guarantee that assures quality work every time.

Enhanced Products & Services: Access to enhance products and services offered by member organizations.

Consumer Education: Access to consumer educational materials provided to all associations members.

8. PLEASE ATTACH BROCHURES ON THE BENEFITS.

For a brochure on the benefits, go to www.americanadvantageassociation.com

9. What qualifies an individual for membership?

Individual Members join the association because they wish to obtain access to the benefits of membership. The commonality of the individual membership base is that they desire to obtain access to the enhanced products or services developed through the association's efforts and receive guidance in their personal financial matters – critically important during these difficult economic times. These efforts are furthering the purposes of the association to provide members with access to discounted pricing of consumer products and services and to prepare and distribute educational and informational materials

10. How are members recruited? If by mailing list, advise the source of this list.

Members are recruited through online marketing, direct mail, and by individual marketing representatives. Direct mail efforts are typically offered to the customers of Member Organizations such as the checking account customers of a member financial institution.

11. Attach a copy of the organization by-laws.

Attached is a copy of the AAA Bylaws.

12. Also, enclose a list of dues paying members residing in Arkansas with full addresses. If the organization considers this privileged information, we will treat it as such and once it has served our purpose, it will be destroyed.

Attached is a listing of the dues paying members.

13. Please attach a copy of the organization's most recent financial statement.

Attached is a copy of the Associations financial statement.

14. Does the organization receive any compensation of any kind from the insurer issuing contracts to its members?

No

Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.

Member ID	Relationship Code	First Name	Middle_Name	Last Name
002074334	P	ANTHONY		STEPHENSON
002159417	D	CAROLINA		MARTINEZ
002159417	D	CONSUELO		MARTINEZ
002159417	D	JESUS		MARTINEZ
002159417	P	MANUELA		PEREZ
002159417	S	JOSE		MARTINEZ
002164253	P	SUSAN		BISHOP
002166588	D	AALIYAH		WATKINS
002166588	D	ALLEN		WATKINS
002166588	D	BRIA		POWELL
002166588	D	KEVIN		WATKINS
002166588	P	LARRY		WATKINS
002166588	S	MICHELLE		BALENTINE
002168720	P	CUSTODIO		YEPEZ
002169514	D	ANTONIO		KELLY
002169514	D	EDWARD		FORD
002169514	D	HAILEY		FORD
002169514	P	LINDA		FORD
002171897	P	ELNORA		WHEATON
002172895	P	DANIEL		HALL
002174224	P	LEE		COLLINS
002176793	D	CODEY		PERKINS
002176793	D	JAKOB		MCGEE
002176793	D	LEONA		MCGEE
002176793	P	KEVIN		MCGEE
002176793	S	JENNIFER		MCGEE
002177294	P	ALINDRIA		WHITE
002177294	S	ADREAN		JOHNSON
0123003769	P	Donald		Botkin
0123033493	P	Susan		Kilton
0123033495	P	Mary		Allen
0411400000008	P	Robert	Paul	Morris
0491000000008	P	Gary		Hale
1558L5171819	P	Wilawan		Wangsaenakew
1560B5071457	P	Melissa		Larsen
1560B5071457	S	Kurt		Larsen

1603F4934999	P	Brenda		Doudhman
1603F5127365	P	Ron		Reginelli
1698W5081076	P	Dawson		Langley
1698W5081076	S	Jamie		Tillman
1698W5205783	P	Rose		Carter
1698W5205783	S	Harold		Carter
1708W5309167	P	Karla		Franks
1708W5342238	D	Aubrey		Campbell
1708W5342238	D	Caitlin		Campbell
1708W5342238	D	Olivia		Campbell
1708W5342238	P	Rebecca		Campbell
1708W5342238	S	John		Campbell
1708W5354906	D	Juliann		Hale
1708W5354906	D	Rebekah		Hale
1708W5354906	P	Chris		Hale
1708W5354906	S	Elizabeth		Hale
1708W5357563	P	Juana		Rodriguez
1708W5358351	D	Harley		M
1708W5358351	P	Twana		Griffin
1708W5358351	S	Bradley		Griffin
1708W5358630	P	Akshay		Deshpande
1708W5358636	D	Alicia		A
1708W5358636	D	Kayla		E
1708W5358636	P	Kenneth		Guthrie
1708W5358636	S	Ann		Guthrie
1708W5361581	P	Linda		Brown
1708W5361897	P	Linda		Reed
412718236	P	Geneva		Desoto
412718236	S	John		Desoto
412718242	P	Lee	T	Hammon
68R-1001309	P	Brenda		Schultz
83G-0000140	P	Alvin		Rasdon
83G-0000539	P	Pat		Ritchie
83G-0000540	P	Daniel		Parker
83G-0000543	P	Debra		Smith
83G-0000544	P	Vicki	Lee	Taylor
83G-0000549	P	Patricia		Flashnick

83G-0000550	P	George		Rahne
83G-0002176	P	William		Jervis
83G-0005245	P	Thakorbhai		Patel
83G-0005254	P	Ephrain		Valdez
83G-0006855	P	Helen		Southworth
83G-0009207	P	Michael		Amory
83G-0013183	P	David		Martin
89W-1000000	P	John	B	Brown
89W-1000040	P	Lynn	M	Hart
89W-1001963	P	Charlotte		Christensen
89W-1002459	P	Judith		Reynolds
89W-1003520	P	Merrie	M	Davis
89W-1009175	P	Travis	Q.	Kingsley
CM0151083	P	Norma		Ferra
F83-0000019	P	Balvant		Padhiar
F83-0000174	P	Martha		Winchell
F83-0000177	P	Janet		Sears
F83-0000198	P	Dorothy		Gallegos
F83-0000199	P	Janice		Wall
F83-0003742	P	Frank		Knowles
F83-0006379	P	Thomas		Hogan
F83-2359041	P	David		Martin
F89-3470471	P	Janet	R	Sears
F89-3470896	P	Dorothy	E	Gallegos
F89-5304330	P	Gilbert		Lattimer
LHCPT000759	P	Jane		Leonard
LHCPT003142	P	Mary		Blankenship
LHCPT006113	P	Jean		Ricketts
PM0427926	P	SHARON		TEASTER
PM0502709	D	JEREMI		HARRELL
PM0502709	P	PEGGY		KNIGHT
PM0502709	S	PHILIP		KNIGHT
PM1067989	P	KATHERINE		MATHERLY
PREMIER006519	P	DON		CALHOUN

Address 1	Address 2	City	State	Zipcode
2511 ALEXANDER CIRCLE		PARAGOULD	AR	72450
3559 LAFAYETTE PLACE		SPRINGDALE	AR	72762
3559 LAFAYETTE PLACE		SPRINGDALE	AR	72762
3559 LAFAYETTE PLACE		SPRINGDALE	AR	72762
3559 LAFAYETTE PLACE		SPRINGDALE	AR	72762
3559 LAFAYETTE PLACE		SPRINGDALE	AR	72762
310 A WEST POINSETT	APT A	MARKED TREE	AR	72365
409 S. 6TH ST		MC GEHEE	AR	71654
409 S. 6TH ST		MC GEHEE	AR	71654
409 S. 6TH ST		MC GEHEE	AR	71654
409 S. 6TH ST		MC GEHEE	AR	71654
409 S. 6TH ST		MC GEHEE	AR	71654
409 S. 6TH ST		MC GEHEE	AR	71654
408 EAST 13 ST		HOPE	AR	71801
150 UNION 803 ROAD		EL DORADO	AR	71730
150 UNION 803 ROAD		EL DORADO	AR	71730
150 UNION 803 ROAD		EL DORADO	AR	71730
150 UNION 803 ROAD		EL DORADO	AR	71730
607 E 20TH STREET		TEXARKANA	AR	71854
32 A TUPELO RD		CONWAY	AR	72034
911 E POLK AVE # 6		WEST MEMPHIS	AR	72301
4 BEECHWOOD ST		CABOT	AR	72023
4 BEECHWOOD ST		CABOT	AR	72023
4 BEECHWOOD ST		CABOT	AR	72023
4 BEECHWOOD ST		CABOT	AR	72023
4 BEECHWOOD ST		CABOT	AR	72023
8223 SCOTT HAMILTON [APT # A 20		LITTLE ROCK	AR	72209
8223 SCOTT HAMILTON [APT # A 20		LITTLE ROCK	AR	72209
2325 Malvern Ave		Hot Springs	AR	71901-8037
474 County Road 772		Midway	AR	72651-9331
18802 Shaddox Mountain Rd		Rogers	AR	72756-8163
1455 N 40th St.		Fort Smith	AR	72904
1406 N 85th PL, Apt 101		Scottsdale	AR	85257
14323 Mountain View Rd.		Mansfield	AR	72944-
7137 Park Avenue		Hot Springs National Park	AR	71901
7137 Park Avenue		Hot Springs National Park	AR	71901

206 Lynch Cir	Mountain Pine	AR	71956
2011 State Highway 77	Marion	AR	72364
36 Fulmer Dr	Conway	AR	72032-8810
36 Fulmer Dr	Conway	AR	72032-8810
127 Union Road 805	El Dorado	AR	71730-9586
127 Union Road 805	El Dorado	AR	71730-9586
4701 Kellers Chapel Rd	Jonesboro	AR	72404-9472
4053 Perry St	Harrison	AR	72601-8664
4053 Perry St	Harrison	AR	72601-8664
4053 Perry St	Harrison	AR	72601-8664
4053 Perry St	Harrison	AR	72601-8664
4053 Perry St	Harrison	AR	72601-8664
1716 Shoemaker Rd.	Sheridan	AR	72150
1716 Shoemaker Rd.	Sheridan	AR	72150
1716 Shoemaker Rd.	Sheridan	AR	72150
1716 Shoemaker Rd.	Sheridan	AR	72150
207 Greenwood Ave	Sherwood	AR	72120
41 W Plaza Blvd	Cabot	AR	72023
41 W Plaza Blvd	Cabot	AR	72023
41 W Plaza Blvd	Cabot	AR	72023
1601 Sw Stagecoach Rd Apt 24	Bentonville	AR	72712
3924 Eastwood Dr Apt 1	Texarkana	AR	71854-2045
3924 Eastwood Dr Apt 1	Texarkana	AR	71854-2045
3924 Eastwood Dr Apt 1	Texarkana	AR	71854-2045
3924 Eastwood Dr Apt 1	Texarkana	AR	71854-2045
194 Endicott Trl	Pocahontas	AR	72455
3915 Macarthur Drive	Fort Smith	AR	72904
20 Deerwood Dr	Morrilton	AR	72110
20 Deerwood Dr	Morrilton	AR	72110
P.O. Box 33	PARAGOULD	AR	72450
23582 Quicks Loop	Siloam Springs	AR	72761-5222
3101 Honeysuckle Ln	Russellville	AR	72801-5439
147 Union Road 543	El Dorado	AR	71730-9049
PO Box 759	Hope	AR	71802-0759
3272 Arkansas Highway 58	Poughkeepsie	AR	72569-9027
4130 Wheeling Rd	Salem	AR	72576-9250
1722 N College Ave Ste C # -180	Fayetteville	AR	72703-2640

8545 Wild Cherry Dr	Rogers	AR	72756-8604
29 Faisan Way	Hot Springs Village	AR	71909-6904
116 Calais Dr	Maumelle	AR	72113-6588
445 Louise Ln	Conway	AR	72034-8642
2045 Sugar Loaf Rd	Amity	AR	71921-9703
2824 S Ed Edwards Rd	Fayetteville	AR	72701-0701
19578 Chamber Springs Rd	Siloam Spgs	AR	72761-8584
2111 W Twin Springs St	Siloam Springs	AR	72761-2526
3486 May Apple Cir	Harrison	AR	72601-5841
10852 John Zodrow Rd	Gentry	AR	72734-8907
1210 Medallion Dr	Jonesboro	AR	72404-0610
14 Shambley Ln	Mount Ida	AR	71957-7901
1405 Barberry Ln	Bentonville	AR	72712-8419
647 W, Sheldon St	Prescott	AR	86305
1021 Garrison Ave	Fort Smith	AR	72901-2612
5108 N Cedar St	North Little Rock	AR	72116-6656
50 Vanita Loop	Pottsville	AR	72858-9177
18120 Highway 237	Doddridge	AR	71834-1896
7266 Tennessee Rd	Texarkana	AR	71854-9040
PO Box 1092	Mena	AR	71953-1092
108 Hefner St	Searcy	AR	72143-7202
19578 Chamber Springs Rd	Siloam Spgs	AR	72761-8584
50 Vanita Loop	Pottsville	AR	72858-9177
18120 Highway 237	Doddridge	AR	71834-1896
4206 Forest Dale Dr	Little Rock	AR	72223-4610
7629 Vestal Blvd Apt 3	North Little Rock	AR	72113-7308
810 Embassy Pkwy Apt 330	Mountain Home	AR	72653-4353
PO Box 65	Harrison	AR	72602-0065
701 REEDY ROAD #49	CONWAY	AR	72034
14 CHAMPIONS BLVD	ROGERS	AR	72758
14 CHAMPIONS BLVD	ROGERS	AR	72758
14 CHAMPIONS BLVD	ROGERS	AR	72758
1349 W TWIN SPRINGS ST	SILOAM SPRINGS	AR	72761
7657 E KANTZ DR #9	FAYETTEVILLE	AR	72703



N00028115

CERTIFICATE OF CORPORATE RECORDS

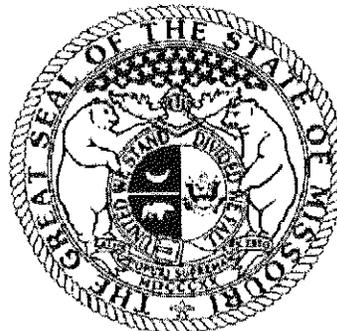
AMERICAN ADVANTAGE ASSOCIATION

I, ROBIN CARNAHAN, Secretary of the State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 26th day of July, 2007

Robin Carnahan

Secretary of State





State of Missouri . . . Office of Secretary of State

JAMES C. KIRKPATRICK, Secretary of State
CORPORATION DIVISION

ARTICLES OF INCORPORATION
OF A

GENERAL NOT FOR PROFIT CORPORATION

(To be submitted in duplicate by an attorney or an incorporator)

HONORABLE JAMES C. KIRKPATRICK FILING FEE \$10.00
SECRETARY OF STATE
P.O. BOX 778
JEFFERSON CITY, MISSOURI 65102

FILED AND CERTIFICATE OF INCORPORATION ISSUED

AUG 27 1982

Handwritten signature of James C. Kirkpatrick

We, the undersigned,

(Not less than three)

Table with 7 columns: Type or Print Name, Number, Street, City, State, Zip. Rows include Dale D. Turvey, F. C. Schumacher, Jr., and Susan J. Turvey.

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

- 1. The name of the corporation is: Periodical Subscribers' Association
2. The period of duration of the corporation is: perpetual
3. The address of its initial Registered Office in the State of Missouri is: 4236 Lindell Blvd., St. Louis Missouri 63108
4. The first Board of Directors shall be 3 in number, their names and addresses being as follows:

Table with 7 columns: Type or Print Name, Number, Street, City, State, Zip. Rows include Dale D. Turvey, F. C. Schumacher, Jr., and Susan J. Turvey.

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

To act as a clearinghouse for information concerning the source and publication of magazines, periodicals, and other tabloid type publications; to appraise and broker rare and valuable publications exclusively for association members; as well as any other activity permitted under the Missouri Not For Profit Corporation Act.

(NOTE: Any special provision authorized or permitted by Statute to be contained in the Articles of Incorporation may be inserted above.)

(INCORPORATORS MUST SIGN BELOW)

Dale D. Turvey
F. C. Schumacher, Jr.
Susan J. Turvey } Incorporators

VERIFICATION

STATE OF Missouri }
County of St. Louis } ss.

I, Rosetta E. Weintraub, a Notary Public, do hereby certify that on the

26th day of August, 1982 Type or Print (Names of Incorporators)

Dale D. Turvey, F. C. Schumacher, Jr., Susan J. Turvey

personally appeared before me and being first duly sworn by me severally acknowledged that they signed as their free act and deed the foregoing document in the respective capacities therein set forth and declared that the statements therein contained are true, to their best knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.

NOTARIAL SEAL

ROSETTA E. WEINTRAUB
NOTARY PUBLIC, STATE OF MISSOURI
MY COMMISSION EXPIRES 4/12/86
My commission expires: ST. LOUIS COUNTY

Rosetta E. Weintraub
(Notary Public)

FILED AND CERTIFICATE OF
INCORPORATION ISSUED

AUG 27 1982

Susan J. Turvey

No. N00028115



STATE of MISSOURI
JAMES C. KIRKPATRICK, Secretary of State
CORPORATION DIVISION

Certificate of Incorporation
A General Not For Profit Corporation

WHEREAS, duplicate originals of Articles of Incorporation of
PERIODICAL SUBSCRIBERS' ASSOCIATION

have been received and filed in the office of the Secretary of State, which Articles, in all respects, comply with the requirements of The General Not For Profit Corporation Law of Missouri:

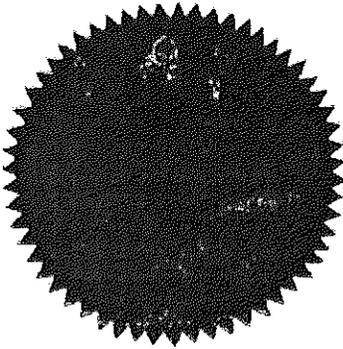
NOW, THEREFORE, I, JAMES C. KIRKPATRICK, Secretary of State of the State of Missouri, by virtue of the authority vested in me, do hereby certify and declare
PERIODICAL SUBSCRIBERS' ASSOCIATION

a body corporate, duly organized this day; that it is entitled to all rights and privileges granted corporations organized under The General Not For Profit Corporation Law of Missouri; that the address of its initial Registered Office in Missouri is

4236 Lindell Blvd., St. Louis 63108

and that its period of existence is perpetual

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the GREAT SEAL of the State of Missouri, at the City of Jefferson, this 27th day of August, 19 82



James Kirkpatrick
Secretary of State

RECEIVED OF: PERIODICAL SUBSCRIBERS' ASSOCIATION
Ten and no/00-----Dollars, \$ 10.00

For Credit of General Revenue Fund, on Account of Incorporation Tax and Fee.

No. N00028115

James Kirkpatrick
Secretary of State

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its ~~XXXXXX~~ or Vice President, and its Secretary ~~XXXXXXXXXXXX~~ this 10th day of June, 1988.

CORPORATE SEAL
(If no seal, state "None")

"NONE"

PERIODICAL SUBSCRIBERS' ASSOCIATION
(Exact Corporate Title)

By Dale Turvey
~~XXXXXXXXXXXX~~
Dale Turvey, Vice President
By Susan J. Turvey
Its Secretary of ~~XXXXXXXXXXXX~~
Susan J. Turvey

State of Missouri
County of St. Louis } ss

I, Mary S. Dickinson, a Notary Public, do hereby certify that on the 10th day of June, 1988, Dale Turvey
(Acknowledgement by either officer is sufficient)

personally appeared before me and being first duly sworn by me, acknowledged that _____ he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(NOTARIAL SEAL)



Mary S. Dickinson
Notary Public

My commission expires _____
MARY S. DICKINSON
NOTARY PUBLIC STATE OF MISSOURI
JEFFERSON COUNTY
MY COMMISSION EXP. MAY 12, 1990

EXHIBIT "A"

1. To promote the common interests of mature Americans.
2. To consider and deal by all lawful means with common problems of mature Americans, and help them take advantage of the mass purchasing power and other benefit enhancements of other associations.
3. To afford due consideration to and expression of opinion upon questions effecting the mature American and the financial, commercial and industrial interests of the nation.
4. To cooperate with other organizations.
5. To conduct or engage in all lawful activities in furtherance of the foregoing purposes, or incidental thereto.

No. N00028115



STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

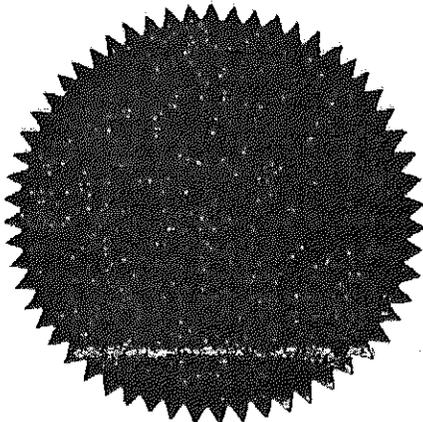
CORPORATION DIVISION

Certificate of Amendment of a General Not For Profit Corporation

WHEREAS, MATURE ADVANTAGE ASSOCIATION (FORMERLY: PERIODICAL SUBSCRIBERS' ASSOCIATION)

a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.



IN TESTIMONY WHEREOF, I hereunto set my hand and affix the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 16th day of June, 1988.


Secretary of State

Fee \$ 5.00



State of Missouri . . . Office of Secretary of State

ROY D. BLUNT, Secretary of State

FILED AND CERTIFICATE
ISSUED

MAR 05 1990

Articles of Amendment
to the
Articles of Incorporation
of a

Roy D. Blunt
Corporation Dept. SECRETARY OF STATE

General Not For Profit Corporation

HONORABLE ROY D. BLUNT
SECRETARY OF STATE
STATE OF MISSOURI
P.O. BOX 778
JEFFERSON CITY, MO 65102

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of the "General Not For Profit Corporation Law" of the State of Missouri, hereby executes the following Articles of Amendment:

1. The name of the corporation is MATURE ADVANTAGE ASSOCIATION

2. There are no members, having voting rights with respect to amendments;
(Insert "no" or "none")

(Strike paragraphs (a), (b) or (c) when not applicable)

~~3. (a) At a meeting of members, at which a quorum was present, held on _____, 19____, same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting, the following amendments were adopted.~~

~~(b) By a consent in writing signed by two-thirds (2/3) of all the members of the corporation entitled to vote with respect thereto, the following amendments were adopted;—~~

~~(c) At a meeting of directors (members having no voting rights with respect to amendments) held on February 15, 1990, same receiving the votes of a majority of the directors then in office, the following amendment or amendments were adopted;~~

4. Article number 1 is amended to read as follows:

"The name of the corporation is: MATURE ADVANTAGE HEALTH ASSOCIATION."

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its President or ~~Vice President~~ and its Secretary or ~~Assistant Secretary~~, this 1st day of March, 19 90.

CORPORATE SEAL
(If no seal, state "None")
"NONE"

MATURE ADVANTAGE ASSOCIATION
(Exact Corporate Title)

By [Signature]
Its President or ~~Vice President~~
Dale D. Turvey
By [Signature]
Its Secretary or ~~Assistant Secretary~~
Karen K. Boeker

State of MISSOURI
County of ST. Louis } ss

I, MARY S. Dickinson, a Notary Public, do hereby certify that on the 1st day of March, 19 90, Dale D. Turvey (Acknowledgement by either officer is sufficient) personally appeared before me and being first duly sworn by me, acknowledged that _____ he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(NOTARIAL SEAL)

[Signature]
Notary Public

My commission expires _____
MARY S. DICKINSON
NOTARY PUBLIC STATE OF MISSOURI
JEFFERSON COUNTY
MY COMMISSION EXP. MAY 12, 1990

No. N00028115



STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

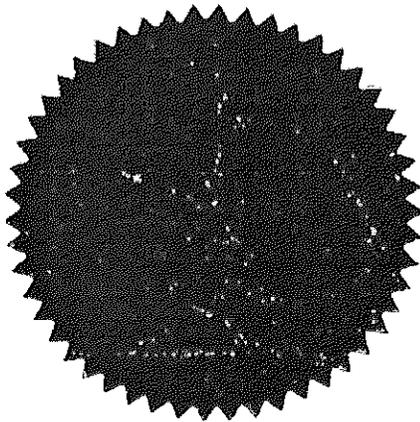
CORPORATION DIVISION

Certificate of Amendment of a General Not For Profit Corporation

WHEREAS, MATURE ADVANTAGE HEALTH ASSOCIATION (FORMERLY: MATURE ADVANTAGE ASSOCIATION)

a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.



IN TESTIMONY WHEREOF, I hereunto set my hand and affix the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 5th day of March, 19 90.

Roy D. Blunt
Secretary of State

Fee \$ 5.00



State of Missouri . . . Office of Secretary of State
ROY D. BLUNT, Secretary of State

Articles of Amendment
to the
Articles of Incorporation
of a
General Not For Profit Corporation

FILED AND CERTIFICATE
ISSUED

DEC 10 1990

Roy D. Blunt
Corporation Dept. SECRETARY OF STATE

HONORABLE ROY D. BLUNT
SECRETARY OF STATE
STATE OF MISSOURI
P.O. BOX 778
JEFFERSON CITY, MO 65102

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of the "General Not For Profit Corporation Law" of the State of Missouri, hereby executes the following Articles of Amendment:

1. The name of the corporation is MATURE ADVANTAGE HEALTH ASSOCIATION

2. There are no eligible members, having voting rights with respect to amendments;
(Insert "no" or "some")

(Strike paragraphs (a), (b) or (c) when not applicable)

~~3. (a) At a meeting of members, at which a quorum was present, held on _____, 19____, same receiving at least two thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting, the following amendments were adopted.~~

~~(b) By a consent in writing signed by two thirds (2/3) of all the members of the corporation entitled to vote with respect thereto, the following amendments were adopted;~~

~~(c) At a meeting of directors (members having no voting rights with respect to amendments) held on _____, 19 90____, same receiving the votes of a majority of the directors then in office, the following amendment or amendments were adopted;~~

4. Article number 1 is amended to read as follows:

The name of the corporation is: NATIONAL CONSUMER ALLIANCE ASSOCIATION.

5. (See Exhibit "A" attached hereto and by this reference made a part hereof)

RECEIVED BY
RECORDING AND CERTIFICATE
SECTION
NOV 29 1990

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its President ~~XXXXXX~~ and its Secretary ~~XXXXXX~~, this 7th day of December, 19 90.

CORPORATE SEAL
(If no seal, state "None")

"NONE"

MATURE ADVANTAGE HEALTH ASSOCIATION
(Exact Corporate Title)

By Dale D. Turvey
Its President ~~XXXXXX~~
Dale D. Turvey
By Karen K. Boeker
Its Secretary ~~XXXXXX~~
Karen K. Boeker

State of Missouri
County of St. Louis } ss

I, Mary S. Dickison, a Notary Public, do hereby certify that on the 7th day of December, 19 90, Dale D. Turvey (Acknowledgement by either officer is sufficient) personally appeared before me and being first duly sworn by me, acknowledged that _____ he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(NOTARIAL SEAL)

Mary S. Dickison
Notary Public

My commission expires _____
MARY S. DICKINSON
NOTARY PUBLIC STATE OF MISSOURI
JEFFERSON COUNTY
MY COMMISSION EXP. MAY 12, 1994

EXHIBIT "A"

5. Article number 5 is amended to read as follows:

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

1. To promote the common interests of employees and employers of small businesses.
2. To enhance the quality of life of employees and employers of small businesses by offering or providing consumer discounts, consumer-related information, benefits and services for all association members.
3. To consider and deal by all lawful means with common problems of employees and employers of small businesses, and help them take advantage of the mass purchasing power and other benefit enhancements of other associations.
4. To cooperate with other organizations.
5. To conduct or engage in all lawful activities in furtherance of the foregoing purposes or any purposes incidental thereto.

No. N00028115



STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

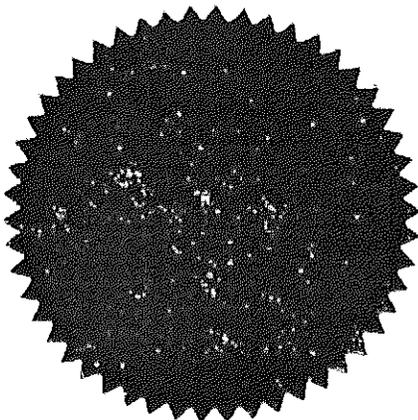
CORPORATION DIVISION

Certificate of Amendment of a General Not For Profit Corporation

WHEREAS, NATIONAL CONSUMER ALLIANCE ASSOCIATION (FORMERLY: MATURE ADVANTAGE HEALTH ASSOCIATION)

a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.



IN TESTIMONY WHEREOF, I hereunto set my hand and affix the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of December, 19 90.


Secretary of State



State of Missouri . . . Office of Secretary of State

ROY D. BLUNT, Secretary of State

ISSUED

JAN 31 1991

Roy D. Blunt, Secretary of State

Articles of Amendment to the Articles of Incorporation of a General Not For Profit Corporation

HONORABLE ROY D. BLUNT SECRETARY OF STATE STATE OF MISSOURI P.O. BOX 778 JEFFERSON CITY, MO 65102

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of the "General Not For Profit Corporation Law" of the State of Missouri, hereby executes the following Articles of Amendment:

1. The name of the corporation is National Consumer Alliance Association

2. There are no members, having voting rights with respect to amendments;

(Strike paragraphs (a), (b) or (c) when not applicable)

3. (a) At a meeting of members, at which a quorum was present, held on [redacted] the following amendments were adopted:

(b) By a vote of [redacted] of all the directors of the corporation, the following amendments were adopted:

(c) At a meeting of directors (members having no voting rights with respect to amendments) held on January 21, 1991, same receiving the votes of a majority of the directors then in office, the following amendment or amendments were adopted;

Paragraph 4. [redacted] number 1 is amended to read as follows:

The name of the Corporation is: MATURE ADVANTAGE ASSOCIATION.

5. Paragraph number 5 is amended to read as follows:

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

(See Exhibit "A" attached hereto and by this reference made a part hereof)

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its President ~~or Vice President~~ and its Secretary ~~or Assistant Secretary~~ this 22 day of January, 19 91.

CORPORATE SEAL
(If no seal, state "None")

"NONE"

NATIONAL CONSUMER ALLIANCE ASSOCIATION
(Exact Corporate Title)

By Dale D. Turvey
Its President ~~XXXXXXXXXXXX~~
Dale D. Turvey
By Karen K. Melendez
Its Secretary ~~XXXXXXXXXXXX~~
Karen K. Melendez

State of Missouri
County of St. Louis } ss

I, MARY S. DICKINSON, a Notary Public, do hereby certify that on the 22 day of January, 19 91, Dale D. Turvey (Acknowledgment by either officer is sufficient) personally appeared before me and being first duly sworn by me, acknowledged that _____ he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(NOTARIAL SEAL)

Mary S. Dickinson
Notary Public

My commission expires _____
MARY S. DICKINSON
NOTARY PUBLIC STATE OF MISSOURI
JEFFERSON COUNTY
MY COMMISSION EXP. MAY 12, 1994

EXHIBIT "A"

1. To promote the common interests of mature Americans;
2. To consider and deal by all lawful means with common problems of mature Americans, and help them take advantage of the mass purchasing power and other benefit enhancements of other associations;
3. To afford due consideration to and expression of opinion upon questions effecting the mature American and the financial, commercial and industrial interests of the nation;
4. To cooperate with other organizations; and
5. To conduct or engage in all lawful activities in furtherance of the foregoing purposes, or any purposes incidental thereto.

No. N00028115



STATE OF MISSOURI

ROY D. BLUNT, Secretary of State

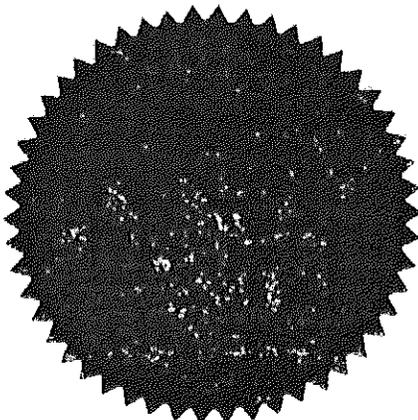
CORPORATION DIVISION

Certificate of Amendment of a General Not For Profit Corporation

WHEREAS, MATURE ADVANTAGE ASSOCIATION (FORMERLY: NATIONAL CONSUMER ALLIANCE ASSOCIATION)

a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.



IN TESTIMONY WHEREOF, I hereunto set my hand and affix the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of January, 19 91.


Secretary of State



State of Missouri . . . Office of Secretary of State

ROY D. BLUNT, Secretary of State

Articles of Amendment
to the
Articles of Incorporation
of a

General Not For Profit Corporation

ISSUED
NOV 12 1991

Roy D. Blunt
Secretary of State

HONORABLE ROY D. BLUNT
SECRETARY OF STATE
STATE OF MISSOURI
P.O. BOX 778
JEFFERSON CITY, MO 65102

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of the "General Not For Profit Corporation Law" of the State of Missouri, hereby executes the following Articles of Amendment:

1. The name of the corporation is MATURE ADVANTAGE ASSOCIATION

2. There are no eligible members, having voting rights with respect to amendments;

(insert "no" or "some")

(Strike paragraphs (a), (b) or (c) when not applicable)

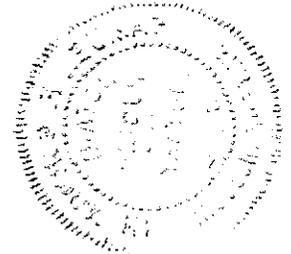
3. (a) At a meeting of members, at which a quorum was present, held on _____, 19____, same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting, the following amendments were adopted.

-(b) By a consent in writing signed by two-thirds (2/3) of all the members of the corporation entitled to vote with respect thereto, the following amendments were adopted;

(c) At a meeting of directors (members having no voting rights with respect to amendments) held on October 23, _____, 19 91, same receiving the votes of a majority of the directors then in office, the following amendment or amendments were adopted;

4. Article number 1 is amended to read as follows:

"The name of the corporation is: AMERICAN ADVANTAGE ASSOCIATION."



IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its ~~President~~ Vice President, and its Secretary ~~Assistant Secretary~~, this 5 day of November, 19 91.

CORPORATE SEAL
(If no seal, state "None")
"NONE"

MATURE ADVANTAGE ASSOCIATION
(Exact Corporate Title)

By Ron Haney
its ~~President~~ Vice President

By Karen Melendez
its Secretary ~~Assistant Secretary~~
Karen Melendez

State of Missouri
County of St. Louis } ss

I, Samuel F. Gordon, III, a Notary Public, do hereby certify that on the 5 day of November, 1991, Karen Melendez (Acknowledgement by either officer is sufficient)

personally appeared before me and being first duly sworn by me, acknowledged that _____ he signed as his free act and deed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true, to his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(NOTARIAL SEAL)



Samuel F. Gordon, III
Notary Public

SAMUEL F. GORDON III, NOTARY PUBLIC
ST. LOUIS COUNTY, STATE OF MISSOURI
My commission expires MY COMMISSION EXPIRES 4/9/94

No. NO0028115



STATE OF MISSOURI

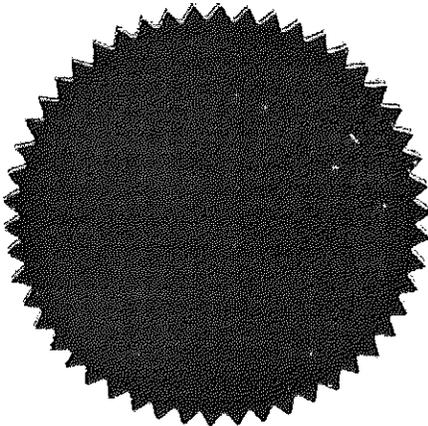
ROY D. BLUNT, Secretary of State

CORPORATION DIVISION

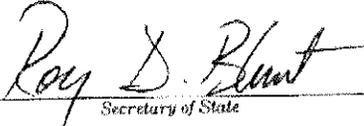
Certificate of Amendment of a General Not For Profit Corporation

WHEREAS, AMERICAN ADVANTAGE ASSOCIATION (FORMERLY: MATURE ADVANTAGE ASSOCIATION)
a corporation organized under The General Not For Profit Corporation Law of Missouri has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the amendment of Articles of Incorporation under The General Not For Profit Corporation Law of Missouri.

NOW, THEREFORE, I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that I have filed said Articles of Amendment as provided by law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.



IN TESTIMONY WHEREOF, I hereunto set my hand and affix the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of November, 19 91.


Secretary of State

Fee \$ 5.00

SERFF Tracking Number: ICCI-126436306 State: Arkansas
 Filing Company: American Medical and Life Insurance Company State Tracking Number: 44566
 Company Tracking Number: LIMITED MEDICAL HOSPITAL INDEMNITY AMLI GRP LM 2007 NE ASSOC
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC
 Project Name/Number: Limited Medical Hospital Indemnity AMLI GRP LM 2007 NE ASSOC/AMLI GRP LM 2007 NE ASSOC

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/13/2010	Form	Schedule Page	01/29/2010	AMLI GRP LM 2007 SCHED NE.pdf (Superceded)

**American Medical and Life Insurance Company
New York, New York**

SUPPLEMENTAL ONLY

GROUP LIMITED BENEFITS HEALTH INSURANCE CERTIFICATE SCHEDULE

[Named Insured: [John Employee]]

Certificate Schedule Number: [123]

Group Policy Number: [12345]

Policy Holder: [XYZ Company]

Certificate Effective Date: [January 1, 2006]

Certificate Anniversary Date: [January 1, of each year]

Open Enrollment Period: [January 1] through [December 31] during each Policy Year

1. Description of Eligible Classes

[[I. - All employees of [XYZ Company] who are working a minimum of [15 – 20] hours per week.]

[Active Employment means the named insured is working at the worksite for earnings that are paid regularly, and he is performing the material and substantial duties of his regular occupation. Normal vacation is considered active employment. The worksite must be:

- . • At the usual place of business;
- . • An alternative worksite; or
- . • A location to which the named insured's job requires him to travel.]

[I. - All active members of [ABC Association] as determined by bylaws or charter of the Association]

[II. Dependents of Named Insured as defined in the Policy.]]

2. Eligibility Period: [31 days]

3. Waiting Period [0-90] days

4. Plan Type: [Employer/Association-Paid – Employer/Association Contributions 1 - 100 %] [Voluntary]

5. Coverage: [Named Insured] [Named Insured and Spouse] [Family]

6. Benefits:

[Accident Medical Benefit	
Accident Medical Benefit Deductible	[\$[250] per Policy Year per Covered Person
Accident Medical Benefit	[80]%
Accident Medical Maximum Benefit	[\$[500] per Policy Year per Covered Person]
[Hospital Confinement Benefits	
Hospital Confinement Benefit	[\$[300] per day of confinement
Maximum Benefit	[60] days per Policy Year per Family]

[Hospital Intensive Care Unit Confinement Benefit	[\$600] per day of confinement
Maximum Benefit Period	Up to [15] days per Policy Year per Family]
[Surgery Benefit	
[Option 1: Maximum Benefit per Surgery	The lesser of the charge incurred or; \$[3,500]
Maximum Benefit	[\$[20,000]] per Policy Year per Family]
[Option 2: Maximum Benefit per Surgery	[50% - 100%] [2006] RBRVS
Maximum Benefit	[\$[3,500]] per Policy Year per Family]
Anesthesia Benefit	[25] % of surgical benefit.]
[Skilled Nursing Facility Benefit	
Skilled Nursing Facility Benefit	[\$[200] per day of confinement
Maximum Benefit	Up to [60] days per Policy Year per Family]
[Hospital Admission Benefit	
Hospital Admission Benefit	[\$[250 - \$2,000] per admission
Maximum Benefit	[\$[2,000 – 10,000 in \$1,000 increments] per Policy Year per Family]
[Doctor's Office Visit Benefits	
Doctor's Office Benefit	[\$[50] per visit
Maximum Benefit	[3] visits per Policy Year per Covered Person]
[Preventive Care Test Benefit	
Preventive Care Test Benefit	[\$[50] per Test
Maximum Benefit	[1] Tests per Policy Year per Covered Person]
[Urgent Care/Emergency Room Benefit	
Urgent Care/Emergency Room Benefit	[\$[50] per Visit
Maximum Benefit	[3] Visits per Policy Year per Covered Person]
[Diagnostic Tests, X-ray and Laboratory Benefit	
Diagnostic Test Benefit	[\$[100] per day
Maximum Benefit	[3] Tests per Policy Year per Covered Person]
[Prescription Benefit	
Prescription Benefit	[\$[20] per prescription
Maximum Benefit	[2] prescriptions per month per Covered Person]
[Ambulance Benefit	
Ambulance Benefit	[\$[100] per covered sickness/accident per Covered Person
Maximum Number of Benefits	[3] per Policy Year per Family.]
[Mental Health Benefit	
Mental Health Inpatient Benefit	[\$[50] per day
Mental Health Inpatient Maximum Benefit	[30] days per Policy Year per Family
Mental Health Outpatient Benefit	[\$[50] per treatment
Mental Health Outpatient Maximum Benefit	[\$[700] per Policy Year per Family]

[Chemical Abuse and Dependence Diagnosis and Treatment Benefit		
Chemical Abuse and Dependence Diagnosis and Treatment Benefit	[\$100] per day	
Detoxification Maximum Benefit	7 Days of Active Treatment per Policy Year per Family	
Inpatient Rehabilitation Maximum Benefit	30 Days per Policy Year per Family]	
[Accidental Death [and Dismemberment Benefit]		
Accidental Death Benefit	[\$5,000]	
[Dismemberment Benefit	[\$5,000]]]	
[Dental Benefit		
Dental Benefit Deductible	[\$50.00] per Policy Year per Covered Person	
<u>Procedure Number</u>	<u>Description of Services</u>	<u>Maximum Covered Charge</u>
PREVENTIVE PROCEDURES		
ORAL EXAMINATIONS		
D0120	Periodic oral examination (limited to one examination every 6 months) provided no other procedure is performed during the same visit	[\$17.00]
D0140	Limited oral evaluation/problem focused	[\$27.00]
D0150	Comprehensive oral evaluation (limited to one examination per coverage year)	[\$27.00]
D9110	Palliative (Emergency) treatment, per visit	[\$38.00]
X-RAY AND PATHOLOGY		
(Except for injuries, covered charge includes examination and diagnosis.)		
D0210	Intraoral (including bitewings) (limited to once every 3 years)	[\$40.00]
D0220	Intraoral - Single film/initial	[\$7.00]
D0230	Intraoral - Each additional	[\$7.00]
D0240	Intraoral occlusal view, maxillary or mandibular, each (limited to once every 36 consecutive months)	[\$10.00]
D0250	Extraoral – Single film/initial	[\$11.00]
D0260	Extraoral - Each additional	[\$9.00]
D0270	Bitewing – Single film (limited to once every 6 months)	[\$8.00]
D0272	Bitewing films, 2 films (limited to once every 6 months)	[\$12.00]
D0274	Bitewing films, 4 (limited to once every 6 months)	[\$17.00]
PROPHYLAXIS AND FLUORIDE APPLICATIONS		
D1110	Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to one treatment every 6 months)	[\$30.00]
D1120	Prophylaxis for children under age 14 (limited to one treatment every 6 months)	[\$20.00]
D1203	Topical application of fluoride/child (limited to one treatment per 6 consecutive months)	[\$12.00]
D1204	Topical application of fluoride/adult (limited to one treatment per 6 consecutive months)	[\$12.00]
D1351	Sealant, per tooth	[\$16.00]
BASIC PROCEDURES		
AMALGAM RESTORATIONS — PRIMARY/PERMANENT TEETH		
D2140	Amalgam - 1 surface	[\$35.00]
D2150	Amalgam - 2 surfaces	[\$45.00]
D2160	Amalgam - 3 surfaces	[\$56.00]
D2161	Amalgam - 4 or more surfaces	[\$64.00]
SYNTHETIC RESTORATIONS		
D2330	Resin-based composite - 1 surface, anterior	[\$42.00]
D2331	Resin-based composite - 2 surfaces, anterior	[\$55.00]
D2332	Resin-based composite - 3 surfaces, anterior	[\$67.00]
D2335	Resin-based composite - 4 or more surfaces, or involving incisal angle, anterior	[\$71.00]
D2390	Resin-based composite crown - anterior primary	[\$77.00]
D2391	Resin-based composite - 1 surface, posterior	[\$50.00]
D2392	Resin-based composite - 2 surfaces, posterior	[\$68.00]
D2393	Resin-based composite - 3 or more surfaces, posterior	[\$85.00]

ORAL SURGERY

(Includes local anesthesia and routine post-operative care).

EXTRACTIONS

D7140	Extraction - Erupted tooth of exposed root	\$[39.00]
D7220	Removal of impacted tooth – Soft tissue	\$[45.00]
D7230	Removal of impacted tooth – Partially bony	\$[70.00]
D7240	Removal of impacted tooth – Completely bony	\$[85.00]
D7241	Removal of impacted tooth – Completely bony with unusual surgical complications	\$[85.00]
D7250	Surgical removal of residual tooth roots	\$[30.00]
D7510	Incision and drainage of abscess	\$[45.00]
D9220	General anesthesia	\$[52.00]

PERIODONTICS

D4341	Periodontal scaling and root planing, per quadrant	\$[72.00]
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$[50.00]
D4910	Periodontal maintenance procedures following active therapy, periodontal prophylactic	\$[3.00]

ENDODONTICS (excluding final restoration)

D3220	Therapeutic pulpotomy	\$[125.00]
D3310	Complete root canal therapy - Anterior	\$[125.00]
D3320	Complete root canal therapy – Bicuspid	\$[135.00]
D3330	Complete root canal therapy - Molar	\$[140.00]

[Term Life Benefit	\$[5,000]
[Riders]	
Ambulatory Care Rider	
Ambulatory Care Benefit	\$[250]
Maximum Benefit	
Rider Effective Date	
Hospice Treatment Rider	
Hospice Treatment Benefit	
Maximum Benefit	
Nursing Home Care Rider	
Nursing Home Benefit	
Maximum Benefit	

- 7 Pre-existing Condition Limitation Period [12] months following the effective date of coverage under this Policy
- 8. Rates: See Attached Rate Sheet
- 9. Rate Guarantee Period A change in premium rate will not take effect before [12] months after the policy effective date