

<i>SERFF Tracking Number:</i>	<i>CAKN-126707293</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Catholic Knights</i>	<i>State Tracking Number:</i>	<i>46126</i>
<i>Company Tracking Number:</i>	<i>20-710</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Juvenile Term</i>		
<i>Project Name/Number:</i>	<i>JUV ANL/CNO-20</i>		

Filing at a Glance

Company: Catholic Knights	SERFF Tr Num: CAKN-126707293	State: Arkansas
Product Name: Juvenile Term	SERFF Status: Closed-Approved-	State Tr Num: 46126
TOI: L04I Individual Life - Term	Closed	
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: 20-710	State Status: Approved-Closed
Filing Type: Form	Author: Donna Peterson	Reviewer(s): Linda Bird
	Date Submitted: 07/02/2010	Disposition Date: 07/07/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: JUV ANL	Status of Filing in Domicile: Pending
Project Number: CNO-20	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Wisconsin, our state of domicile, is part of the Interstate Compact. This contract was filed with the Compact.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/07/2010	Explanation for Other Group Market Type:
	State Status Changed: 07/07/2010
Deemer Date:	Created By: Donna Peterson
Submitted By: Donna Peterson	Corresponding Filing Tracking Number:
Filing Description:	
Catholic Knights merged with Catholic Family Life Insurance April 1, 2010. A new name was chosen by our new combined board of directors the first weekend in June. Wisconsin, our state of domicile approved the new name June 17, 2010. An application for name change approval has been filed with your state this week. This is the only reason the society name is bracketed throughout the policy.	

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For the new merged society we are filing a complete new portfolio. The product will not replace any products of either society.

We are a Fraternal Insurance Society filing an Individual Level Term Insurance to Age 23 contract. The contract form number is 2010 JV. It will be used with application 2010 JUV APP included with this filing.

This product is not sex-distinct and will not be illustrated. The contract is submitted in John Doe fashion. These are new forms and will not replace any previously approved forms.

To the best of our knowledge this filing is complete and intended to comply with the insurance laws of your jurisdiction

Company and Contact

Filing Contact Information

Donna Peterson,	donnap@cfl.org
1100 W Wells Street	414-278-6509 [Phone]
Milwaukee, WI 53233	

Filing Company Information

Catholic Knights	CoCode: 56030	State of Domicile: Wisconsin
1100 West Wells Street	Group Code:	Company Type: Fraternal
Milwaukee, WI 53233	Group Name:	State ID Number: 2796
(414) 273-6266 ext. 6468[Phone]	FEIN Number: 39-0201015	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	contract and application \$50 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catholic Knights	\$100.00	07/02/2010	37733102

SERFF Tracking Number: CAKN-126707293

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 46126

Company Tracking Number: 20-710

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Juvenile Term

Project Name/Number: JUV ANL/CNO-20

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/07/2010	07/07/2010

SERFF Tracking Number: CAKN-126707293

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 46126

Company Tracking Number: 20-710

TOI: L04I Individual Life - Term

*Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: Juvenile Term

Project Name/Number: JUV ANL/CNO-20

Disposition

Disposition Date: 07/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAKN-126707293

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 46126

Company Tracking Number: 20-710

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Juvenile Term

Project Name/Number: JUV ANL/CNO-20

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Regulation 19 certification		Yes
Form	Level Term Insurance to Age 23		Yes
Form	Application for Membership and Insurance		Yes

SERFF Tracking Number: CAKN-126707293 State: Arkansas
 Filing Company: Catholic Knights State Tracking Number: 46126
 Company Tracking Number: 20-710
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Juvenile Term
 Project Name/Number: JUV ANL/CNO-20

Form Schedule

Lead Form Number: 2010 JV

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2010 JV	Policy/Cont Level Term ract/Fratern Insurance to Age 23 al Certificate	Initial		50.300	Polcy gnrc 7- 2 (sd & ar).pdf
	2010 JUV APP	Application/ Application for Enrollment Membership and Form Insurance	Initial		50.300	juvenile app2.pdf



[CATHOLIC KNIGHTS]
1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
[www.catholicknights.org]

Insured: [John Doe]
Certificate Number: [123456]

LEVEL TERM LIFE INSURANCE TO AGE 23
Convertible
Insurance Payable at Death of Insured Prior to Expiry Date
Premiums Payable for State Period
Participating

READ YOUR CONTRACT CAREFULLY This is a legally binding insurance contract between you and [Catholic Knights]. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

[Catholic Knights] agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 3.1) to the beneficiary according to the provisions of this certificate.

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth (20th) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30th) day after receipt of the certificate.

This is done by delivering or mailing a written notice and the certificate to [Catholic Knights], 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any [Catholic Knights] authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage.[Catholic Knights] will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[
[*William R. O'Toole* *Allan E. Joyce*]
]

President

Secretary

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SECTION 1 CONTRACT SPECIFICATIONS

INSURED: [John D. Doe]
ISSUE AGE: [11]
CERTIFICATE DATE: [7/1/2010]

SEX: [male]

FACE AMOUNT OF INSURANCE: \$25,000
CERTIFICATE NUMBER: [1234567]
PREMIUM CLASS: NON-TOBACCO

OWNER: [John D. Doe Sr.]

DIVIDEND OPTION [Left on Deposit]

CONVERSION This contract may be converted to a new insurance contract any time prior to the certificate anniversary date following the Insured's 23rd birthday.

EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT: 6%

SCHEDULE OF BENEFITS AND PREMIUMS

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
Juvenile Term	\$25,000	\$30.00	[12 Years]	[2022]

ANNUAL PREMIUM \$30.00

PREMIUM PAYMENT METHOD: Annual

DIVIDENDS are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

BENEFICIARY As stated in the application unless subsequently changed as provided in this contract.

The telephone number of the [SD Department of Insurance is 605-773-3563]

SECTION 2. DEFINITIONS

YOU and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

WE, US and **OUR** means [Catholic Knights], a fraternal benefit society.

AGE means the age of the insured on his or her last birthday.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section I.

The **CONTRACT** is this certificate, together with the application and any riders. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

CONTRACT YEARS, ANNIVERSARIES, and MONTHS are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2010, the first year ends August 31, 2011. Contract anniversary means the same month and day as the contract date for each year the contract remains in force. The first contract year begins on the contract date and ends at 11:59 p.m. on the day prior to the first contract anniversary. Subsequent contract years begin on a contract anniversary and end at 11:59 p.m. on the day prior to the next contract anniversary.

The **INSURED** is the person named as the insured in Section 1.

IN FORCE means the insured's life remains insured under the terms of this contract. This contract is in effect.

A **RIDER** is an attachment to the contract. It provides additional benefits.

WRITTEN NOTICE means information received at our Home Office. Such information must be written, signed by you, and acceptable to us.

TERMINATE means the insured's life is no longer insured under any of the terms of this contract. This contract is no longer in effect.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements.

SECTION 3. GENERAL PROVISIONS

3.1 Insurance Proceeds

When the insured dies, an amount of money, called the insurance proceeds, are payable to the beneficiary. The insurance proceeds are the total of:

- The Face Amount of Insurance
PLUS
- Any insurance on the insured's life which may be provided by riders to this contract plus,
- Any dividends left with us to earn interest plus,
- Any part of a premium paid for coverage beyond the contract month in which the insured dies;
MINUS
- Any premium due

3.2 Payment of Interest on the Insurance Proceeds

a) The insurance proceeds are paid to the beneficiary within one month after we receive due proof of the insured's death and the claimant's right to payment. We pay the insurance proceeds in one lump sum unless one or more of the optional payment plans described in Section 10 are selected.

b) Interest accrues at the effective annual rate or rates applicable to the contract for funds left on deposit. If the society has not established a rate for funds left on deposit, interest accrues at the Two Year Treasury Constant Maturity Rate published by the Federal Reserve. In determining the effective annual rate or rates, we will use the rate in effect on the date of death.

c) Interest shall accrue at the effective annual rate determined in Item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii) and (iii) to the date the claim is paid, where it is:

- (i) The date that due proof of death is received by the society;
- (ii) The date the society receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- (iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the society are resolved and sufficient evidence of the same is provided to the society. Legal impediments to payment included, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

3.3 The Contract

This contract is issued in consideration of:

- a. your application;
- b. the payment of premiums; and
- c. the contract and rider provisions.

The entire contract consists of:

- a. this certificate;
- b. any additional benefits provided by rider;
- c. the attached application;
- d. any required medical examination or declaration of insurability; and
- e. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. You may continue this contract in force even if membership in the [Catholic Knights] is terminated except for nonpayment of premium or within the contestable period for material misrepresentation in the application. No provision in the Articles or Bylaws provides for the termination of coverage under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No change in this contract is valid unless it has been approved under the authority of the Interstate Insurance Product Regulation Commission. No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

3.4 Incontestability

This Contract will not be contested by us after it has been in force during the lifetime of the Insured for two (2) years from the Certificate Date except for (a) non-payment of premium, and (b) fraud in the procurement of this Contract when permitted by applicable law in the state where this contract is delivered or issued for delivery.

Within two (2) years after the effective date of a reinstatement we may rescind the reinstated contract for material misrepresentation in the reinstatement application.

3.5 Suicide

If the Insured dies by suicide, whether sane or insane, within two years from the certificate date, we will pay no more than the sum of the premiums paid without interest.

3.6 Misstatement of Age

If the date of birth of the Insured has been misstated, the expiry date will be adjusted to reflect the correct age.

3.7 Maintenance of Legal Reserves

The reserves held on your contract are computed according to the standards prescribed by law. If, for any reason at any time, we do not have sufficient assets to cover the reserves, the Board of Directors may require that the amount of such deficiency shall be equitably apportioned to all outstanding contracts. The amount thus apportioned to your contract shall either:

- a. be paid in cash by you; or
- b. be an indebtedness against your contract at a rate of interest - 8% per annum.

3.8 Termination

The contract will terminate:

- a. when we receive written notice to terminate; or
- b. when the insured dies; or
- c. if any premium due is unpaid at the end of the grace period; or
- d. on the expiry date shown in Section 1.

3.10 Forms and Procedures

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

SECTION 4. OWNERSHIP

4.1 The Owner

The owner is named on page 3. The owner may exercise all contractual rights during the lifetime of the insured, without the consent of any beneficiary unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the insured.

4.2 Transfer of Ownership

You may transfer the ownership of this contract during the lifetime of the insured. Written evidence of transfer satisfactory to us must be received at our home office. The transfer will then be effective as of the date it was signed subject to any payments made or actions taken by the society prior to receipt of the notice.

4.3 Successor Owner

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the contract owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

4.4 Collateral Assignment

An assignment of this contract will not be binding on us unless:

- a. it is in writing; and
- b. it is received by us at our Home Office.

We will not be responsible for the validity of any assignment. We will not be liable for any payments made or actions taken before receipt of written notice of an assignment.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership.

SECTION 5. PREMIUMS AND REINSTATEMENT

5.1 Premium Payment

a. Payment The first premium is due and must be paid as of the certificate date. All premiums are payable at our home office or to an authorized agent. A premium must be paid on or before its due date (see page 3). If you want a receipt for premium payment, we will provide one upon request.

b. Frequency Premiums must be paid annually.

c. Grace Period You will have a grace period of 31 days after the date of notice during which this contract will remain in force. Any premium payment sent by U. S. mail must be postmarked before the expiration of the grace period. This contract will terminate as a lapse at the end of the grace period. If the insured should die during the grace period, the amount of any due and unpaid premium will be deducted from the proceeds

5.2 Premium Amount

The premium amount is shown on page 3.

5.3 Reinstatement

This contract may be reinstated within three (3) years after the due date of the unpaid premium.

Within 29 days following the end of the grace period and during the lifetime of the Insured, this contract will be reinstated upon payment of the overdue premium. After 29 days following the end of the grace period, reinstatement is subject to:

- a. Evidence of insurability satisfactory to us; and
- b. Payment of all overdue premiums with interest from the due date of each premium. Interest is at a rate of six percent (6%) compounded annually, or any lower rate established by us.

SECTION 6. DIVIDENDS

6.1 Annual Dividends

Each year, we determine an amount to be paid to you. The share, if any, for this contract will be paid as a dividend at the end of the contract year. We do not expect that any dividend will be paid for this insurance contract since it is not expected to contribute to divisible surplus.

6.2 Use of Dividends

You may choose in writing to receive any dividend which may be declared in one of these ways.

- a. **Cash** – Payment to you by check.
- b. **Deposit Account** – To be left with us to earn interest at the rate we set from time to time. The rate will not be less than one and one half percent (1-1/2%).
- c. **Applied To Reduce Premiums** – If after the dividends are applied toward your premium you have dividend monies remaining, the excess dividends will remain on deposit and earn interest until the next premium payment becomes due. If the dividend is not sufficient to cover the premium, you will be billed for the net premium due.

Your choice may be made on the application for your insurance contract or in writing at a later date. If no choice is made, option b will be applied.

6.3 Termination and Expiry of Contract

In the event of lapse, termination, or expiry of the contract, we will pay you any outstanding dividends.

SECTION 7. CONTRACT VALUES

7.1 Basis of Values

Reserves and values in this insurance contract are based on the Commissioner's 2001 Standard Ordinary Mortality Table for males and females. All computations consider that the insurance contract is issued on the basis of the Insured's sex and age at last birthday. They are also based on the assumption that death benefits are payable immediately when the Insured dies.

The Commissioner's Reserve Valuation Method is used in the calculation of reserves.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this certificate is delivered. The values under this insurance contract are equal to or greater than those required by the laws of the state.

SECTION 8. CONVERSION

8.1 Requirements

You may convert this insurance contract to a new insurance contract without evidence of insurability if this contract is in effect by:

- a. Making a written application for conversion at any time prior to the certificate anniversary date following the Insured's 23rd birthday.
- b. Making payment of the full first premium for the new insurance contract; and
- c. Returning this certificate.

8.2 New Insurance Contract

The new insurance contract will be limited to:

- a. Insurance on the same person as Insured under this contract.
- b. Any plan of permanent life insurance being issued by us at the time of conversion. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
- c. The premium class will be the same as under this contract.
- d. A premium based upon the Insured's sex and age at the time of conversion.

8.3 Before Expiry Date

The amount convertible is the amount of insurance under this contract at the date of conversion. The amount converted cannot be less than the minimum offered by us on the new insurance contract.

8.4 Special Option at Ages 18 and 23

On the policy anniversary on or following the 18th or 23rd birthday of the insured, and for 31 days thereafter, this contract may be converted for up to two times the face amount (\$50,000), but not less than the minimum amount on the new policy.

8.5 Conversion Credit

In the event you convert coverage under this contract to a permanent life insurance contract, we will allow a conversion credit to be applied toward the initial premium payment of the new contract. The conversion credit amount will be four dollars (\$4.00) for each completed contract year.

SECTION 9. BENEFICIARY

9.1 Designated Beneficiary

The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies.

The beneficiary:

- a. will receive the proceeds when the insured dies;
- b. is named in the application for this contract; and
- c. may be changed by the owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

- a. The interest of any beneficiary who dies before the insured will pass to any other beneficiaries according to their interests.
- b. If no beneficiary survives the insured, the proceeds will be paid in one sum to the owner, if living. If the owner is not living, the proceeds will be paid to the owner's estate.

9.2 Change of Beneficiary

The owner may change the beneficiary designation:

- a. while the insured is alive; and
- b. if the prior designation does not prohibit such a change; and
- c. the consent of any irrevocable beneficiary is obtained.

A change will revoke any prior designation. No change is binding on us until it is recorded at our home office. Once recorded the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We have the right to require that you send us this contract so we can record the change.

SECTION 10. PAYMENT OF INSURANCE PROCEEDS

10.1 Optional Payment Plans

As an alternative to a lump-sum payment of the insurance proceeds pursuant to Section 3.1, optional payment plans available upon death of the insured are:

A. Interest Deposit Account – The allocated proceeds will earn interest annually at rates that we determine from time to time, but never less than one and one-half (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.

B. Payments For a Guaranteed Period – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.

C. Payments Based on a Single Life

1. **Life Only** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.

2. **Life or Certain Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.

D. Joint and Survivor Lifetime Annuity Payments – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.

E. Other Plans – Other periodic plans may be arranged with us.

Any chosen benefit will never be less than what we would provide for our Single Premium Immediate Annuity contract purchased at the same time for the same class of annuitants.

10.2 Minimum Payment Guarantee

The amount of the periodic payment under paragraphs B through E above will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one-half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex. Tables 1, 2 and 3 in Section 10.5 show the minimum guaranteed payments for each plan under paragraphs B, C and D, respectively, under certain stated assumptions.

10.3 Who May Choose an Optional Payout Plan

A choice of payment plan for insurance proceeds may be made by you while the insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payment plans will take effect when recorded by us. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this certificate. If the payee is not a natural person, the choice of an income plan will be subject to our approval.

10.4 Frequency of Payments

Monthly, quarterly, semi-annual or annual payments may be selected, subject to our administrative minimums.

10.5 Payout Plan Guaranteed Payments

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semiannual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of one and one-half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are based on the Annuity 2000 Mortality tables, split by sex.

Years Selected	Monthly Amounts						
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

Payee's Age	No Certain Period		Certain Periods			
	Male	Female	10 Year		20 Year	
			Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

LEVEL TERM LIFE INSURANCE TO AGE 23

Convertible

Insurance Payable at Death of Insured Prior to Expiry Date

Premiums Payable for State Period

Participating



**1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
[www.catholicknights.org]**



(Please Print)

Plan of Insurance: Children's Term to Age 23

A. INFORMATION REGARDING PROPOSED INSURED(S) (Person(s) on whom Life Insurance is desired)

First name Middle Initial Last Sex M/F DOB(MM/DD/YY) Social Security No.
Child's Address Street City State Zip
Is the Proposed Insured Catholic? [] Yes [] No
If no, explain how he/she qualifies for membership.

B. DECLARATION OF INSURABILITY

Within the past 5 years, has the Proposed Insured:
1) Been diagnosed or treated by a member of the medical profession for any of the following conditions?
(Check any that would be answered Yes)
[] Heart Disease [] Cancer or Tumor Paralysis [] Liver Disorder [] Blood Disorder [] Drug or Alcohol Abuse
[] Diabetes [] Kidney Disorder [] Epilepsy [] Mental Disorder [] Lung Disorder
[] AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex)
2) Been hospitalized? [] Yes [] No
3) Been rejected or rated by any insurer for life or health insurance? [] Yes [] No
Provide details to any "Yes" answers noted above

C. OWNER

Name: First Middle Initial Last Relationship to proposed insured
Sex [] Male [] Female SS/ITIN No./Tax ID DOB
Address Street City State Zip
Phone (home) Phone (work) Email
Successor Owner
Name: First Middle Initial Last Relationship to proposed insured
Address Street City State Zip Phone (home)

D. PREMIUM PAYOR (Complete only if payor is other than the owner listed above)

Name: First Middle Initial Last Relationship to proposed insured
Sex [] Male [] Female SS/ITIN No./Tax ID DOB
Address Street City State Zip
Phone (home) Phone (work) Email

E. BENEFICIARY (List additional beneficiaries in Remarks)

Primary: Full Name	Relationship	Social Security/ITTN/Tax ID No
_____	_____	_____
_____	_____	_____

Contingent: Full Name	Relationship	Social Security/ITTN/Tax ID No
_____	_____	_____
_____	_____	_____

F. PREMIUM INFORMATION

Payment Mode: Annual Amount remitted \$ _____
 Single Pay \$10,000 \$25,000 Amount remitted \$ _____

G. REPLACEMENT

1. Does the Proposed Insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group)? Yes No

2. Does the proposed insured intend to replace, discontinue or change any such coverage? Yes No

If YES to 1 or 2 provide the following information, and complete and return any required replacement forms

Insured Name	Coverage Amount	Company Name	Policy Number
_____	_____	_____	_____

REMARKS _____

**READ CAREFULLY BEFORE SIGNING
 AGREEMENT**

IT IS AGREED:

- 1) I have read the application and all statements in this application are, to the best of my knowledge and belief, true, complete and correctly recorded.
- 2) I have considered my child's insurance needs and feel that the amount and type of coverage applied for is suitable for my situation.
- 3) No information acquired by any agent shall bind the Society unless set out in writing in this application;
- 4) No agent is authorized to waive or change any application questions, to waive or change any terms of this agreement, or to make any promises or representations other than those contained in this agreement.
- 5) The contract applied for will not become effective until the first premium is paid and the certificate is issued during the lifetime of the Proposed Insured.
- 6) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes made by the society. We do not make changes in the plan of insurance or payment without your written consent.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

 Signature of Parent or Guardian

 Signature of Owner (if Owner is not the parent
 print name and telephone number)

 Owner Phone

If a licensed agent is involved in this sale the following section needs to be completed:

- 1) Do you have knowledge or reason to believe that replacement or change of existing insurance or annuities will be involved? Yes No If yes, has a replacement form been completed? Yes No

 Signature of licensed Agent

 Agent No.

 Date

SERFF Tracking Number: CAKN-126707293

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 46126

Company Tracking Number: 20-710

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Juvenile Term

Project Name/Number: JUV ANL/CNO-20

Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Flesch Cert AR.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Application

Comments:

Attachment:

juvenile app2.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Regulation 19 certification

Comments:

Attachment:

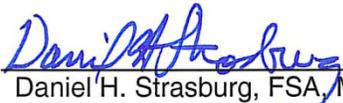
Reg 19 CERT AR signd.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Catholic Knights

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
2010 JV	50.3
2010 JUV APP	50.3



Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary
June 23, 2010



(Please Print)

Plan of Insurance: Children's Term to Age 23

A. INFORMATION REGARDING PROPOSED INSURED(S) (Person(s) on whom Life Insurance is desired)

First name Middle Initial Last Sex DOB(MM/DD/YY) Social Security No.
M/F
Child's Address Street City State Zip
Is the Proposed Insured Catholic? Yes No
If no, explain how he/she qualifies for membership.

B. DECLARATION OF INSURABILITY

Within the past 5 years, has the Proposed Insured:
1) Been diagnosed or treated by a member of the medical profession for any of the following conditions?
(Check any that would be answered Yes)
Heart Disease Cancer or Tumor Paralysis Liver Disorder Blood Disorder Drug or Alcohol Abuse
Diabetes Kidney Disorder Epilepsy Mental Disorder Lung Disorder
AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex)
2) Been hospitalized? Yes No
3) Been rejected or rated by any insurer for life or health insurance? Yes No
Provide details to any "Yes" answers noted above

C. OWNER

Name: First Middle Initial Last Relationship to proposed insured
Sex Male Female SS/ITIN No./Tax ID DOB
Address Street City State Zip
Phone (home) Phone (work) Email
Successor Owner
Name: First Middle Initial Last Relationship to proposed insured
Address Street City State Zip Phone (home)

D. PREMIUM PAYOR (Complete only if payor is other than the owner listed above)

Name: First Middle Initial Last Relationship to proposed insured
Sex Male Female SS/ITIN No./Tax ID DOB
Address Street City State Zip
Phone (home) Phone (work) Email

E. BENEFICIARY (List additional beneficiaries in Remarks)

Primary: Full Name	Relationship	Social Security/ITTN/Tax ID No
_____	_____	_____
_____	_____	_____

Contingent: Full Name	Relationship	Social Security/ITTN/Tax ID No
_____	_____	_____
_____	_____	_____

F. PREMIUM INFORMATION

Payment Mode: Annual Amount remitted \$ _____
 Single Pay \$10,000 \$25,000 Amount remitted \$ _____

G. REPLACEMENT

1. Does the Proposed Insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group)? Yes No

2. Does the proposed insured intend to replace, discontinue or change any such coverage? Yes No

If YES to 1 or 2 provide the following information, and complete and return any required replacement forms

Insured Name	Coverage Amount	Company Name	Policy Number
_____	_____	_____	_____

REMARKS _____

**READ CAREFULLY BEFORE SIGNING
 AGREEMENT**

IT IS AGREED:

- 1) I have read the application and all statements in this application are, to the best of my knowledge and belief, true, complete and correctly recorded.
- 2) I have considered my child's insurance needs and feel that the amount and type of coverage applied for is suitable for my situation.
- 3) No information acquired by any agent shall bind the Society unless set out in writing in this application;
- 4) No agent is authorized to waive or change any application questions, to waive or change any terms of this agreement, or to make any promises or representations other than those contained in this agreement.
- 5) The contract applied for will not become effective until the first premium is paid and the certificate is issued during the lifetime of the Proposed Insured.
- 6) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes made by the society. We do not make changes in the plan of insurance or payment without your written consent.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

 Signature of Parent or Guardian

 Signature of Owner (if Owner is not the parent
 print name and telephone number)

 Owner Phone

If a licensed agent is involved in this sale the following section needs to be completed:

- 1) Do you have knowledge or reason to believe that replacement or change of existing insurance or annuities will be involved? Yes No If yes, has a replacement form been completed? Yes No

 Signature of licensed Agent

 Agent No.

 Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Catholic Knights

Form Titles:

Form Numbers:

LEVEL TERM INSURANCE TO AGE 23
APPLICATION FOR MEMBERSHIP AND INSURANCE

2010 JV
2010 JUV APP

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary
July 1, 2010