

SERFF Tracking Number: AMMH-126621148 State: Arkansas
Filing Company: Southern Pioneer Life Insurance Company State Tracking Number: 45625
Company Tracking Number: DGCLD0510
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
Product Name: Group Single Premium Credit Life & Disability Application
Project Name/Number: Arkansas Auto Dealer Group Credit Life/Dis. Application/

Filing at a Glance

Company: Southern Pioneer Life Insurance Company

Product Name: Group Single Premium Credit Life & Disability Application SERFF Tr Num: AMMH-126621148 State: Arkansas

TOI: CR04G Group Credit - Life

SERFF Status: Closed-Approved- Closed State Tr Num: 45625

Sub-TOI: CR04G.003 Single Premium

Co Tr Num: DGCLD0510

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Joe Elms

Disposition Date: 05/12/2010

Date Submitted: 05/10/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Arkansas Auto Dealer Group Credit Life/Dis. Application

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 05/12/2010

Explanation for Other Group Market Type:

Group Creditor

State Status Changed: 05/12/2010

Deemer Date:

Created By: Joe Elms

Submitted By: Joe Elms

Corresponding Filing Tracking Number:

Filing Description:

Group Credit Life and Disability Debtor Application / Schedule

Company and Contact

Filing Contact Information

Joe Elms, Vice President FID

jelms@amig.com

7000 Midland Blvd.

800-759-9008 [Phone] 6424 [Ext]

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 Amelia, OH 45102 513-388-5152 [FAX]

Filing Company Information

Southern Pioneer Life Insurance Company	CoCode: 74365	State of Domicile: Arkansas
7000 Midland Blvd	Group Code: 361	Company Type: Life
Amelia, OH 45102	Group Name:	State ID Number:
(800) 759-9008 ext. [Phone]	FEIN Number: 62-0754973	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southern Pioneer Life Insurance Company	\$50.00	05/10/2010	36367384

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/12/2010	05/12/2010

SERFF Tracking Number: *AMMH-126621148* *State:* *Arkansas*
Filing Company: *Southern Pioneer Life Insurance Company* *State Tracking Number:* *45625*
Company Tracking Number: *DGCLD0510*
TOI: *CR04G Group Credit - Life* *Sub-TOI:* *CR04G.003 Single Premium*
Product Name: *Group Single Premium Credit Life & Disability Application*
Project Name/Number: *Arkansas Auto Dealer Group Credit Life/Dis. Application/*

Disposition

Disposition Date: 05/12/2010

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		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Arkansas Statement of Variability 5-10-2010		Yes
Supporting Document	Arkansas Transmittal Submission Letter 5-10-2010		Yes
Form	Group Single Premium Credit Life & Disability Debtor Application/Schedule		Yes

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Form Schedule

Lead Form Number: DGCLD-A-AR (05-10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	DGCLD-A-AR (05-10)	Application/Group Single Enrollment Form	Premium Credit Life & Disability Debtor Application/Schedule	Initial		41.400	DGCLD-A-AR (05-10).pdf

APPLICATION TO:

Southern Pioneer Life Insurance CompanyHome Office: Jonesboro, Arkansas • Administrative Office: P.O. Box 119
Cincinnati, Ohio 45201 – 0119 • (800) 482-9260AGENT NUMBER
[ARD010]CERTIFICATE NUMBER
[ARS 345600] INDIVIDUAL JOINT

ACCOUNT NO. _____

DEBTOR (CALLED YOU OR YOUR)

[John Doe]

AGE(S)

[35]

ISSUE DATE

[05-05-2010]

CO – DEBTOR (IF ANY)

ADDRESSES

[1234 Consumer Lane, Any City, AR 00000]

PRIMARY BENEFICIARY (CREDITOR)

[Auto Dealer Financial
6789 Auto Dealer Road
Any City, AR 00000]LIFE
INSURANCE*SUM
INSURED

PREMIUM

LEVEL TERM

\$

\$

REDUCING TERM

\$[11,391.84]

\$[222.14]

SECOND BENEFICIARY (IF OTHER THAN ESTATE)

NAME AND ADDRESS

[Jane Doe
1234 Consumer Lane
Any City, AR 00000]DISABILITY INSURANCE PER
MONTH (FIRST INSURED ONLY)

\$[316.44]

\$[420.36]

 RETROACTIVE BENEFIT
 NON RETROACTIVE BENEFIT

TOTAL PREMIUM

\$[642.50]

[14] WAITING PERIOD (DAYS)

TERM IN MONTHS

[36]

*NOT TO EXCEED
AMOUNT OF
INDEBTEDNESS

DEALER: [ABC Chevrolet, Any City, AR 00000]

This certificate issued under master policy # _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In the event of pre-payment of your loan, refer to the "REFUNDS" section of this certificate.

APPLICATION FOR INSURANCE AS SHOWN IN THE ABOVE SCHEDULE**INSTRUCTIONS: Please CHECK ("✓") appropriate box for each question answered. For Life Insurance, answer question #1. For Disability Insurance, answer questions #1, #2 and #3. Joint Debtor is NOT ELIGIBLE for disability insurance.**Debtor
ApplicantCo- Debtor
Applicant
(Life Coverage
Only)1. In the **past 36 months** have you received medical advice, diagnosis, treatment or prescribed medication for [cancer or tumor], [AIDS, ARC (AIDS Related Complex)], [tested positive for antibodies to the AIDS virus], [insulin dependent diabetes], [stroke], [alcohol/drug addiction or abuse], [heart disease], or any other disease or condition relating to the [lungs], [liver], [kidneys], or [respiratory system], [except asthma or bronchitis]?

YES

NO

YES

NO

2. In the **past 36 months** have you received medical advice, diagnosis, treatment (including therapy) or prescribed medication for [carpal tunnel syndrome] or for any condition of the [back], [neck], [knee], or [spine], or any [mental], [nervous] or [emotional disease, disorder] or [depression]?

YES

NO

N/A

N/A

3. Are you actively working at least [thirty (30)] hours a week in your job, for wages or remuneration and have you been working for at least [thirty (30)] consecutive days immediately prior to the insurance effective date shown above, except for seasonal lay-offs?

YES

NO

N/A

N/A

If the required questions above are left unanswered, you are not eligible for coverage. If question 1 is answered Yes, Life coverage will not exist. If questions 1 or 2 are answered Yes, or question 3 is answered No, Disability coverage will not exist. I understand that the above statements are representations and not warranties and that no statement made by me will be used in any contest unless it is contained in a written statement signed by me. I further understand that the representations given in this application are used as the basis for granting coverage. I also understand that any incorrect statement I have made may be used to rescind coverage or deny a claim. I understand that the insurance coverage is not required, nor a condition of my loan or credit transaction. I acknowledge that a copy of this application and certificate of insurance was given to me on this date. I have read this statement or had it read to me, before signing it.

[s/ John Doe] [123-45-5678] [5-10-10]
Debtor (First Signer of Contract) SS# Date_____
Co-Debtor (Life Insurance Only) SS# Date**If the life insurance you have is LEVEL TERM LIFE, the amount of life insurance we agree to pay shall be equal to the original initial amount of insurance, until the term of coverage ends. I ELECT TO PURCHASE LEVEL TERM LIFE INSURANCE COVERAGE.**_____
Debtor (First Signer of Contract)

Date

Co-Debtor (Life Insurance Only)

Date

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Please see the attached Flesch Certification.

Attachment:

AR FleschCert 5-10-10.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The application is attached on the Form Schedule tab.

Item Status: **Status**
Date:

Satisfied - Item: Arkansas Statement of Variability 5-10-2010

Comments:

Please see the attached Statement of Variability for this filing.

Attachment:

AR STATEMENT OF VARIABILITY5-10-10.pdf

Item Status: **Status**
Date:

Satisfied - Item: Arkansas Transmittal Submission Letter 5-10-2010

Comments:

Please see the attached transmittal submission letter dated 5-10-2010.

Attachment:

SPLIC Submission Ltr 5-10-10.pdf

STATE OF ARKANSAS
SOUTHERN PIONEER LIFE INSURANCE COMPANY

This is to certify that DGCLD-P-AR (05-10), et al (form number) meets the requirements of Rule and Regulation 19, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that DGCLD-P-AR (05-10), et al (form number) meets the requirements of Rule and Regulation 49, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that DGCLD-P-AR (05-10), et al (form number) meets the requirements of the Consumer Information Notice, as required under ACA 23-79-138 and Bulletin 11-88.

This is to further certify that DGCLD-P-AR (05-10), et al (form number) meets the requirements for simplified policy forms as required by Section 66-3251 through 66-3258 of the Arkansas Insurance Code.

1. The Flesch Reading Ease Test Score for each form is shown below:
2. The form is printed, except for specifications page, schedules and tables, in not less than ten point type, one point leaded.
3. The text contains See below words.
4. Exception should be made for the following language or terminology:
For the following reasons: _____

5. The form was analyzed as follows: MicroPower

6. Related forms scored separately? Yes

The Flesch Reading Ease Test Score for these forms are as follows:

Form #	Form Description	Flesch Score	Words
<u>DGCLD-A-AR (05-10)</u>	Group Debtor Application/Schedule	41.4	570

Southern Pioneer Life Insurance Company



Joe R. Elms, Vice President
May 10, 2010

ARKANSAS STATEMENT OF VARIABILITY

APPLICATION and SCHEDULE FORM DGCLD-A-AR (05-10) This application contains an actively-at-work statement for disability.

- 1. Debtor and/or Co-Debtor, Age, Social Security #:** This information is individualized for each Debtor.
- 2. Certificate Number:** Customized for each Debtor.
- 3. Group Policy #:** will be individualized for each Creditor Group Policyholder.
- 4. Primary Beneficiary:** Will be the Creditor which is the irrevocable creditor beneficiary.
- 5. Second Beneficiary:** The second beneficiary will be chosen by the debtor. If no second beneficiary is chosen, Estate of the Debtor will be used.
- 6. Term in Months:** This is the loan and insurance term in months and will vary by the debtor's loan term.
- 7. Sum Insured:** This is the principal amount loaned to the debtor(s).
- 8. Issue Date:** This is the date the debtor's life and/or disability insurance is effective.
- 9. Life Coverage:** Either single life or joint life coverage reducing term and/or level term life insurance
- 10. Debtor and Co-Debtor Signature lines:** The appropriate debtor will sign where required for standard loan and when the customer has purchased level term insurance.



SOUTHERN PIONEER LIFE INSURANCE COMPANY

May 10, 2010

Ms. Linda Bird
Compliance Officer
Life & Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: **Southern Pioneer Life Insurance Company, NAIC # 74365**
Policy Form Submission

<u>Form Number</u>	<u>Description</u>
DGCLD-A AR (05-10)	Group Single Premium Credit Life & Disability Debtor Application/Schedule

Dear Ms. Bird:

The referenced form is being submitted for your review and approval. This form is new and not intended to replace any form previously approved by your Department. All required transmittal certifications are enclosed. The submitted form is an application for optional credit life and/or credit disability insurance written on a single premium group basis. This form is intended to be used in the automobile dealer market.

The above application will be used with the below listed forms and rate schedule. The forms and rates were submitted for approval on 05-07-2010. The SERFF # for that filing is AMMH-126607500. The assigned state tracking number is 45617

GCLD-P AR (05-10)	Group Single Premium Credit Life & Disability Policy
GCLD-MPA-AR (05-10)	Group Single Premium Credit Life & Disability Policy Application
GCLD-C-AR (05-10)	Group Single Premium Credit Life & Disability Certificate
GCLD-RS (05-10)	Group Single Premium Credit Life & Disability Rate Schedule
GCLD-UG-AR (05-10)	Group Single Premium Credit Life & Disability Underwriting Guideline

Application form DGCLD-A-AR (05-10) contains an actively-at-work eligibility statement for disability only. The application form also contains health questions with multiple options of material health conditions. Based upon the form requirements of each Creditor, health questions are customized by account.

All variable information is bracketed, and is more fully described in the attached Statement of Variability. Variable items will never be more than the maximum or less than the minimum required by your Department. Unless otherwise notified by you, we may vary the Schedule form format, (i.e., line spacing, form width, height, etc) to meet the system requirements of future accounts. No items will be added or deleted; only the format will vary.

Ms. Linda Bird
May 10, 2010
Page 2

Should there be any questions regarding this filing, do not hesitate to contact me. You may reach me by email at jelms@amig.com or by telephone at (800) 482-9260. You may also send a fax to (513) 388-5152.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Joe R. Elms". The signature is written in a cursive style with a large, sweeping initial "J".

Joe R. Elms
Vice President

Enclosures