

SERFF Tracking Number: NGLI-126651382 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 45995
Company Tracking Number: NFECRTSPIDB2009
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name: Asset Guard
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Asset Guard

TOI: L07G Group Life - Whole

Sub-TOI: L07G.104 Fixed/Indeterminate
Premium - Single Life - Funeral Expense

Filing Type: Form

SERFF Tr Num: NGLI-126651382 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45995

Co Tr Num: NFECRTSPIDB2009 State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 08/16/2010

Date Submitted: 06/21/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/16/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 08/16/2010

Created By: Kim Bolinder

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kim Bolinder

Filing Description:

June 21, 2010

Arkansas Department of Insurance

VIA SERFF

RE: National Guardian Life Insurance Company

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NAIC # 66583 - FEIN# 39-0493780

Out-of-State Group Whole Life Insurance Certificates:

NFECRTSPIDB2009

NFECRTMPIDB2009

NFECRTMPIDB2009-GDB-AR

Enrollment Form - 2735FE-AR 06/10

The attached group life certificate forms are submitted for your approval. These forms are being submitted to determine your acceptability for issuance to residents of your state under a Group Policy issued in Missouri.

The Group Policy and corresponding certificates, NFEGRPSPIDB2009 and NFEGRPSPIDB2009 were approved in Missouri on August 13, 2009. The Group Enrollment Form was approved in Missouri on March 10, 2010. The Group Policy and corresponding certificate, NFEGRPMPIDB2009-GDB was approved in Missouri on June 18, 2010 and will use the same Group Enrollment form.

The enclosed forms are intended for use in the final expense market. In the final expense market, the policies are issued for the purpose of paying for the final funeral expenses of an insured in those instances where a pre-arranged funeral contract is not in place. In some instances, the policy proceeds are assigned to a Trust to assure that they are available for payment of funeral expenses; however the policies are not used to fund a preneed funeral contract.

Each certificate provides for an increasing death benefit. These products will not be illustrated.

Certificate form NFECRTSPIDB2009 is a single premium life insurance contract.

Certificate form NFECRTMPIDB2009 is a multi-pay life insurance contract with premium paying periods of one, three, five, seven or 10 years (as indicated on page 2 of the policy).

Certificate form NFECRTMPIDB2009-GDB is a multi-pay life insurance contract with premium paying periods of two to ten years. The death benefit is graded in the first two years. The first year death benefit is equal to 30% of the policy amount. The second year death benefit is equal to 70% of the policy amount. The full benefit is paid beginning in the third policy year.

Enrollment form 2735FE-AR 06/10 is new, and does not replace any previously approved forms at this time. The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and

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regulations.

The Payment Plan section is bracketed so we may add or remove a payment mode.

Your review and approval of these forms would be greatly appreciated.

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com
 2 East Gilman Street 608-443-5335 [Phone]
 Madison, WI 53701 608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin
 P.O. Box 1191 Group Code: Company Type: LAH
 Madison, WI 53701-1191 Group Name: State ID Number:
 (800) 626-7931 ext. 5325[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 FORMS @ \$50 each
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$200.00	06/21/2010	37336827

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2010	08/16/2010

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	Linda Bird	06/22/2010	06/22/2010	Kim Bolinder	08/13/2010	08/13/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Request	Note To Filer	Linda Bird	07/22/2010	07/22/2010
Extension Request	Note To Reviewer	Kim Bolinder	07/22/2010	07/22/2010
Association Questionnaire	Note To Filer	Linda Bird	06/23/2010	06/23/2010
Association Questionnaire	Note To Reviewer	Peggy Kratz	06/22/2010	06/22/2010

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Life - Funeral Expense

Product Name: Asset Guard
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Disposition

Disposition Date: 08/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: Asset Guard
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Questionnaire for Association Groups		Yes
Supporting Document	NCOA Articles & Bylaws		Yes
Supporting Document	NCOA Member's Guide		Yes
Supporting Document	NCOA- AR Member List		Yes
Supporting Document	NCOA Financial Statement		Yes
Form	SINGLE PAY GROUP WHOLE LIFE CERTIFICATE		Yes
Form	LIMITED PAY GROUP WHOLE LIFE CERTIFICATE		Yes
Form	GRADED DEATH BENEFIT WHOLE LIFE CERTIFICATE		Yes
Form (revised)	ENROLLMENT FORM FOR GROUP INSURANCE		Yes
Form	ENROLLMENT FORM FOR GROUP INSURANCE	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/22/2010
Submitted Date 06/22/2010
Respond By Date 07/22/2010

Dear Kim Bolinder,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: We have received your filing regarding the Missouri group. To determine if this organization is a qualified group under our statutes, please complete the Questionnaire for Association Groups. The Questionnaire is on our Web Site, www.insurance.arkansas.gov, under the Life & Health Division listed as Association Qualifications. Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/13/2010
Submitted Date 08/13/2010

Dear Linda Bird,

Comments:

Thank you for your correspondence.

Response 1

Comments: The completed questionnaire and supporting documents are provided. We have also added a field for the Initial Premium, Multi-pay premium and Total Premium to the Payment Plan section of the application.

Related Objection 1

Comment:

We have received your filing regarding the Missouri group. To determine if this organization is a qualified group under our statutes, please complete the Questionnaire for Association Groups. The Questionnaire is on our Web Site, www.insurance.arkansas.gov, under the Life & Health Division listed as Association Qualifications. Approval of the organization as a qualified group for insurance purposes will be determined upon receipt of your reply.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Questionnaire for Association Groups

Comment:

Satisfied -Name: NCOA Articles & Bylaws

Comment:

Satisfied -Name: NCOA Member's Guide

Comment:

Satisfied -Name: NCOA- AR Member List

Comment:

Satisfied -Name: NCOA Financial Statement

Comment:

Form Schedule Item Changes

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Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
ENROLLMENT FORM FOR GROUP INSURANCE	2735FE-AR 06/10		Application/Enrollment Form	Revised			2735FE-AR 06-10 w-brackets.pdf
Previous Version							
ENROLLMENT FORM FOR GROUP INSURANCE	2735FE-AR 06/10		Application/Enrollment Form	Initial			2735FE-AR 06-10 w-brackets.pdf

No Rate/Rule Schedule items changed.

Thank you for your continued review.

Sincerely,
 Kim Bolinder, Peggy Kratz

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Life - Funeral Expense

Product Name: Asset Guard
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 07/22/2010 09:47 AM

Last Edited By:

Linda Bird

Submitted On:

07/22/2010 09:47 AM

Subject:

Extension Request

Comments:

We will extend your response date to August 13, 2010 as requested.

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Product Name: Asset Guard
Project Name/Number: /

Note To Reviewer

Created By:

Kim Bolinder on 07/22/2010 08:07 AM

Last Edited By:

Kim Bolinder

Submitted On:

07/22/2010 08:08 AM

Subject:

Extension Request

Comments:

We would like an extension to August 13, 2010. We are waiting for information from the association and also have staff that will be on vacation. Thank you for considering this request.

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Product Name: Asset Guard
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 06/23/2010 01:24 PM

Last Edited By:

Linda Bird

Submitted On:

06/23/2010 01:24 PM

Subject:

Association Questionnaire

Comments:

The same requirements are applicable to life insurance. Please refer to Arkansas Code Annotated s 23-83-106, which applies to Group Life and Annuities.

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Product Name: Asset Guard
Project Name/Number: /

Note To Reviewer

Created By:

Peggy Kratz on 06/22/2010 03:23 PM

Last Edited By:

Peggy Kratz

Submitted On:

06/22/2010 03:24 PM

Subject:

Association Questionnaire

Comments:

The Association questionnaire that you requested refers to group accident and sickness insurance. It cites Arkansas Code Annotated § 23-86-106, which applies to Group Accident and Sickness insurance.

The product we filed is a life product. Can you please confirm if the same requirements are applicable to life insurance? Is there a different Questionnaire or similar citation for Life Insurance?

Thank you very much for your clarification.

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Form Schedule

Lead Form Number: NFECRTSPIDB2009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NFESPIDB 2009	Certificate	SINGLE PAY GROUP WHOLE LIFE CERTIFICATE	Initial		49.800	NFECRTSPI DB2009-AR.pdf
	NFEMPIDB 2009	Certificate	LIMITED PAY GROUP WHOLE LIFE CERTIFICATE	Initial		50.000	NFECRTMPI DB2009-AR.pdf
	NFECRTM P2009-GDB-AR	Certificate	GRADED DEATH BENEFIT WHOLE LIFE CERTIFICATE	Initial		49.600	NFECRTMP2 009-GDB-AR.pdf
	2735FE-AR 06/10	Application/Enrollment Form	ENROLLMENT FORM FOR GROUP INSURANCE	Revised	Replaced Form #: Previous Filing #:		2735FE-AR 06-10 w-brackets.pdf

SINGLE PAY GROUP WHOLE LIFE CERTIFICATE

AGREEMENT	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate.</p> <p>For information or service on this Certificate, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.


 Sherri A. Kucyak
Secretary


 J. Peterson
President

Certificate Proceeds Payable Upon The Insured's Death Participating

GUIDE TO YOUR CERTIFICATE			
30-Day Right to Cancel	1	Owner and Beneficiary	4
Schedule of Benefits and Premiums	2	Certificate Values	4
Definitions	3	Loan Provisions	5
Certificates	3	General Provisions	5
Premium Payment	4	Termination and Continuation	5,6
Death Benefit	4	Basis of Values	6

SCHEDULE OF BENEFITS AND PREMIUMS

CERTIFICATE NUMBER: [123456] ISSUE DATE: [AUGUST 15, 2009]

GROUP POLICY NUMBER: [78910]

Plan	Certificate Amount	Single Premium	Maturity/ Expiry Date
Single Pay Whole Life	[\$5,000]	[\$3940.00]	Life

Guaranteed Values

Figures based on above Certificate Amount not including future growth, if any.

End of Certificate Year	Cash or Loan Value
1	[784.10]
2	[817.85]
3	[852.95]
4	[889.50]
5	[927.50]
6	[966.90]
7	[1,007.80]
8	[1,050.10]
9	[1,093.75]
10	[1,138.70]
11	[1,185.05]
12	[1,232.90]
13	[1,282.45]
14	[1,334.05]
15	[1,387.60]
16	[1,443.05]
17	[1,500.30]
18	[1,559.15]
19	[1,619.50]
20	[1,681.15]
Age 55	[1,681.15]
Age 60	[2,009.65]
Age 65	[2,366.65]

Declared Annual Growth Rate:	Non-Guaranteed: [3.30%]
Loan Interest Rate:	8.00% Annually In Arrears
Guaranteed Basis Of Values and Paid-Up Insurance:	
Mortality Table:	2001 CSO Sex Distinct Age Last Birthday
Interest Rate:	5.00%
Method:	Net Level Premium Method

Insured:	[John Doe]
Age:	[35 Male]
Beneficiary:	As Stated In The Enrollment Form Or Last Recorded Endorsement
Certificate Owner:	[John Doe]

DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the Schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the Certificate Anniversary right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the Certificate.
Certificate	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
Certificate Amount	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by 1/365 th of the Declared Annual Growth Rate.
Certificate Anniversary	The same date each year as the Issue Date of this Certificate.
Certificate Year	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The initial Declared Annual Growth Rate is shown on the Schedule. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Group Policy	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this Certificate. The Insured may or may not be the Owner.
Issue Date	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
Loans	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
Member	A member of the Policyholder.
Net Cash Value	The Cash Value less any Loans.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Owner	The person or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
Policyholder	The group to whom the Group Policy is issued (or its assignee or successor) for the purpose of insuring its Members.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Reinstatement Date	The date We approve the application for reinstatement of a Certificate.
Schedule	The Schedule of Benefits and Premiums on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
We, Our, and Us	National Guardian Life Insurance Company.
You and Your	The Owner of this Certificate.

CERTIFICATES

Eligibility	Only a Member and the Member's spouse are eligible for insurance coverage under the Group Policy.
Insurability	We may require evidence of insurability for any Member or Member's spouse to be insured under the Group Policy.

PREMIUM PAYMENT

Premium	The premium is the payment needed to keep this Certificate in full force. The premium is shown on the Schedule. Pay the premium at Our Home Office or to any person We authorize to collect the premium.
Premium Due Date	The premium is payable in advance during the Insured's lifetime. This single premium is due on the Issue Date.

DEATH BENEFIT

Amount of Death Benefit	We pay a benefit if the Insured dies while covered under this Certificate. The amount of the death benefit is the Certificate Amount on the date of death less any Loans.
Proof of Death	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. Interest will be paid on the death benefit from the date of death to the date of settlement at a rate of interest not less than that required by law.
Suicide Exclusion	If the Insured commits suicide within 2 years after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate rights. If You should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more primary Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the insured dies We will pay the proceeds to the primary Beneficiary. If no primary Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this Certificate or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by Us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until We receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

CERTIFICATE VALUES

Cash Value	The Schedule shows the Cash Value at the end of the Certificate Year. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed.
Surrender Benefits	The Certificate may be surrendered for its Net Cash Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Payment of Surrender Benefits	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.

LOAN PROVISIONS

Loans	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months.
Loan Interest	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.
Maximum Loan Value	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none"> • the Cash Value; • PLUS dividend credits, if any; • MINUS one year of Loan interest; • MINUS any existing loans including any accrued Loan interest. <p>We will terminate this Certificate if the Net Cash Value is reduced to zero. We will mail a written notice of termination to You and any assignee shown in Our records at their last known address. This Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

GENERAL PROVISIONS

Contract	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. Any change or waiver of its terms must be in writing and signed by Our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
Representations and Contestability	We rely on all statements made by or for the Insured in an enrollment form. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
Age and Sex	If the date of birth or sex of the Insured given in the enrollment form is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Reinstatement	The Certificate may be put back in full force within five (5) years of the termination date unless it was surrendered for its Net Cash Value. All loans must be paid or reinstated with interest at 8% per year from the termination date. Evidence of insurability may be required.
Dividends	As long as this Certificate is in force, You will receive the dividends We declare, if any, in cash annually.

TERMINATION AND CONTINUATION

Termination of Insurance	<p>Coverage under a Certificate will end on the earliest of the following:</p> <ol style="list-style-type: none"> (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
Continuation of Insurance	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.

TERMINATION AND CONTINUATION (continued)

Termination of New Coverage	At any time upon at least ninety (90) days prior written notice to the other, the Policyholder or the Company may terminate the acceptance of new Insureds under the Group Policy.
Termination of Group Policy	The Group Policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder; or (2) the date the Policyholder is no longer in existence.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**

LIMITED PAY GROUP WHOLE LIFE CERTIFICATE

AGREEMENT	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate.</p> <p>For information or service on this Certificate, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.



Sherri A. Kucyak
Secretary



J. Pearson
President

**Premiums Payable For Premium Paying Period Specified On The Schedule Or Until Prior Death
Participating**

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SCHEDULE OF BENEFITS AND PREMIUMS

CERTIFICATE NUMBER: [NPL000000] ISSUE DATE: [JUNE 01, 2009]

GROUP POLICY NUMBER: [GPN 2009-01]

Plan	Certificate Amount	Annual Premium	Premium Paying Period	Maturity Date
Limited Pay Whole Life	\$5,000	\$730.00	[10 Years]	Life

Premium Mode:	Annually	Semi-annually	Quarterly	Monthly	EFT Monthly
Premium Payable:	730.00	379.60	193.45	67.16	64.24
*Total Annual Cost:	730.00	759.20	773.80	805.92	770.88
*Total Extra Annual Cost:	0.00	29.20	43.80	75.92	40.88

*Note: Total Extra Annual Cost is the additional cost each year for Your Certificate if You pay Your premium other than annually.

Guaranteed Values

(Figures do not include future growth, if any)

<u>End of Certificate Year</u>	<u>Cash Value</u>	<u>Reduced Paid-Up Life Insurance</u>
1	[0.00]	[0.00]
2	[48.55]	[296.81]
3	[163.90]	[960.78]
4	[284.70]	[1,600.34]
5	[411.30]	[2,217.25]
6	[543.85]	[2,812.34]
7	[682.65]	[3,386.83]
8	[827.85]	[3,941.77]
9	[979.80]	[4,479.09]
10	[1,138.70]	[5,000.00]
11	[1,185.05]	[5,000.00]
12	[1,232.90]	[5,000.00]
13	[1,282.45]	[5,000.00]
14	[1,334.05]	[5,000.00]
15	[1,387.60]	[5,000.00]
16	[1,443.05]	[5,000.00]
17	[1,500.30]	[5,000.00]
18	[1,559.15]	[5,000.00]
19	[1,619.50]	[5,000.00]
20	[1,681.15]	[5,000.00]
Age 55	[1,681.15]	[5,000.00]
Age 60	[2,009.65]	[5,000.00]
Age 65	[2,366.65]	[5,000.00]

Declared Annual Growth Rate: [2.0%] Non-Guaranteed
 Loan Interest Rate: 8.00% Annually In Arrears
 Guaranteed Basis Of Cash Values and Paid-Up Insurance:
 Mortality Table: 2001 CSO Sex Distinct Age Last Birthday
 Interest Rate: 5.00%
 Method: Standard Nonforfeiture Law Minimum

Insured: John Doe
 Age: 35 Male
 Beneficiary: As Stated In The Enrollment Form Or Last Recorded Endorsement
 Owner: John Doe

DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the Schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the Certificate Anniversary right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the Certificate.
Certificate	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
Certificate Amount	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by 1/365 th of the Declared Annual Growth Rate.
Certificate Anniversary	The same date each year as the Issue Date of this Certificate.
Certificate Year	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The initial Declared Annual Growth Rate is shown on the Schedule. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Group Policy	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this Certificate. The Insured may or may not be the Owner.
Issue Date	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
Loans	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
Member	A member of the Policyholder.
Net Cash Value	The Cash Value less any Loans.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Owner	The person or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
Policyholder	The group to whom the Group Policy is issued (or its assignee or successor) for the purpose of insuring its Members.
Premium Paying Period	The number of years during which premiums are payable, as shown on the Schedule.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Reinstatement Date	The date We approve the application for reinstatement of a Certificate.
Schedule	The Schedule of Benefits and Premiums on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
We, Our, and Us	National Guardian Life Insurance Company.
You and Your	The Owner of this Certificate.

CERTIFICATES

Eligibility	Only a Member and the Member's spouse are eligible for insurance coverage under the Group Policy.
Insurability	We may require evidence of insurability for any Member or Member's spouse to be insured under the Group Policy.

PREMIUM PAYMENT

Premiums	The payments needed to keep this Certificate in full force. Premiums for this Certificate are shown on the Schedule. They are payable during the Premium Paying Period. Pay each premium at Our Home Office or to any person We authorize to collect premiums.
Premium Due Dates	Premiums are payable in advance during the Insured's lifetime. The first one is due on the Issue Date. Each subsequent premium is due when the period covered by the preceding premium ends. Premiums may be paid in any mode shown on the Schedule.
Grace Period	We will keep this Certificate in full force for 31 days after each premium due date. Any past due premium will be deducted from the benefits payable if the Insured dies within the grace period.
Lapse or Termination	If the premium is not paid by the end of 31 days after the due date, the Certificate will terminate as of the due date, unless it has Net Cash Value. If it has Net Cash Value, the Lapse Benefits will then apply.
Reinstatement	The Certificate may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Net Cash Value. All overdue premiums must be paid with interest at 6% per year from the due date to the Reinstatement Date. All loans must be paid or reinstated with interest at the rate of 8% per year from the date of lapse. Evidence of insurability may be required.

DEATH BENEFIT

Amount of Death Benefit	We pay a benefit if the Insured dies while covered under this Certificate. The amount of the death benefit is the Certificate Amount on the date of death less any Loans.
Proof of Death	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. Interest will be paid on the death benefit from the date of death to the date of settlement at a rate of interest not less than that required by law.
Unearned Premium Refund	We refund any unearned premium at the time of the Insured's death. It is paid to the Beneficiary. Unearned premium is any amount paid beyond the month of the Insured's death.
Suicide Exclusion	If the Insured commits suicide within 2 years after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate rights. If You should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more primary Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the insured dies We will pay the proceeds to the primary Beneficiary. If no primary Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this Certificate or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by Us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until We receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

CERTIFICATE VALUES

Cash Value	<p>The Schedule shows the Cash Value at the end of each Certificate Year for which premiums have been paid. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed and premium paid.</p> <p>The Cash Value within 60 days after the date of lapse will be the same as it was on that date. The Cash Value after 60 days from the date of lapse, while the Certificate is continued in force as Reduced Paid-Up Life Insurance, will be the net single premium based upon the mortality table and interest rate shown on</p>
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CERTIFICATE VALUES (continued)

Lapse Benefits	The Certificate will lapse as of the due date of any premium not paid by the end of the 31-day grace period. If there is Net Cash Value, You have two options. You may surrender the Certificate for its Net Cash Value, or You may continue insurance under the Reduced Paid-Up Life Insurance option. However, if the amount of Reduced Paid-Up Life Insurance is less than \$500, We reserve the right to terminate the Certificate and pay You the Net Cash Value in cash.
Surrender Benefits	The Certificate may be surrendered for its Net Cash Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Payment of Surrender Benefits	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.
Reduced Paid-Up Life Insurance	This is a level amount of paid-up insurance for the lifetime of the Insured. It is the amount purchased by the Net Cash Value on the date of lapse. While this Certificate is in force as Reduced Paid-Up Life Insurance, all rights granted by it are still available, unless this Certificate states otherwise.

LOAN PROVISIONS

Loans	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months except when made to pay premiums.
Loan Interest	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.
Maximum Loan Value	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none">• the Cash Value;• PLUS dividend credits, if any;• MINUS one year of Loan interest;• MINUS any existing loans including any accrued Loan interest. <p>We will terminate this Certificate if the Net Cash Value is reduced to zero. We will mail a written notice of termination to You and any assignee shown in Our records at their last known address. This Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

GENERAL PROVISIONS

Contract	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. Any change or waiver of its terms must be in writing and signed by Our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
Representations and Contestability	We rely on all statements made by or for the Insured in an enrollment form. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
Age and Sex	If the date of birth or sex of the Insured given in the enrollment form is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Dividends	As long as this Certificate is in force, You will receive the dividends We declare, if any, in cash annually.

TERMINATION AND CONTINUATION

Termination of Insurance	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
Continuation of Insurance	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.
Termination of New Coverage	At any time upon at least ninety (90) days prior written notice to the other, the Policyholder or the Company may terminate the acceptance of new Insureds under the Group Policy.
Termination of Group Policy	The Group Policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder; or (2) the date the Policyholder is no longer in existence.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**

GRADED DEATH BENEFIT GROUP WHOLE LIFE CERTIFICATE

AGREEMENT	<p>This insurance Certificate describes the terms and conditions of the group life insurance for the Certificate Owner and Insured named on the Schedule.</p> <p>The death benefit will be paid to the Certificate Beneficiary upon the death of the Insured subject to the terms of this Certificate.</p> <p>For information or service on this Certificate, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date You receive this Certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.



Sherri R. Kienak
Secretary



J. Johnson
President

Immediate Full Death Benefit after Two Years

Death Benefit Limited to 30% of Certificate Amount During First Year

And 70% of Certificate Amount During Second Year

Participating

GUIDE TO YOUR CERTIFICATE			
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DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the Schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the Certificate Anniversary right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the Certificate.
Certificate	The group life insurance certificate which evidences the Insured's coverage under the Group Policy.
Certificate Amount	The initial Certificate Amount is shown on the Schedule. The Certificate Amount may be increased on each Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by the Declared Annual Growth Rate. During the Certificate Year, the Certificate Amount may be increased for each day since the Certificate Anniversary by an amount equal to the initial Certificate Amount multiplied by 1/365 th of the Declared Annual Growth Rate.
Certificate Anniversary	The same date each year as the Issue Date of this Certificate.
Certificate Year	The period between the Issue Date and the first Certificate Anniversary, or from one Certificate Anniversary to another.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The initial Declared Annual Growth Rate is shown on the Schedule. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Group Policy	The group life insurance issued to the Policyholder. The Group Policy Number is shown on the Schedule.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this Certificate. The Insured may or may not be the Owner.
Issue Date	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
Loans	Any amount owed Us as a result of a loan on a Certificate, including unpaid, accrued interest.
Member	A member of the Policyholder.
Net Cash Value	The Cash Value less any Loans.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Owner	The person or entity who owns the Certificate as shown on Our records. The Owner has all the rights in this Certificate while the Insured is living.
Policyholder	The group to whom the Group Policy is issued (or its assignee or successor) for the purpose of insuring its Members.
Premium Paying Period	The number of years during which premiums are payable, as shown on the Schedule.
Proof	Evidence satisfactory to Us for insurability or for other matters which require Proof.
Reinstatement Date	The date We approve the application for reinstatement of a Certificate.
Schedule	The Schedule of Benefits and Premiums on Page 2. It includes any amended Certificate Schedule or endorsement sent to You by Us.
We, Our, and Us	National Guardian Life Insurance Company.
You and Your	The Owner of this Certificate.

CERTIFICATES

Eligibility	Only a Member and the Member's spouse are eligible for insurance coverage under the Group Policy.
Insurability	We may require evidence of insurability for any Member or Member's spouse to be insured under the Group Policy.

PREMIUM PAYMENT

Premiums	The payments needed to keep this Certificate in full force. Premiums for this Certificate are shown on the Schedule. They are payable during the Premium Paying Period. Pay each premium at Our Home Office or to any person We authorize to collect premiums.
Premium Due Dates	Premiums are payable in advance during the Insured's lifetime. The first one is due on the Issue Date. Each subsequent premium is due when the period covered by the preceding premium ends. Premiums may be paid in any mode shown on the Schedule.
Grace Period	We will keep this Certificate in full force for 31 days after each premium due date. Any past due premium will be deducted from the benefits payable if the Insured dies within the grace period.
Lapse or Termination	If the premium is not paid by the end of 31 days after the due date, the Certificate will terminate as of the due date, unless it has Net Cash Value. If it has Net Cash Value, the Lapse Benefits will then apply.
Reinstatement	The Certificate may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Net Cash Value. All overdue premiums must be paid with interest at 6% per year from the due date to the Reinstatement Date. All loans must be paid or reinstated with interest at the rate of 8% per year from the date of lapse. Evidence of insurability may be required.

DEATH BENEFIT

Amount of Death Benefit	<p>We pay a death benefit if the Insured dies while covered under this Certificate. Loans will be deducted from any amount payable as a death benefit.</p> <p>If the Insured dies within two (2) years of the Issue Date, the death benefit We pay will be limited. This limited death benefit is paid as follows:</p> <ul style="list-style-type: none">• If the Insured dies during the first Certificate Year, the death benefit is an amount equal 30% of the Certificate Amount.• If the Insured dies during the second Certificate Year, the death benefit is equal to 70% of the Certificate Amount on the date of death. <p>If the Insured dies two years or more after the Issue Date, the death benefit is the Certificate Amount on the date of death less Loans.</p>
Proof of Death	We will pay the death benefit within thirty (30) days after We receive satisfactory Proof of loss at Our Home Office of the Insured's death. If We wait more than thirty (30) days to pay death benefits, interest at the guaranteed rate, or such other rate as may be required by applicable state law if such a rate is greater, will be added for the time We waited.
Suicide Exclusion	If the Insured commits suicide within 2 years after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate rights. If You should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more primary Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the insured dies We will pay the proceeds to the primary Beneficiary. If no primary Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.

OWNER AND BENEFICIARY (continued)

Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this Certificate or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by Us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until We receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

CERTIFICATE VALUES

Cash Value	<p>The Schedule shows the Cash Value at the end of each Certificate Year for which premiums have been paid. Any Cash Value not shown will be furnished on request. We will determine the Cash Value as of a date within a Certificate Year with due allowance for time elapsed and premium paid.</p> <p>The Cash Value within 60 days after the date of lapse will be the same as it was on that date. The Cash Value after 60 days from the date of lapse, while the Certificate is continued in force as Reduced Paid-Up Life Insurance, will be the net single premium based upon the mortality table and interest rate shown on the Schedule for the Certificate Cash Values.</p>
Lapse Benefits	The Certificate will lapse as of the due date of any premium not paid by the end of the 31-day grace period. If there is Net Cash Value, You have two options. You may surrender the Certificate for its Net Cash Value, or You may continue insurance under the Reduced Paid-Up Life Insurance option. However, if the amount of Reduced Paid-Up Life Insurance is less than \$500, We reserve the right to terminate the Certificate and pay You the Net Cash Value in cash.
Surrender Benefits	The Certificate may be surrendered for its Net Cash Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Payment of Surrender Benefits	The Net Cash Value will be paid in one sum. We may delay paying the Net Cash Value for up to six (6) months after Notice To Us.
Reduced Paid-Up Life Insurance	This is a level amount of paid-up insurance for the lifetime of the Insured. It is the amount purchased by the Net Cash Value on the date of lapse. While this Certificate is in force as Reduced Paid-Up Life Insurance, all rights granted by it are still available, unless this Certificate states otherwise.

LOAN PROVISIONS

Loans	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months except when made to pay premiums.
Loan Interest	The interest rate on Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Loan and will bear interest at the same rate.
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.
Maximum Loan Value	<p>The Maximum Loan Value is equal to:</p> <ul style="list-style-type: none"> • the Cash Value; • PLUS dividend credits, if any; • MINUS one year of Loan interest; • MINUS any existing loans including any accrued Loan interest. <p>We will terminate this Certificate if the Net Cash Value is reduced to zero. We will mail a written notice of termination to You and any assignee shown in Our records at their last known address. This Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Maximum Loan Value to a positive amount.</p>

GENERAL PROVISIONS

Contract	This Certificate is a legal contract between the Owner and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate and the attached enrollment form, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. We have issued this Certificate in return for the enrollment form and the payment of the premium. Any change or waiver of its terms must be in writing and signed by Our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
Representations and Contestability	We rely on all statements made by or for the Insured in an enrollment form. Legally, these statements are representations and not warranties except in the case of fraud. We will not use any statement to contest the validity or to deny a claim unless it is written in the attached enrollment form or reinstatement application. For statements made in the enrollment form, We will not contest this Certificate after it has been in force for two years from the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
Age and Sex	If the date of birth or sex of the Insured given in the enrollment form is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Dividends	As long as this Certificate is in force, You will receive the dividends We declare, if any, in cash annually.

TERMINATION AND CONTINUATION

Termination of Insurance	Coverage under a Certificate will end on the earliest of the following: (1) the date the Insured dies; (2) the date the Certificate is surrendered for cash; or (3) the date the Net Cash Value is equal to or less than zero.
Continuation of Insurance	Notwithstanding termination of the Group Policy or termination of acceptance of new Insureds, the rights and benefits of all Certificate Owners shall continue. Should the Group Policy terminate, this Certificate, if then in force, shall be deemed converted to an individual policy. Coverage will continue in force according to the terms of the Certificate.
Termination of New Coverage	At any time upon at least ninety (90) days prior written notice to the other, the Policyholder or the Company may terminate the acceptance of new Insureds under the Group Policy.
Termination of Group Policy	The Group Policy will terminate upon the earlier of: (1) the date specified by Us or the Policyholder; or (2) the date the Policyholder is no longer in existence.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule to compute the Cash or Loan Values. The Cash or Loan Values are shown in the Schedule.

Our calculations are based on curtate functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where the Group Policy was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**

ENROLLMENT FORM FOR GROUP INSURANCE - (PLEASE PRINT)

2735FE-AR 06/10 NGL AssetGuard



National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

MAIL POLICY TO: AGENT
 OWNER

PROPOSED INSURED Male Female

First Name MI Last Name Phone Number Social Security Number Age Date of Birth
OWNER - Complete only if other than Insured

First Name MI Last Name Social Security Number Relationship to Insured
MAILING ADDRESS INSURED OWNER (Where to send information about this Policy)

Street Address City State Zip

PAYMENT PLAN

Face Amount \$ Premium \$
 Single Pay Life
Multi-Pay Life: 1 Year 3 Year 5 Year 7 Year 10 Year
Initial Premium + Multi Pay Premium = Total Premium Amount (with app)
\$ \$ \$

PLAN - Complete for Single-Pay and One-Year Plan Only

A B C D E F

PAYMENT MODE

Annual Semi-Annual Quarterly
 EFT* Monthly Direct Credit Card*
*Be sure to complete the Premium Withdrawal Authorization

STATEMENT OF HEALTH (To be completed by Proposed Insured)

Are you currently on oxygen, hospitalized, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders: YES NO

Congestive Heart Failure Immune System Disorder Chronic Obstructive Pulmonary (lung) Disease Amputation (caused by disease)
Heart Disease Cirrhosis of the Liver Emphysema
Stroke Drug or Alcohol Dependency Alzheimer's/Dementia
Cancer (other than skin) Kidney failure (including dialysis) Diabetic Coma/Insulin Shock

If the health question is not answered or answered "Yes" the **1 Year Life Plan is not available**. On plans other than Single Pay a Policy with limited death benefits during the early Policy years may be issued.

BENEFICIARY INFORMATION

Name of Primary Beneficiary, Estate of Insured, or NGL Trust

APPLICANT REPLACEMENT - Do you have any existing insurance policies or annuity contracts? YES NO

Will the insurance applied for replace or change any insurance or annuity now or recently in force? YES NO

If "Yes", complete required replacement form(s).

AGENT REPLACEMENT - Does the applicant have any existing insurance policies or annuity contracts? YES NO

Will the insurance applied for replace or change any insurance or annuity now or recently in force? YES NO

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or services have been purchased or will be provided at the time of death. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

Signed at _____ State _____

Signature of Proposed Insured Date Signature of Owner (Required if other than Insured) Date

AGENT'S STATEMENT

I certify that any information recorded by me on this form is true and accurate to the best of my knowledge. I have used only those marketing materials approved by NGL and have left a copy with the applicant.

Agent(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %

Agent(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %

2735FE-AR 06/10 1st Copy - Company 2nd Copy - Agent 3rd Copy - Purchaser

ENROLLMENT FORM FOR GROUP INSURANCE



National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

FRAUD WARNING STATEMENT

For Residents of Arkansas

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

ACKNOWLEDGMENT OF PAYMENT

This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.

"Policy" is defined as the insurance policy or certificate for which I am applying.

SERFF Tracking Number: NGLI-126651382 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 45995
 Company Tracking Number: NFECRTSPIDB2009
 TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
 Product Name: Asset Guard
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR - Cert FE-GDB.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Application is included with this filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Questionnaire for Association Groups		
Comments:		
Attachment: AR- Questionnaire for Association Groups.pdf		

	Item Status:	Status Date:
Satisfied - Item: NCOA Articles & Bylaws		
Comments:		
Attachment: MO Association Bylaws.pdf		

	Item Status:	Status Date:
Satisfied - Item: NCOA Member's Guide		

SERFF Tracking Number: NGLI-126651382 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 45995
Company Tracking Number: NFECRTSPIDB2009
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense
Product Name: Asset Guard
Project Name/Number: /

Comments:

Attachment:

NGL-NCOA brochure.pdf

Item Status:

**Status
Date:**

Satisfied - Item: NCOA- AR Member List

Comments:

Attachment:

NCOA- AR Members.pdf

Item Status:

**Status
Date:**

Satisfied - Item: NCOA Financial Statement

Comments:

Attachment:

NCOA Unaudited Financial.pdf



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

June 21, 2010

Signature

Date

Mark Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com

1. Name/Address of Association.

Nationwide Consumers of America
National Administration Company
16476 Wild Horse Creek Road
Chesterfield, Missouri 63017

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

Yes, Missouri

3. Is there a current office in Arkansas?

No.

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

Not Applicable.

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

Yes. Annual dues are \$3.00.

6. What are the specific activities of the association?

To provide education, information and discounts on services to consumers.

7. What benefits are provided to the members in addition to insurance? Attach brochures on the association which outlines the additional benefits.

Please see the Member's Guide.

8. What qualifies an individual for membership? An individual or family that has the desire to benefit from the common purpose of receiving information, education, services and products of a greater value to a member than would be available on an independent basis must apply for membership by completing the association membership application.

9. How are members recruited? If by mailing list, advise the source of this list. Members are recruited by enrollers and by referrals from existing members.

10. Attach a copy of the association's Articles and By Laws.

Articles and By Laws are provided.

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

A list of members residing in Arkansas is provided.

11. Please attach a copy of the association's most recent financial statement.

A financial statement is provided.

12. Does the association receive any compensation of any kind from the insurer issued contracts to its members? No.

STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

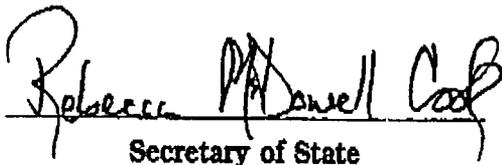
CORPORATION DIVISION
CERTIFICATE OF INCORPORATION
MISSOURI NONPROFIT

WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF
NATIONWIDE CONSUMERS OF AMERICA

HAVE BEEN RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF
STATE, WHICH ARTICLES, IN ALL RESPECTS, COMPLY WITH THE
REQUIREMENTS OF MISSOURI NONPROFIT CORPORATION LAW;

NOW, THEREFORE, I, REBECCA MCDOWELL COOK, SECRETARY OF STATE
OF THE STATE OF MISSOURI, BY VIRTUE OF THE AUTHORITY VESTED IN
ME BY LAW, DO HEREBY CERTIFY AND DECLARE THIS ENTITY A BODY
CORPORATE, DULY ORGANIZED THIS DATE AND THAT IT IS ENTITLED TO
ALL RIGHTS AND PRIVILEGES GRANTED CORPORATIONS ORGANIZED UNDER
THE MISSOURI NONPROFIT CORPORATION LAW.

IN TESTIMONY WHEREOF, I HAVE SET MY
HAND AND IMPRINTED THE GREAT SEAL OF
THE STATE OF MISSOURI. ON THIS, THE
3RD DAY OF NOVEMBER, 1999.


Secretary of State



\$25-00



Articles of Incorporation of a Nonprofit Corporation
 (To be submitted in duplicate with a filing fee of \$25)

The undersigned natural person(s) of the age of eighteen years or more for the purpose of forming a corporation under the Nonprofit Corporation Law of Missouri adopt the following Articles of Incorporation:

- (1) The name of the corporation is Nationwide Consumers of America
- (2) This corporation is a Mutual Benefit Corporation.
(Public or Mutual)
- (3) The period of duration of the corporation is "Perpetual"
(Perpetual, unless stated otherwise)
- (4) The name and street address of the Registered Agent and Registered Office in Missouri is:
Karen Breker - 1819 Clarkson Road, Ste. 301, Chesterfield, MO 63017
Name Address City/State/Zip
- (5) The name(s) and address(es) of each incorporator:
Dale Turcay - 16601 Kehsgrave, Chesterfield, MO 63005
Gary Johnston - 2544 Christopher Oaks Ct, St. Louis, MO 63129
Monica Ray - 15990 Wetherburn Rd, Chesterfield, MO 63017
- (6) Does the corporation have members? YES ___ NO X
- (7) Provisions not inconsistent with law regarding the distribution of assets on dissolution In accordance with Sections 355.662 through 355.746
- (8) The corporation is formed for the following purpose(s): See Attached
- (9) The effective date of this document is the date it is filed by the Secretary of State of Missouri, unless you indicate a future date, as follows: _____
(Date may not be more than 90 days after the filing date in this office.)

In affirmation of the facts stated above,

Signed by Incorporator(s):

Monica Ray
[Signature]
[Signature]

FILED AND CERTIFICATE OF
 INCORPORATION ISSUED

NOV 03 1999

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

To promote the social welfare of its members by seeking out and providing discounts on consumer goods and services to its members through increased buying power of a large group; to consider and deal with common problems of all consumers.

To exercise all the powers conferred upon the corporations formed under the Missouri Not-For-Profit Corporation Act.

FILED AND CERTIFICATE OF
INCORPORATION ISSUED

NOV 03 1999

[Handwritten Signature]
SECRETARY OF STATE

BY-LAWS
OF
"NATIONWIDE CONSUMERS OF AMERICA"

ARTICLE I
PURPOSES

The purpose of "NATIONWIDE CONSUMERS OF AMERICA" ("association") shall be as that stated in the Certificate of Incorporation, as well as any powers as are now or may hereafter be granted by the General Not-For-Profit Law of the State of Missouri.

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 with that of its registered agent. The Association may have other offices within or without 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. Individual membership: The individual is entitled to participate in all benefit programs offered by the Association.
2. Family membership: The member and his spouse are entitled to participate in all benefit programs offered by the Association.
3. Limited membership: The member who is interested in only certain designated benefit programs offered by the Association.

Section 2. Voting Rights. Each member of classes 1 and 2 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 as may come before the meeting. The date of the annual meeting shall be determined by the Board of Directors.

Section 2. Special Meeting. Special meetings of the members, for any purpose or purposes, unless otherwise prescribed by law, may be called by the President and shall be called by the Secretary at the direction 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 without 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 without the State of Missouri as the place of the meeting for any special meeting. If no designation is made, the place of meeting shall be the registered office of the Association.

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 or through the internet, to each member, not less than seven (7) or more than forty (40) days before the date of such meeting, by or at the direction 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 this address as it appears on 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 the 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 a majority of the members with respect to the subject matter thereof.

Section 8. Parliamentary Procedures. Parliamentary Procedure 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 By-Laws.

Section 9. Voting. At all meetings of the members, each member of records shall be entitled to one (1) vote. A vote may be cast either orally or in writing in person or by proxy. A "member of record" is a person who 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 holders of a 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 which 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 America.

Section 3. Regular Meetings. A regular annual 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 without 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 a 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 previously thereto by written notice delivered personally, by mail or through the internet to each director at his address shown on 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 any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to 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 or 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 earlier 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 of 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 of any committee designated by the Board of Directors, may participate in a meeting of the Board of Directors or committee by means of conference telephone or similar communications 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 action 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 officers 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 judgment the best interests of the Association would be served thereby.

Section 4. Vacancies. A vacancy in any office because of death, resignation, 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 by 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 meetings of the members and of 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 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. Committees of Directors. The Board of Directors, by resolution adopted by the 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 committees 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 such 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 judgment 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 a 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 government 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 necessary 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 officer or 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 by the President or 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 device for the general purpose 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 CERTIFICATES 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 on 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 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 became 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 a 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 on the last day of December in each year.

- Participate in our Personal Profile Service and you will be notified of the latest studies about your personal areas of health concern.

For your FREE catalog, call 1-800-838-4584. Just mention code "NAC" to receive an additional discount, a FREE gift, and a FREE subscription to VITA-BITS newsletter. From the catalog, select the products you need, call the 800 number to order the products, and they will be sent directly to you via US Priority Mail.

Your first year of membership is free. If you are interested in renewing your membership after the first year, you can visit NCOA's website at www.egroupmanager.com.

For more information, write or call:

NATIONWIDE
CONSUMERS
OF AMERICA

Membership Services Offices
1819 Clarkson Road, Suite 301
Chesterfield, MO 63017
(800) 992-8044

LensCrafters Discounts: 1-800-522-LENS -ID#9133281

Car Rental Discounts:

ALAMO: 1-800-327-9633, ID# BY222606
AVIS: 1-800-331-1212, ID # AWD A/B 254701
HERTZ: 1-800-654-2200, ID# CDP-ID 85134
NATIONAL: 1-800-227-7368, Recap# 6100610

Present this card at the counter to receive special rates.

Hearing Service: 1-800-333-HEAR, mention you are an NCOA member

Discount Vitamins and Nutritional Supplements:
1-800-838-4584, mention code "NAC"

NATIONWIDE
CONSUMERS
OF AMERICA

Dear Friend,

Welcome to the Nationwide Consumers of American (NCOA)!

As a member of NCOA, you can now take advantage of the wide variety of privileges available to Members Only. We are proud to provide quality benefits and products to you.

You can count on us to continuously seek out new benefits to add further value to your membership in the Association. As always, we welcome your suggestions on ways that the NCOA can be increasingly beneficial to you.

Sincerely,
NCOA Membership Services

NGL-NCOA 01/03



LensCrafters Vision Club

At LensCrafters, one-hour service is just the beginning! Your NCOA member ID card brings you and your eligible family members special rates on a variety of LensCrafters' services, nationwide.

Welcome to the privileges of LensCrafters Vision Club!

- 20% discount on all purchases at any LensCrafters
- 10% discount on professional services including eye exams and contact lenses*
- Unlimited usage
- Freedom of Choice-special rates on all materials and services available at LensCrafters
- More than ten times the frame selection of ordinary optical stores

Present your membership ID card at the time of purchase and receive your discount. When traveling, call **1-800-522-LENS** for the location nearest you.

ID Allowance Code: 9133281 (NAC)

* Discount on eye exams and contact lenses may vary from store to store

Car Rental Discounts Affordable and Convenient!



1. Call or stop by any participating rental company listed below to arrange for a car rental. Nationwide toll-free reservation numbers are printed below, as well as on your member ID card, or you may call your local rental office.
2. Give the representative your ASSOCIATION member ID number. Use the numbers listed below or on your member ID card.
3. You will be quoted a special, member discount rate. Rates are based on the type of car you want and the area where you rent. Discounts apply to weekly, daily, promotional and holiday rates, as well as some weekend rates.
4. Simply show your member ID card when you pick up your car.

Alamo: 1-800-327-9633 Member ID#: BY222606	Avis: 1-800-331-1212 Member ID#: AWD A/B 254701
Hertz: 1-800-654-2200 Member ID#: CDP-ID 85134	National: 1-800-227-7368 Member Recap#: 6100610

Hearing Service



The Hearing Service offers NCOA members premium quality hearing aids on a no-risk, 100% satisfaction-guaranteed basis.

- If you have a prescription for a specific hearing aid, call the Hearing Service's toll-free number to receive a price quote on the specific brand and model you wish to purchase. You can save up to 60% off the prices you may have to pay elsewhere.

If you have had an audiogram, send a copy of it to the Hearing Service at the address listed below. If you have not had a hearing evaluation, describe in as much detail as possible about how your loss affects you in specific listening situations.

Call or write today for additional information and a free brochure. Mention that you are a NCOA member.

Note: Not available in Texas or Colorado.

Hearing Service, 500 Pearl Street, Boulder, CO 80302, 1-800-333-HEAR



Discount Vitamins & Nutritional Supplements

Quality Products at Low Prices! Healthcare Products provides a complete line of quality vitamins, nutritional supplements, herbal remedies, and generic Over-the-Counter medicines.

- Receive information about achieving and maintaining OPTIMUM health.

(continued on back)

(Please cut along dotted lines)

**NATIONWIDE
CONSUMERS
OF AMERICA**

NCOA Membership ID Card

Member Name (Please Print)

Member Signature

NCOA Hotline: 1-800-992-8044

See reverse side for member ID Numbers

NCOA- AR Members.xlsx

Association	Active	Effective Date	Policy Number	Last Name	First Name	Address 1	Address 2	City
233.00	TRUE	02-Jul-09	NPL0249273	BOGAN	JOHN	206 W CENTER ST		FAYETTEVILLE
233.00	TRUE	27-Jul-09	NPL0252131	BRECHEISEN	STELLA	3 GERIK LN		CONWAY
233.00	TRUE	23-Jul-09	NPL0251817	BRIGHT	PATRICIA	504 COUNTY ROAD 807		GREEN FOREST
233.00	TRUE	02-Jul-09	NPL0248853	CAMPBELL	HELEN	709 N WALTON BLVD		BENTONVILLE
233.00	TRUE	02-Jul-09	NPL0248859	GLOCKSIEEN	MATTIE	407 HANBY AVE		BERRYVILLE
233.00	TRUE	06-Jul-09	NPL0249067	GOODIN	WANDA	4310 MUSSETT RD		FORT SMITH
233.00	TRUE	28-Jul-09	NPL0252626	HESTER	EMMA	105 ROSE AVE		BERRYVILLE
233.00	TRUE	23-Jul-09	NPL0251799	HILL	THELMA	5920 DEAN RD		ALMA
233.00	TRUE	20-Jul-09	NPL0251271	LANG	BETTY	4425 PINE HOLLOW RD		VAN BUREN
233.00	TRUE	09-Jul-09	NPU0139459	MASON	CHARLES	104 WOODLANE DR APT 23		SEARCY
233.00	TRUE	28-Jul-09	NPL0252862	MOORE	MYER	208 W 9TH ST		GREEN FOREST
233.00	TRUE	28-Jul-09	NPA0252631	OLMEDO	MERCEDES	1059 RICHARDS ST		PEA RIDGE
233.00	TRUE	02-Jul-09	NPA0248844	PRICE	SAMMY	321 TREMONT CIR		FORT SMITH
233.00	TRUE	15-Jul-09	NPL0250604	STANFORD	VINCE	1702 S BATTERY ST		LITTLE ROCK
233.00	TRUE	14-Jul-09	NPL0250348	THOME	ALVIN	20351 FULLERTON DR		SILOAM SPRINGS
233.00	TRUE	08-Jul-09	NPL0249743	THORNTON	DAVID	3610 S 91ST ST APT 11		FORT SMITH
233.00	TRUE	08-Jul-09	NPL0249745	THORNTON	J	8609 LEE LN		FORT SMITH
233.00	TRUE	20-Aug-09	NPL0255854	ALLEN	CINDY	819 N 28TH ST		VAN BUREN
233.00	TRUE	13-Aug-09	NPL0254235	BAKER	EVELYN	1303 SOUTH MADISON ST		JOESBORO
233.00	TRUE	04-Aug-09	NPL0253339	ADCOCK	IMOGENE	PO BOX 28		HAMBURG
233.00	TRUE	12-Aug-09	NPL0254705	GRAY	DONNA	405 HANBY ST		BERRYVILLE
233.00	TRUE	03-Aug-09	NPL0253178	HALL	LAWRENCE	1916 DENALI WAY		BARLING
233.00	TRUE	12-Aug-09	NPL0254965	CANNON	KEITH	8601 W WAGON WHEEL RD		SPRINGDALE
233.00	TRUE	28-Jul-09	NPL0253779	CANTWELL	BONNIE	202 E MADISON AVE		BERRYVILLE
233.00	TRUE	20-Aug-09	NPL0255851	DRIGGERS	THOMAS	219 N 51ST ST		FORT SMITH
233.00	TRUE	20-Aug-09	NPL0255849	DUNN	RONALD	4204 HOWELL AVE		FORT SMITH
233.00	TRUE	05-Aug-09	NPL0253803	EMERLINE	BILLY	709 N WALTON BLVD		BENTONVILLE
233.00	TRUE	28-Aug-09	NPL0257150	HARPOLE	RUBY	2 ULVERSTON DR		BELLA VISTA
233.00	TRUE	20-Aug-09	NPL0255986	HENRY	NICKOLUS	6999 W STATE HIGHWAY 10		BOONEVILLE
233.00	TRUE	06-Aug-09	NPL0255094	JOHNSON	JERRY	126 AMBLE DR		STAR CITY
233.00	TRUE	20-Aug-09	NPA0256007	JOHNSON	DONALD	1505 N 38TH ST		FORT SMITH
233.00	TRUE	02-Aug-09	NPL0253036	LICHTI	ANNE	47 WILDCAT CIR		BERRYVILLE

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233.00	TRUE	05-Aug-09	NPL0253560	MARTIN	LYDIA	3226 OLD EXCELSIOR RD		GREENWOOD
233.00	TRUE	28-Aug-09	NPL0257130	MCQUEARY	JAMES	5301 WHEELER AVE		FORT SMITH
233.00	TRUE	20-Aug-09	NPL0255844	PARKER	JEFFREY	2004 FALLS BRANCH LN		VAN BUREN
233.00	TRUE	04-Aug-09	NPA0253812	POLK	OLIVIA	5301 WHEELER AVE		FORT SMITH
233.00	TRUE	27-Aug-09	NPL0256973	SHORES	MARY	5926 INDUSTRIAL PARK RD		VAN BUREN
233.00	TRUE	03-Aug-09	NPL0253350	SPENCER	ROSE	PO BOX 28		HAMBURG
233.00	TRUE	02-Aug-09	NPL0254403	THOMAS	TED	6301 CEDAR BREAK DR		FORT SMITH
233.00	TRUE	25-Aug-09	NPL0256493	WALSH	MARY	65 ELMWOOD ST		WEST FORK
233.00	TRUE	06-Aug-09	NPL0253741	WILLIAMS	JEFFERSON	HC 73 BOX 116		MARBLE FALLS
233.00	TRUE	23-Aug-09	NPA0257275	WOOD	SAMUEL	306 N 4TH ST		ROGERS
233.00	TRUE	04-Sep-09	NPL0258118	CARR	VILLA	3114 OAK GROVE ST		FORT SMITH
233.00	TRUE	28-Sep-09	NPL0261454	CLARK	CANEEN	2026 N 29TH ST		FORT SMITH
233.00	TRUE	22-Sep-09	NPL0260376	DENNEY	ALLEN	609 S FRONT ST		DARDANELLE
233.00	TRUE	11-Sep-09	NPA0259694	DEVOE	CALISTA	PO BOX 249		OLA
233.00	TRUE	03-Sep-09	NPL0257929	FITCHUE	MAYME	15360 HODGES RD		OMAHA
233.00	TRUE	02-Sep-09	NPL0257852	FLANERY	VIRGINIA	10112 ROVER LANDING LN		ROVER
233.00	TRUE	03-Sep-09	NPL0257880	GRAPER	GARY	3041 N HIGHWAY 59		VAN BUREN
233.00	TRUE	23-Sep-09	NPU0151192	GRIFFIN-IGLEBURGER	TEMPLE	65 HIGHLAND PARKWAY		BELLA VISTA
233.00	TRUE	17-Sep-09	NPL0259672	HENRY	ALMEDA	7600 OXFORD PL		FORT SMITH
233.00	TRUE	28-Sep-09	NPL0261369	HOLLAND	GREGORIA	3212 HIGHWAY 21 N		BERRYVILLE
233.00	TRUE	11-Sep-09	NPL0258898	HOWARD-MEYERS	LEONA	10404 STONELEIGE ST		FORT SMITH
233.00	TRUE	09-Sep-09	NPL0258569	MEFFORD	DARLENE	14616 OAKLEAF RD		MULBERRY
233.00	TRUE	24-Sep-09	NPL0260784	NELSON	NOVA	516 S CHERRY ST		HAMBURG
233.00	TRUE	16-Sep-09	NPL0259498	SHARP	JACK	2556 W MT COMFORT RD LOT 36		FAYETTEVILLE
233.00	TRUE	28-Sep-09	NPL0261455	SHEPHERD	GENEVA	3118 S 98TH ST		FORT SMITH
233.00	TRUE	17-Sep-09	NPL0260908	STRICKLAND	JOHNNY	709 N WALTON BLVD		BENTONVILLE
233.00	TRUE	09-Sep-09	NPU0148551	STUART	SHARON	127 GARDENS GATE DR		HOT SPRINGS
233.00	TRUE	16-Sep-09	NPL0259375	THOMPSON	BOBBIE	520 E JACKSON AVE		MONTICELLO
233.00	TRUE	14-Sep-09	NPL0259039	UPCHURCH	SUE	1823 S 72ND ST		FORT SMITH
233.00	TRUE	17-Sep-09	NPA0259697	VALDEZ	MARTHA	PO BOX 249		OLA
233.00	TRUE	17-Sep-09	NPL0259609	WALTER	JAMES	106 BENNETT ST		HAMBURG

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233.00	TRUE	10-Nov-09	NPL0267418	BELT	JOHNNIE	1709 LINCOLN TRL		VAN BUREN
233.00	TRUE	17-Nov-09	NPL0268519	BROWN	WALTER	11878 ANTOINETTE RD		ELKINS
233.00	TRUE	23-Nov-09	NPL0269376	BROWN	JAMES	PO BOX 51		GATEWAY
233.00	TRUE	03-Nov-09	NPA0266374	BUTLER	ALFRED	2312 N 32ND ST		FORT SMITH
233.00	TRUE	17-Nov-09	NPL0268487	CLINE	VERNON	PO BOX 1323		VAN BUREN
233.00	TRUE	10-Nov-09	NPL0267812	JONES	MICHAEL	2305 PINE LN		BARLING
233.00	TRUE	17-Nov-09	NPL0268484	MORRIS	THELMA	6711 HILLTOP RD		VAN BUREN
233.00	TRUE	17-Nov-09	NPL0268393	OWEN	ROMA	100 VICTORIAN WOODS BLVD APT 8		EUREKA SPRINGS
233.00	TRUE	06-Nov-09	NPL0267137	PHELPS	BETTY	1715 E HAROLD ST		FAYETTEVILLE
233.00	TRUE	11-Dec-09	NPL0271900	CHRISTIAN	DAVID	4510 ALMA HWY		VAN BUREN
233.00	TRUE	08-Dec-09	NPL0271345	COLEMAN	GLADYS	11416 LUTHER LN		LITTLE ROCK
233.00	TRUE	04-Dec-09	NPL0270935	GOFF	LARRY	16826 HARMON RD		FAYETTEVILLE
233.00	TRUE	01-Dec-09	NPA0270403	HACKWORTH	PAULA	12948 LEONARD RD APT A		GRAVETTE
233.00	TRUE	15-Dec-09	NPL0273431	LONG	BERT	PO BOX 11494		FORT SMITH
233.00	TRUE	28-Dec-09	NPL0273853	MORRIS	DAVID	2502 FAYETTEVILLE RD RM 132		VAN BUREN
233.00	TRUE	28-Dec-09	NPL0273547	NORRIS	TROYCE	PO BOX 9898		FAYETTEVILLE
233.00	TRUE	25-Nov-09	NPL0272151	PARKS	NORMA	2111 HIGH MEADOW LN		ALMA
233.00	TRUE	28-Dec-09	NPA0273755	SHEELY	ROBERT	PO BOX 1936		WALDRON
233.00	TRUE	11-Dec-09	NPL0271736	SLATON	ROBBIE	100 EMPORIA ST		EUREKA SPRINGS
233.00	TRUE	22-Dec-09	NPL0273171	SPYCHALSKI	STEFANIE	1717 CUNNINGHAM AVE		ROGERS
233.00	TRUE	23-Nov-09	NPL0269663	TIDWELL	SHARON	PO BOX 28		CENTERVILLE
233.00	TRUE	28-Dec-09	NPL0273627	TRUSTY	SUSAN	800 ORCHARD AVE		GREEN FOREST
233.00	TRUE	28-Dec-09	NPL0274061	WALLACE	DANIEL	159 COUNTY ROAD 528		BERRYVILLE
233.00	TRUE	28-Dec-09	NPL0274091	WATTS	GARY	4 MALDON CIR		BELLA VISTA
233.00	TRUE	15-Dec-09	NPL0273424	WERSCHEM	COLETTE	1601 M ST APT 4		BARLING
233.00	TRUE	25-Jan-10	NPL0276740	CARROLL	MARGARET	805 CRESTWOOD ST		SPRINGDALE
233.00	TRUE	26-Jan-10	NPL0277023	COX	JUNE	41 BURNETT CIR		BENTONVILLE
233.00	TRUE	07-Jan-10	NPL0274663	ELMORE	EDWARD	911 JEFFERSON AVE		BERRYVILLE
233.00	TRUE	13-Jan-10	NPL0275415	HALL	ALVIN	211 W MADISON AVE		BERRYVILLE
233.00	TRUE	14-Jan-10	NPA0276064	HALL	PHEONIX	4967 HIGHWAY 270		BOLES
233.00	TRUE	15-Jan-10	NPL0275712	HANKS	ELLEN	2553 E FERGUSON AVE		FAYETTEVILLE

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233.00	TRUE	04-Jan-10	NPL0274322	HOLMES	JAMES	18009 STOUT MOUNTAIN RD	FAYETTEVILLE
233.00	TRUE	19-Jan-10	NPL0275847	MCCOLLUM	PATRICIA	18710 WALNUT RIDGE RD	BOLES
233.00	TRUE	20-Jan-10	NPL0276773	MCCORD	GRACE	114 VALLEY WEST DR	ROGERS
233.00	TRUE	28-Dec-09	NPL0274866	MCCULLAH	FLOYD	PO BOX 358	WALDRON
233.00	TRUE	28-Jan-10	NPL0277367	PALMER	ADDIE	414 RICE ST	WEST MEMPHIS
233.00	TRUE	17-Feb-10	NPL0277691	REED	KALI	PO BOX 4385	FORT SMITH
233.00	TRUE	20-Jan-10	NPL0276774	ROWLAN	JUDY	907 S 12TH PL	ROGERS
233.00	TRUE	25-Jan-10	NPL0276764	SMITH	PRISCILLA	2340 W BERRY ST	FAYETTEVILLE
233.00	TRUE	05-Jan-10	NPL0274599	TRAVIS	JOSEPHINE	605 HARRIET LN	FORT SMITH
233.00	TRUE	27-Jan-10	NPL0277447	TUCKER	DORETHER	100 SHALE CREEK CT	HOT SPRINGS
233.00	TRUE	18-Feb-10	NPL0280314	ABSHERE	VIRGINIA	5322 S 17TH TER	FORT SMITH
233.00	TRUE	25-Feb-10	NPL0281270	ANDERS	BEATRICE	PO BOX 442	ALMA
233.00	TRUE	24-Feb-10	NPL0281212	BLAGG	ANNA	PO BOX 11494	FORT SMITH
233.00	TRUE	18-Feb-10	NPL0280304	CARTER	MAMIE	10244 LONNIE LN	DANVILLE
233.00	TRUE	24-Feb-10	NPL0281106	CHASE	RICKY	PO BOX 11494	FORT SMITH
233.00	TRUE	22-Feb-10	NPL0280637	CONGER	MARJORIE	15 EL DORADO DR	HOLIDAY ISLAND
233.00	TRUE	19-Feb-10	NPL0280387	CONWAY	COLLEEN	14991 HIGHWAY 80	DANVILLE
233.00	TRUE	15-Feb-10	NPL0279766	CORBIN	DOROTHY	1819 E HAROLD ST	FAYETTEVILLE
233.00	TRUE	28-Jan-10	NPA0278543	COTTON	FLOYD	706 S H ST	ROGERS
233.00	TRUE	25-Feb-10	NPL0281266	EDWARDS	DARLENE	1515 N 10TH ST	VAN BUREN
233.00	TRUE	22-Feb-10	NPL0280559	FRANCIS	BUFORD	3130 TELLURIDE DR APT 238	FAYETTEVILLE
233.00	TRUE	18-Feb-10	NPA0280341	HOLEMAN	MARTIN	321 JEFFERSON ST	VAN BUREN
233.00	TRUE	11-Feb-10	NPL0279338	LYLE	JOHN	308 SIBYL DR	CENTRAL CITY
233.00	TRUE	11-Feb-10	NPL0279381	LYLE	LUCILLE	4711 ARLINGTON AVE	FORT SMITH
233.00	TRUE	23-Feb-10	NPL0280869	MAPLE	CHARLES	18605 SHORELINE WAY	FAYETTEVILLE
233.00	TRUE	23-Feb-10	NPL0280823	ROGERS	LELA	1336 E FORD DR APT 8	FAYETTEVILLE
233.00	TRUE	19-Feb-10	NPL0280451	SANDERS	LAVERNE	3128 INDEPENDENCE ST	FORT SMITH
233.00	TRUE	17-Feb-10	NPA0280159	TIDWELL	FLORA	5018 WIRSING AVE	FORT SMITH
233.00	TRUE	25-Feb-10	NPL0281262	WADDELL	STANFORD	4733 ROCKY RIDGE TRL	ROGERS
233.00	TRUE	10-Feb-10	NPL0279093	WENTWORTH	GUY	3321 S 34TH CIR	FORT SMITH
233.00	TRUE	19-Feb-10	NPL0280457	WILEY	ALICE	15122 OAK BOWER RD	MULBERRY
233.00	TRUE	15-Mar-10	NPL0283971	BOLIN	MAMIE	7915 VALENTINE LN	HARRISON
233.00	TRUE	23-Mar-10	NPL0285523	BUTTERFIELD	FLORENCE	1035 WHISPERING PINES ST	SPRINGDALE

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233.00	TRUE	17-Mar-10	NPL0284448	CROLEY	GLENDA	14182 ASH CIR	FAYETTEVILLE
233.00	TRUE	24-Mar-10	NPL0285811	FERGUSON	JUDY	6112 WHITE OAK CIR	FORT SMITH
233.00	TRUE	11-Mar-10	NPL0283701	FOSTER	BARBARA	PO BOX 217	HAMBURG
233.00	TRUE	28-Mar-10	NPL0286290	FUTTY	BARBARA	11878 ANTOINETTE RD	ELKINS
233.00	TRUE	17-Mar-10	NPL0284569	GRAPER	MARCIA	205 N ALBERT PIKE AVE	FORT SMITH
233.00	TRUE	15-Mar-10	NPL0283999	HARDESTY	SANDRA	5800 GRAND AVE APT 402	FORT SMITH
233.00	TRUE	02-Mar-10	NPA0282018	HARP	FLOSSIE	PO BOX 564	LAVACA
233.00	TRUE	23-Mar-10	NPL0285348	MARLEY	MICHAEL	PO BOX 11494	FORT SMITH
233.00	TRUE	11-Mar-10	NPL0283649	MARLEY	JOYCE	934 SUNNYSIDE RD	VAN BUREN
233.00	TRUE	11-Mar-10	NPA0283565	MCCARTER	JOHNNY	PO BOX 597	DANVILLE
233.00	TRUE	25-Mar-10	NPL0286004	MESSER	MARSHA	1294 S LIGHTSHIP WAY APT 4	FAYETTEVILLE
233.00	TRUE	01-Mar-10	NPL0281735	MILLER	CHARLES	2780 S COLLEGE DR	FAYETTEVILLE
233.00	TRUE	22-Mar-10	NPL0285399	MORGAN	JANICE	3203 FRESNO ST	FORT SMITH
233.00	TRUE	18-Mar-10	NPL0285245	PARKER	JIMMY	103 BALTUSROL DR	BENTON
233.00	TRUE	22-Mar-10	NPL0285120	ROSE	ASHLEY	PO BOX 11494	FORT SMITH
233.00	TRUE	28-Mar-10	NPL0286621	RUTLEDGE	ROBERT	3600 WIRSING AVE	FORT SMITH
233.00	TRUE	19-Mar-10	NPL0285004	SMITH	MURIEL	61 PLEASANT RIDGE DR	EUREKA SPRINGS
233.00	TRUE	12-Feb-10	NPL0283202	STUBBS	NORMA	703 WREN ST	BERRYVILLE
233.00	TRUE	08-Mar-10	NPL0282846	SUMMEY	JOHN	88 BRIARWOOD RD	ROGERS
233.00	TRUE	18-Mar-10	NPL0284823	TOWNSLEY	JOANN	1516 N FLAT ROCK DR	VAN BUREN
233.00	TRUE	11-Mar-10	NPL0284414	WHITLEY	MARK	9048 PANORAMA RD	ROGERS
233.00	TRUE	04-Mar-10	NPA0282310	WHITLOCK	OTIS	PO BOX 107	MONETTE
233.00	TRUE	03-Mar-10	NPL0282178	YOUNG	NORMA	1 FAIRWAY PL	HOLIDAY ISLAND
233.00	TRUE	06-Apr-10	NPL0287696	MURPHY	RAYNELLE	820 S SUMMIT DR	ROGERS
233.00	TRUE	08-Apr-10	NPL0288054	MURRAY	LILLIAN	207 QUAY ST	DARDANELLE
233.00	TRUE	09-Apr-10	NPL0288282	OWEN	JACK	5701 ELMWOOD PL	FORT SMITH
233.00	TRUE	05-Apr-10	NPL0288677	PENNOCK	RAYMOND	2888 AMHURST LOOP	SPRINGDALE
233.00	TRUE	15-Apr-10	NPL0289112	ADWAY	LEE	4302 UNION AVE	PINE BLUFF
233.00	TRUE	08-Apr-10	NPL0287155	ALLRED	VIRGINIA	4223 N ZION VALLEY DR	FAYETTEVILLE
233.00	TRUE	22-Apr-10	NPA0290220	BARNES	JOHNNY	821 FORD LN	LOWELL
233.00	TRUE	19-Apr-10	NPL0289383	BOYD	ALMA	1009 N 5TH ST	FORT SMITH
233.00	TRUE	06-Apr-10	NPL0287453	BRASHER	HASKELL	3704 ARMOUR AVE	FORT SMITH

233.00	TRUE	09-Apr-10	NPL0288295	CARNEY	JOHN	3 ELM LN	HOLIDAY ISLAND
233.00	TRUE	12-Apr-10	NPL0288517	DAVIS	BILL	10085 CARTER COVE RD	PLAINVIEW
233.00	TRUE	28-Apr-10	NPL0290978	HARDIE	ALICE	6018 CEDARLAKES CIR	LAVACA
233.00	TRUE	15-Apr-10	NPL0289105	HARSHAW	IRIS	4200 N 6TH ST APT 514	FORT SMITH
233.00	TRUE	28-Apr-10	NPL0290947	HARVILLE	ELLIE	PO BOX 28	HAMBURG
233.00	TRUE	19-Apr-10	NPL0289715	HENDRYX	DANNY	5301 WHEELER AVE	FORT SMITH
233.00	TRUE	27-Apr-10	NPL0290863	MCMICHAEL	LOUISE	300 INNIS FREE CIR APT G4	ROGERS
233.00	TRUE	16-Apr-10	NPL0289257	SCHUSTER	JOHN	PO BOX 115	WEST FORK
233.00	TRUE	13-Apr-10	NPL0288597	SCROGGINS	BETTY	PO BOX 28	HAMBURG
233.00	TRUE	12-May-10	NPL0293128	BRAKE	MARY	4721 S 10TH ST APT 5	FORT SMITH
233.00	TRUE	28-Apr-10	NPL0291503	BUCKMAN	GLENN	135 BROWN RD	BELLEVILLE
233.00	TRUE	21-May-10	NPL0294612	CARTER	GEORGE	316 SW 3RD ST	GENTRY
233.00	TRUE	21-May-10	NPL0294785	DANSBY	LEARTIS	3179 HIGHWAY 24 E	PRESCOTT
233.00	TRUE	25-May-10	NPL0295040	HAYDAM	DONALD	277 DEB MAR WOODS TER	MOUNTAIN HOME
233.00	TRUE	06-May-10	NPL0292193	HICKERSON	GISELA	2057 N OLD WIRE RD	FAYETTEVILLE
233.00	TRUE	12-May-10	NPL0293634	HOWARD	LOUIS	465 LINWOOD LN	STAR CITY
233.00	TRUE	07-May-10	NPL0293471	KECK	HARRIET	9200 S PLEASANT VALLEY RD	GENTRY
233.00	TRUE	19-May-10	NPL0294165	MARTIN	SALLYE	600 W MEADOW ST APT 109	FAYETTEVILLE
233.00	TRUE	25-May-10	NPL0295024	MURPHY	EVLEEN	19766 W HIGHWAY 10	HAVANA
233.00	TRUE	12-May-10	NPL0293280	STANDLEY	GERTRUDE	202 STANDLEY AVE	BERRYVILLE
233.00	TRUE	12-May-10	NPL0293163	WHEATLEY	ETTA	13510 HIGHWAY 412	ALPENA
233.00	TRUE	02-Jun-10	NPL0295858	BEATY	GERRELL	740 PATTY LN	CENTERTON
233.00	TRUE	02-Jun-10	NPL0296105	BIDWELL	BARBARA	2809 BROOKEN HILL DR	FORT SMITH
233.00	TRUE	28-Jun-10	NPL0300287	CALDWELL	BENNY	5301 WHEELER AVE	FORT SMITH
233.00	TRUE	09-Jun-10	NPL0297130	DANIELS	JOHN	4403 PRESLEY AVE	FORT SMITH
233.00	TRUE	09-Jan-07	NPL0164228	DEAN	RANDY	1307 W MAIN ST	LAVACA
233.00	TRUE	02-Jun-10	NPA0296295	HIGINBOTHOM	CASSIE	3100 N OLD MISSOURI RD	FAYETTEVILLE
233.00	TRUE	02-Jun-10	NPL0295860	KELLEY	ROSE	PO BOX 11494	FORT SMITH
233.00	TRUE	05-Jun-10	NPL0296742	KEYS	PATSY	PO BOX 237	CENTERVILLE
233.00	TRUE	17-Jun-10	NPL0298360	MARR	DEBRA	PO BOX 731	GREEN FOREST
233.00	TRUE	23-Jun-10	NPL0299277	MOON	JOEL	PO BOX 11494	FORT SMITH

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233.00	TRUE	24-Jun-10	NPL0299602	MOORE	MICHAEL	PO BOX 112		RUDY
233.00	TRUE	17-Jun-10	NPL0298675	PAUL	ANN	1915 S 9TH ST APT 128		ROGERS
233.00	TRUE	01-Jun-10	NPL0295696	SNELL	VIVIAN	304 PARKER ST		GREEN FOREST
233.00	TRUE	01-Jun-10	NPL0295837	SOUTHALL	ERNEST	PO BOX 626		FARMINGTON
233.00	TRUE	22-Jun-10	NPL0298890	SUMMERS	BETTY	2000 BARRINGTON		LAVACA
233.00	TRUE	18-Jun-10	NPA0298678	TURNER	JANE	1005 S 24TH		ROGERS

State	Zip Code
AR	72701
AR	72032
AR	72638
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Unaudited Financial
Nationwide Consumers of America

Total Dues	65,356
Expenses	
Marketing	6,556
Administration	22,945
Benefits	26,222
Membership Service	<u>9,833</u>
Total	65,356
Surplus	- 0 -

SERFF Tracking Number: NGLI-126651382 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 45995
 Company Tracking Number: NFECRTSPIDB2009
 TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
 Product Name: Asset Guard
 Project Name/Number: /

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)
06/15/2010	Form	ENROLLMENT FORM FOR GROUP INSURANCE	08/13/2010	2735FE-AR 06-10 w-brackets.pdf (Superseded)

ENROLLMENT FORM FOR GROUP INSURANCE - (PLEASE PRINT)

2735FE-AR 06/10 NGL AssetGuard



National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

MAIL POLICY TO: AGENT
 OWNER

PROPOSED INSURED Male Female

First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured

First Name MI Last Name Social Security Number Relationship to Insured

MAILING ADDRESS INSURED OWNER (Where to send information about this Policy)

Street Address City State Zip

PAYMENT PLAN	PLAN - Complete for Single-Pay and One-Year Plan Only
Face Amount \$ Premium \$	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
<input type="checkbox"/> Single Pay Life	PAYMENT MODE- Do not complete for Single-Pay
Multi-Pay Life: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> 7 Year <input type="checkbox"/> 10 Year	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
	<input type="checkbox"/> EFT* <input type="checkbox"/> Monthly Direct <input type="checkbox"/> Monthly Credit Card* *Be sure to complete the Premium Withdrawal Authorization

STATEMENT OF HEALTH (To be completed by Proposed Insured)

Are you currently on oxygen, hospitalized, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders: YES NO

- | | | | |
|--------------------------|-------------------------------------|----------------------------------------------|--------------------------------|
| Congestive Heart Failure | Immune System Disorder | Chronic Obstructive Pulmonary (lung) Disease | Amputation (caused by disease) |
| Heart Disease | Cirrhosis of the Liver | Emphysema | |
| Stroke | Drug or Alcohol Dependency | Alzheimer's/Dementia | |
| Cancer (other than skin) | Kidney failure (including dialysis) | Diabetic Coma/Insulin Shock | |

If the health question is not answered or answered "Yes" the 1 Year Life Plan is not available. On plans other than Single Pay a Policy with limited death benefits during the early Policy years may be issued.

BENEFICIARY INFORMATION

Name of Primary Beneficiary, Estate of Insured, or NGL Trust

APPLICANT REPLACEMENT - Do you have any existing insurance policies or annuity contracts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the insurance applied for replace or change any insurance or annuity now or recently in force?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "Yes", complete required replacement form(s).	
AGENT REPLACEMENT - Does the applicant have any existing insurance policies or annuity contracts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will the insurance applied for replace or change any insurance or annuity now or recently in force?	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or services have been purchased or will be provided at the time of death. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

Signed at _____ State _____

Signature of Proposed Insured _____ Date _____ Signature of Owner (Required if other than Insured) _____ Date _____

AGENT'S STATEMENT

I certify that any information recorded by me on this form is true and accurate to the best of my knowledge. I have used only those marketing materials approved by NGL and have left a copy with the applicant.

Agent(s) Signature _____	Agent Name(s) Printed _____	NGL Agent # _____	Agent State License# _____	% _____
Agent(s) Signature _____	Agent Name(s) Printed _____	NGL Agent # _____	Agent State License# _____	% _____

ENROLLMENT FORM FOR GROUP INSURANCE



National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

FRAUD WARNING STATEMENT

For Residents of Arkansas

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

ACKNOWLEDGMENT OF PAYMENT

This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.

"Policy" is defined as the insurance policy or certificate for which I am applying.