

SERFF Tracking Number: FRCS-127011081 State: Arkansas  
Filing Company: Southland National Insurance Corporation State Tracking Number: 47844  
Company Tracking Number: 5437.1  
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
Product Name: Updated Pre-Needs Increasing Benefit Contract  
Project Name/Number: SOUTHLAND-NAT/62.1/62.1

## Filing at a Glance

Company: Southland National Insurance Corporation

Product Name: Updated Pre-Needs Increasing SERFF Tr Num: FRCS-127011081 State: Arkansas

Benefit Contract

TOI: L07G Group Life - Whole

SERFF Status: Closed-Approved- State Tr Num: 47844  
Closed

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

Co Tr Num: 5437.1

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Exselsa Cartwright

Disposition Date: 02/02/2011

Date Submitted: 01/31/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: SOUTHLAND-NAT/62.1

Project Number: 62.1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Other

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/19/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Explanation for Other Group Market Type:

Funeral Homes

Overall Rate Impact:

Filing Status Changed: 02/02/2011

State Status Changed: 02/02/2011

Deemer Date:

Created By: Exselsa Cartwright

Submitted By: Exselsa Cartwright

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Southland National Insurance Corporation to file the enclosed form for approval in your state.

Our fee of \$50.00 has been sent by EFT on this same date.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty

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Association notice required by Regulation 49 will be provided.

This form is designed to fund funeral arrangements. This market is generally referred to as the Pre-need market.

G2011 Grp Master 0111AR is the group master policy, which will be used with this form. The group master policy has been submitted this same date under a separate cover.

Certificate G2011 GLC 0111AR-GIB SP is a group single premium whole life product providing life insurance coverage payable at death of the insured while insured. The guaranteed death benefit is level. The death benefit may be increased at the discretion of the Company's Board of Directors.

Enrollment Application GEA-PN-0806AR Rev 0111, which was submitted this same date under a separate cover, will be used to apply for the certificate under the master policy

This form is new and will not replace any currently on file in your Department.

Descendant's Insurance Benefit Rider (form G-Descendant 02/06AR) may also be used with the certificate submitted in this filing. This rider was approved by your Department on 8/17/2006, your file/SERFF # USPH-6RTL96430.

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

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

## Company and Contact

### Filing Contact Information

Exselsa Cartwright, Senior Compliance Specialist  
1020 Central Suite 201  
Kansas City, MO 64105  
exselsa.cartwright@firstconsulting.com  
800-927-2730 [Phone] 2757 [Ext]  
816-391-2755 [FAX]

### Filing Company Information

(This filing was made by a third party - FC01)

Southland National Insurance Corporation  
1812 University Boulevard  
Tuscaloosa, AL 35401  
CoCode: 79057  
Group Code: 421  
Group Name: Collateral Holdings  
State of Domicile: Alabama  
Company Type:  
State ID Number:

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Group  
(205) 343-1214 ext. [Phone] FEIN Number: 63-0572745  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: The fee in your state is \$50 per form X 1 form = \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southland National Insurance Corporation	\$50.00	01/31/2011	44249261

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/02/2011	02/02/2011

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## **Disposition**

Disposition Date: 02/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: G2011 GLC 0111AR-GIB SP**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	G2011 GLC 0111AR-GIB SP	Certificate	Certificate of Coverage for Group Life Insurance	Initial		50.800	G2011 GLC 0111AR-GIB SP.pdf

# **SOUTHLAND NATIONAL INSURANCE CORPORATION**

## **A LEGAL RESERVE STOCK COMPANY**

### **GROUP LIFE CERTIFICATE OF INSURANCE**

This is a contract of insurance between Southland National Insurance Corporation and the Certificate Holder named in the Certificate Information. Southland National Insurance Corporation agrees to pay the proceeds of this Certificate, subject to its provisions, terms and conditions.

#### **PLEASE READ THIS CERTIFICATE CAREFULLY**

It is evidence of a legal contract. We issue it in consideration of the enrollment application and payment of the initial premium. A guide to the Certificate's contents is on page two (2).

#### **RIGHT TO CANCEL**

If you are not satisfied, you may return this Certificate for cancellation within thirty (30) days of the date it is delivered to you. Return means mailing it to us or delivering it to our agent. We will refund to you the premium paid. Return of this Certificate voids the Certificate from the beginning. The parties will be in the same position as if no Certificate had been issued.

#### **POLICYHOLDER SERVICE**

For service regarding this Certificate, please write or call: Policyholder Service Department ● Southland National Insurance Corporation ● P. O. Box 1520 ● Tuscaloosa, Alabama 35403-9967 ● Telephone (800) 277-8762

Signed for Southland National Insurance Corporation at its Home Office in Tuscaloosa, Alabama.



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President

#### **Certificate of Coverage for Group Life Insurance**

Death Benefits Payable as Shown in the Certificate  
Single Premium

#### **NON-PARTICIPATING**

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## CERTIFICATE INFORMATION

	Amount	Premium
CERTIFICATE	\$[5,000.00]	\$[4,950.00]
[DESCENDANT INSURANCE BENEFIT]	\$[2,500.00]	\$[41.25]
TOTAL		\$[4191.25]

**CERTIFICATE NUMBER:** [2005001234]      **INSURED PERSON:** [JOHN DOE]

**EFFECTIVE DATE:** [December 10, 2010]      **AGE AT ISSUE:** [65]

**AMOUNT:** \$[5,000.00]      **RISK CLASSIFICATION:** STANDARD

**CERTIFICATE HOLDER:** AS STATED IN THE ENROLLMENT APPLICATION

**GROUP POLICYHOLDER:** [JONES FUNERAL HOME]

**BENEFICIARY:** AS STATED IN THE ENROLLMENT APPLICATION UNLESS CHANGED IN ACCORDANCE WITH THE PROVISIONS OF THE CERTIFICATE

## TABLE OF DEATH BENEFITS

<u>CERTIFICATE YEAR OF DEATH</u>	<u>DEATH BENEFIT</u>	<u>CERTIFICATE YEAR OF DEATH</u>	<u>DEATH BENEFIT</u>
1	[5000.00	35	[5000.00]
2	5000.00		
3	5000.00		
4	5000.00		
5	5000.00		
6	5000.00		
7	5000.00		
8	5000.00		
9	5000.00		
10	5000.00		
11	5000.00		
12	5000.00		
13	5000.00		
14	5000.00		
15	5000.00		
16	5000.00		
17	5000.00		
18	5000.00		
19	5000.00		
20	5000.00		
21	5000.00		
22	5000.00		
23	5000.00		
24	5000.00		
25	5000.00		
26	5000.00		
27	5000.00		
28	5000.00		
29	5000.00		
30	5000.00		
31	5000.00		
32	5000.00		
33	5000.00		
34	5000.00]		

## TABLE OF GUARANTEED VALUES

THE CALCULATION OF THESE VALUES WILL BE MADE WITH AN ALLOWANCE FOR THE LAPSE OF TIME AND THE PAYMENT OF PREMIUMS BEYOND THE LAST POLICY ANNIVERSARY. THEY DO NOT INCLUDE ANY ADJUSTMENTS FOR LOANS. ALL VALUES IN THIS TABLE ARE BASED ON PREMIUMS PAID TO THE END OF THE POLICY YEAR. CASH VALUES SHOWN ARE FOR THE INITIAL AMOUNT OF THE POLICY. VALUES FOR ALL YEARS NOT SHOWN IN THIS TABLE WILL BE FURNISHED UPON REQUEST.

**AMOUNT**                    \$[5,000.00]

<u>END OF CERTIFICATE YEAR</u>	<u>CASH VALUE</u>
1	[2744.45
2	2818.10
3	2892.00
4	2966.10
5	3040.30
6	3114.30
7	3187.70
8	3259.95
9	3330.55
10	3399.30
11	3466.10
12	3531.15
13	3594.75
14	3657.25
15	3718.70
16	3778.95
17	3837.60
18	3894.10
19	3948.00
20	3999.15]

LOAN INTEREST RATE:            6% IN ARREARS

	<u>MORTALITY RATES</u>	<u>INTEREST RATES</u>
GUARANTEED VALUES	1980 CSO	[5.0%]
VALUATION (RESERVES)	1980 CSO	[4.0%]

## DEFINITIONS

**WE, US, and OUR** means Southland National Insurance Corporation.

**YOU, YOUR, YOURS, and CERTIFICATE HOLDER** means the owner of this Certificate of Coverage. The owner controls all rights and benefits under the Certificate.

**INSURED PERSON** means the person shown in the Certificate Information on page three (3) of the Certificate. The Insured Person is the person whose life is insured under the Certificate.

**BENEFICIARY** means the person or organization named to receive the proceeds of the Certificate. A contingent beneficiary, if named, will be paid the proceeds if the beneficiary is not alive. Beneficiaries and contingent beneficiaries have no rights in the Certificate before the death of the Insured Person.

**WRITTEN REQUEST** means a request signed by you on a form provided by us. We will accept a request not on our form if it contains the necessary information.

**AGE.** When the Insured Person's age is referred to, it means the age at the Insured Person's last birthday.

**EFFECTIVE DATE.** The Effective Date is the date the insurance becomes effective for this Certificate and the date from which certificate anniversaries, certificate years, certificate months and premium due dates are determined.

**PROCEEDS** means the amount we will pay under the terms of the Certificate when it is surrendered or matures, or when the Insured Person dies, less any indebtedness.

**IN FORCE** means the time during which the Insured Person's life is covered and all premiums due on the Certificate have been paid (except as provided under the Grace Period provision).

**DEATH BENEFIT.** The death benefit of an Insured Person is the amount that we will pay, subject to the provisions of the Group Master Policy and the Certificate, upon receipt of due proof of death of the Insured Person.

**DISCRETIONARY DEATH BENEFIT INCREASES.** The Death Benefit may be increased by resolution of our Board of Directors.

**CASH VALUE** means the guaranteed cash value less any loan with interest. On each certificate anniversary, if we increase the Death Benefit, we will also increase the Cash Value in proportion to the change made in the Death Benefit.

**INDEBTEDNESS.** Indebtedness is the sum of any loan and loan interest secured by such Certificate.

**MISREPRESENTATION** means an omission of a fact or an untrue statement which caused us to take action different from what our action would have been had we known the truth.

**CONTEST** means to claim that an Insured Person's Certificate is not in force, or to deny payment of a claim because the Certificate is not in force, or to claim that misrepresentation has been made.

## GENERAL PROVISIONS

**ENTIRE CONTRACT.** The entire contract consists of this Certificate and any endorsements or riders attached to it. A copy of any application of the Certificate Holder shall be attached to this Certificate when issued. All statements made either by You, the Group Policy Holder, or by any Insured Person will, in the absence of fraud, shall be considered representations and not warranties.

No change or waiver of any of the provisions of this Certificate will be valid unless made in writing and signed by one of our officers at our Home Office. No agent or person, other than one of our officers, has the authority to change or waive any provision of this Certificate.

**ASSIGNMENT.** You may request that this Certificate be assigned. Such request must be in writing and will not be effective until recorded in our Home Office. We assume no responsibility for the validity of the assignment and may rely solely on the assignee's statement as to the extent of the assignee's interest. We retain the right to reject any assignment. Any assignment is subject to any payment made or other action taken by us before such assignment is recorded. Any assignment is subject to any indebtedness due us.

**TAX QUALIFICATION AS LIFE INSURANCE.** This Policy is intended to qualify as a life insurance contract for federal tax purposes, and the death benefit under this Policy is intended to qualify for the federal income tax exclusion. To achieve these purposes, the provisions of this Policy (including any endorsement or rider that does not specifically override this tax qualification provision) shall be interpreted to ensure and maintain such tax qualification, despite any other provision to the contrary. At no time shall the amount of death benefit under this Policy ever be less than the minimum amount needed to ensure or maintain such tax qualification. If needed, the death benefit shall be increased retroactively and prospectively to the minimum extent necessary, so that at no time is the death benefit ever less than such minimum amount, and the Cash Value may be reduced or adjusted to reflect any increased costs resulting from such a death benefit increase. We reserve the right to amend the Policy from time to time, without consent (where allowed by law), to reflect any clarifications that may be needed or are appropriate to maintain compliance with any applicable tax qualification requirements. We will send you a copy of any such amendment, and when required by law, we will obtain the approval of the appropriate regulatory authority.

**SUICIDE EXCLUSION.** If the Insured Person, whether sane or insane, commits suicide within two (2) years from the Effective Date, we will refund all premiums paid for this Certificate less any indebtedness. No further benefits will be payable under the Certificate.

**INCONTESTABILITY.** We will not contest insurance under this Certificate after it has been in force during the Insured Person's lifetime for two (2) years after its Effective Date, except for the non-payment of premium.

**MISSTATEMENT OF AGE OR SEX.** If the age or sex of an Insured Person has been misstated, the benefits will be those which the premiums paid would have purchased for the Insured Person's correct age. If we would not have issued the Certificate at the Insured Person's correct age, we will refund all premiums paid for this Certificate and no further benefits will be payable under this Certificate.

**BENEFICIARY.** Any benefits payable due to an Insured Person's death will be paid to the Insured's beneficiary subject to any assignment or designation made by you. Such beneficiary is shown in the enrollment application, unless a written change has been filed with us.

After the change has been recorded at our Home Office, it will take effect as of the date the request was signed. However, the change will not apply to amounts paid before the change was so recorded.

**PREMIUMS.** Premiums are payable to us at our Home Office as shown in the Certificate Information beginning on its Effective Date.

**TERMINATION OF COVERAGE.** Subject to the Guaranteed Value Options of this Certificate, insurance coverage for an Insured Person will cease at the end of the grace period for any unpaid premium or upon surrender of this Certificate.

The coverage will automatically terminate thirty (30) days after notice to you. During that period, you may request conversion of the coverage as provided in the section below entitled Conversion Option.

**CONVERSION OPTION.** Conversion under this Certificate is from group permanent coverage to another group permanent policy or to an individual whole life or limited payment life plan. If coverage under this Certificate should cease for any reason except the failure to pay premiums or surrender of this Certificate, we will issue an individual policy on the life of the Insured Person. The following conditions apply:

- No evidence of insurability will apply.
- You must request conversion of the plan in writing;
- The death benefit on the individual policy may not exceed the death benefit to be paid under the coverage which ceases;
- You may select any of the individual life insurance policies (except term coverage) currently being offered to persons of the age and class of the Insured Person, and for the amount applied for, at the time of the conversion;
- The premium for the individual policy will be at our customary rate for the policy chosen by the Insured Person using the age and class at the time the original Certificate was issued. There may be a one-time conversion charge;
- We will bill the Certificate Holder directly for premiums due based on the customary rate for the policy chosen by the Insured Person;
- The first premium for the individual policy must be paid within thirty-one (31) days after the termination of coverage under this Certificate.

If the Insured Person dies during the period in which you are entitled to exercise this Conversion Option, we will pay the amount of group coverage to which the beneficiary is entitled, whether or not you have made enrollment application or paid the first premium for the individual policy.

In lieu of issuing an individual life insurance policy, we may, at our discretion, continue coverage under this Certificate.

**NON-PARTICIPATING.** This Group Master Policy and this Certificate are non-participating. They do not pay dividends.

## OWNERSHIP AND BENEFICIARY PROVISIONS

**OWNERSHIP.** The owner of this Certificate is shown in the Certificate Information on page three (3). You may change the owner of this Certificate while it is in force. This must be by written request. The change is effective as of the date you signed the request. We are not liable for any payment made by us before your request is received at our Home Office.

You may exercise any other rights or elect any option in this Certificate.

Any of your rights as owner may be limited by the rights of an assignee.

**BENEFICIARY.** The beneficiary is named in the Insured Person's enrollment application. You may change the beneficiary during the lifetime of the Insured Person. This must be by written request. The change is effective as of the date you signed the request. We are not liable for any payment made by us before the request is received at our Home Office.

**PAYMENT OF PROCEEDS.** We will pay the proceeds:

- 1) to the beneficiary; or
- 2) to the contingent beneficiary if the beneficiary is not living at the death of the Insured Person; or
- 3) to you, if living, if there is no surviving beneficiary or contingent beneficiary; or
- 4) to the estate of the Insured Person, if none of the above are living.

We may rely on an affidavit to determine the existence or death of any of the above. Payment made in good faith, based on such affidavit, will fully discharge us to the extent of the payment.

In order to qualify for payment a beneficiary must be alive on the 15<sup>th</sup> day after the death of the Insured Person.

If there are two or more persons to receive payments, we will make payment in equal shares unless we are directed otherwise.

If required by applicable state law, we will pay interest on any proceeds under the terms of the Certificate if the payment of such proceeds is delayed more than the applicable state law allows without interest, after due proof of death of the Insured Person is furnished to us.

## PREMIUM PROVISIONS

The first premium for this Certificate is due on its Effective Date. It may be paid to us at our Home Office or to an authorized agent.

**PAYMENT OF PREMIUMS.** All premiums after the first shall be payable in advance on the date they are due. The first premium is due on the Effective Date. Premiums may be mailed to the Home Office or paid to an authorized agent. We will furnish a receipt upon request. Premiums are payable only for the period of time shown in the Certificate Information. Premiums may be paid at 12, 3, or 1 month intervals. Other intervals may be established by filing a written request and receiving our consent. The frequency of payments may be changed at your request. The premium of any new frequency will be calculated using the premium rates in effect at the time this Certificate was issued.

**CERTIFICATE GRACE PERIOD.** We will allow a grace period of thirty-one (31) days after its due date for payment of any premium after the first. This Certificate stays in force during this grace period. If an Insured Person dies during the grace period, one monthly premium will be deducted from the proceeds paid.

**NON-PAYMENT OF PREMIUMS.** If a premium for this Certificate is not paid by the end of the grace period, this Certificate will lapse except as provided in the Guaranteed Value Options provision. The date of lapse is the date on which the first unpaid premium was due.

**CERTIFICATE REINSTATEMENT.** If this Certificate lapses for non-payment of premiums, it may be reinstated during the Insured Person's lifetime within three (3) years after the date of lapse provided its cash surrender value has not been paid. To do this, you must provide:

1. a written request to reinstate this Certificate;
2. evidence that the Insured Person is insurable. To determine this, we may ask questions about the health and habits of the Insured Person;
3. payment of any indebtedness on this Certificate;
4. payment of all past due premiums on this Certificate; and
5. payment of interest on all past due premiums and any indebtedness at the rate of 6% compounded annually.

**PREMIUM REFUND AT DEATH.** We will include in the death proceeds premiums paid beyond the month in which death occurs.

## **LOAN PROVISIONS**

**LOANS.** You may ask for a loan. This Certificate is assigned to us while there is a loan and is the sole security for a loan.

We have the right to defer a loan for up to six (6) months. Loans requested to pay premiums on the Certificate and automatic premiums loans will not be deferred.

We will deduct the loan with interest from the proceeds at death, maturity or surrender. We will also deduct the loan with interest from the amount used in any guaranteed value option.

If a loan exceeds the loan value, we will cancel this Certificate. We will mail notice to the address last known to us of both you and the assignee, if any, thirty-one (31) days before we cancel the Certificate.

**LOAN VALUE.** The loan value is:

- an amount which with interest will equal the cash value on the earlier of the next certificate anniversary or the date to which premiums are paid; less
- any indebtedness.

During the premium payment period we compute the loan value as of the next premium due date. After that, we compute the loan value as of the next certificate anniversary.

**LOAN INTEREST.** The loan interest rate is shown in the Table of Guaranteed Values on page five (5) of this Certificate. It is due at the end of each year on the certificate anniversary. Interest not paid is added to the loan; interest is then due on the total amount.

**LOAN REPAYMENT.** You may repay the loan in full or in part at any time prior to:

- the maturity of this Certificate or death of the Insured Person; or
- this Certificate being continued under a guaranteed value option.

**AUTOMATIC PREMIUM LOAN.** If a premium is not paid by the end of the thirty-one (31) day grace period and you have chosen this option by written request, we will:

- make a loan to pay the premium; and
- charge loan interest from the premium due date.

There must be enough loan value to pay the premium due. If not, the next more frequent mode will be used. If the loan value is not large enough to pay a premium and loan interest due, the automatic guaranteed value option will apply.

You may write us at any time and cancel your election of this option.

## **GUARANTEED VALUE OPTIONS**

You may, by written request to us, choose one of the following options if:

- this Certificate has a guaranteed cash value; and
- the choice is made within ninety (90) days from the due date of the unpaid premium.

**CASH OPTION.** You may, by written request to us, choose to surrender this Certificate and we will pay its cash surrender value. We have the right to defer payment for up to six (6) months.

**REDUCED PAID-UP INSURANCE OPTION.** If allowed by us for the plan of insurance issued under this Certificate, this Certificate may be continued as reduced paid-up insurance. No further premiums will be due. We will pay the reduced paid-up insurance amount (less any indebtedness) upon the Insured Person's death. The amount of reduced paid-up insurance is determined by applying the cash surrender value as a net single premium based on the Insured Person's then current age. This amount will never increase.

**AUTOMATIC GUARANTEED VALUE OPTION.** If you do not request one of these options within the ninety (90) day period, we will automatically continue this Certificate as reduced paid-up insurance.

**SURRENDER OF REDUCED PAID-UP INSURANCE.** You may surrender reduced paid-up insurance at any time. The cash surrender value of such insurance is the net single premium for the then current insurance amount and the remaining insurance period. If you surrender this Certificate within thirty (30) days after any certificate anniversary, we will calculate the value as of the last anniversary.

**BASIS OF VALUES.** We compute cash values by the Standard Nonforfeiture Law Method. Cash surrender values are equal to or more than required by state law. We have filed a detailed statement with the state insurance supervisor. It details the method of computing values and benefits.

Values for this Certificate are shown in the Table of Guaranteed Values on page five (5), and assume:

- premiums have been paid to the end of the Certificate year indicated;
- death occurs at the end of the certificate year in which the Insured Person dies; and,
- there is no indebtedness.

If premiums have been paid for part of a certificate year in which default occurs, a pro rate adjustment in values will be made.

We compute reserves by the Commissioners Reserve Valuation Method. The interest rates and mortality tables used in reserve and cash value calculations are shown in the Table of Guaranteed Values on page five (5).

**Certificate of Coverage for Group Life Insurance**  
**Death Benefits Payable as Shown in the Certificate**  
**Single Premium**

**NON-PARTICIPATING**



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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Flesch Certification</p> <p><b>Comments:</b></p> <p><b>Attachments:</b></p> <p>AR RDB-GIB SP.pdf</p> <p>AR COC-GIB SP.pdf</p> <p>Authorization-dist-ocr.pdf</p>		

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Application</p> <p><b>Comments:</b></p> <p>Enrollment Application GEA-PN-0806AR Rev 0111, which was submitted this same date under a separate cover, will be used to apply for the certificate under the master policy</p> <p><b>Attachment:</b></p> <p>GEA-PN-0806AR Rev 0111.pdf</p>		

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Southland National Insurance Corporation

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

<b>Form Number</b>	<b>Score</b>
G2011 GLC 0111AR-GIB SP	50.8



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Diane Beall  
Vice President

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January 26, 2011  
Date

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Southland National Insurance Corporation

**Form Title(s):** Certificate of Coverage for Group Life Insurance

**Form Number(s):** G2011 GLC 0111AR-GIB SP

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



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Diane Beall  
Vice President

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January 26, 2011  
Date



December 22, 2010

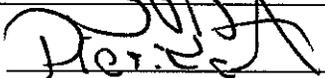
To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Southland National Insurance Corporation

By:   
Title: 

INTEGRITY ■ SERVICE ■ COMMITMENT

SOUTHLAND NATIONAL INSURANCE CORPORATION  
POST OFFICE BOX 1520 ■ TUSCALOOSA, ALABAMA 35403 ■ (205) 345-7410  
WWW.SOUTHLANDNATIONAL.COM

**ENROLLMENT APPLICATION  
FOR GROUP LIFE INSURANCE**

**SOUTHLAND NATIONAL INSURANCE CORPORATION**

P.O. Box 1520 • Tuscaloosa, Alabama 35403 • (800) 277-8762

1. Proposed Insured		SS#	Age	Date of Birth / /
Street Address				Sex
City	State	Zip Code	Telephone ( )	
2. Applicant/Owner Name (Complete ONLY if other than Proposed Insured)		SS#	Relationship	
Address		City	State	Zip Code
3. Primary Beneficiary		Relationship		
4. Payment Type	Mode of Payment	Method of Payment	5. Policy will be mailed to owner via:	
<input type="checkbox"/> Single Pay	<input type="checkbox"/> Annual	<input type="checkbox"/> Automatic Bank Draft (EFT)	<input type="checkbox"/> Agent	<input type="checkbox"/> US Mail
<input type="checkbox"/> 3 Pay	<input type="checkbox"/> Quarterly	<b>(Complete form and attach a voided check)</b>	Applicant's Initials: <input style="width: 50px; height: 20px;" type="text"/>	
<input type="checkbox"/> 5 Pay	<input type="checkbox"/> Semi-Annual		<input type="checkbox"/> Other	
<input type="checkbox"/> 7 Pay	<input type="checkbox"/> Monthly		6. Face/Benefit	
<input type="checkbox"/> 10 Pay			7. Premium Amount Collected	
8. Plan Type	HLM Series	<input type="checkbox"/> GIB Single Pay	Rider	Benefit Amount
	<input type="checkbox"/> Full Benefit		<input type="checkbox"/> Descendant Coverage	
	<input type="checkbox"/> Limited Benefit*			

\* Limited Benefit means the full benefit will not be paid until the policy is in force for a specified number of years (based on the payment plan).

**Make checks payable to Southland National Insurance Corporation only.  
Do not leave payee blank or make the check payable to the agent.**

**HEALTH INFORMATION**

All health questions must be completed by the Proposed Insured or, if appropriate, by the Applicant.

- By checking this box, I agree that if I do not qualify for the Full Benefit policy applied for, I will accept a Limited Benefit policy.
- By checking this box, I agree that if I do not qualify for the single pay policy applied for, I will accept a Guaranteed Issue Benefit (GIB) single pay policy.

9. (a) Has a medical professional ever suggested that you be, or are you currently, confined to a hospice program or have you ever been diagnosed as having an immune deficiency disorder, AIDS, AIDS Related Complex (ARC), tested positive for exposure to the AIDS virus or a terminal illness?  Yes  No
- (b) Are you currently bedridden or confined to a hospital, nursing home, or other such facility, or have you, within the past 12 months, been told by a medical professional that you should be confined but have chosen not to do so?  Yes  No
- (c) Within the last three (3) years, have you been diagnosed as having, been treated for or taken medication for any of the following (**Please circle all that apply**):
- |                |                     |                         |  |  |
|----------------|---------------------|-------------------------|--|--|
| Kidney disease | Heart disease       | Brain or Neural disease | Cancer (except nonmalignant skin cancer) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lung disease   | Alzheimer's disease | Muscular disease        | Insulin-dependent Diabetes               |  |
| Liver disease  | Stroke              | Alcohol or Drug Abuse   | Circulatory/Vascular disease             |  |

**AUTHORIZATION:** I authorize any medical practitioner or facility, institution or person that has any records or knowledge of me or my health to give Southland National Insurance Corporation records or information regarding my health. This authorization is limited to matters related to health information and will be used solely to evaluate my application and claims for benefits. This authorization is valid for (24) months from the date it is signed. I understand that I am, or a person acting on my behalf is, entitled to receive a copy of this authorization form.

10. Is the insurance being applied for intended to replace or change an existing life insurance or annuity policy?  Yes  No  
(If "Yes," state Company name and Policy No.)

I hereby represent that, to the best of my knowledge and belief, all statements and answers to questions in this application are complete and accurate. I understand that no insurance takes effect until a policy is issued by the Company and the first premium is paid; and the liability of the Company is only as specified in the insurance contract. I also acknowledge receipt of the **PRIVACY NOTICE** on the reverse side of this application. **"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison."**

Signature of Proposed Insured \_\_\_\_\_ Date: \_\_\_\_\_

Signed at City and State: \_\_\_\_\_

Signature of Applicant (if other than Proposed Insured) \_\_\_\_\_

**Agent's Statement:** Is the insurance applied for intended to replace or change an existing life insurance or annuity policy?  Yes  No  
(If "Yes," complete the requirements of state where this application is signed.)

I certify that the answers to the health questions were provided directly by the Proposed Insured or, if appropriate, by the Applicant.

Signature of Agent	Agent Number	Date	Agent's Name Printed
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Funeral Home	Funeral Home Code	Address	Telephone Number
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GEA-PN-0806AR Rev 0111

Original – Home Office    2<sup>nd</sup> Copy – Purchaser

**AR**

**AUTHORITY TO BANK - Please attach a voided check to this form.**

Name (Please Print)	Due Date	\$ Amount	Bank Account Number
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Until revoked by written notice, please charge my account with electronic drafts drawn by Southland National Insurance Corporation each month in the amount shown above each for installments due on an insurance policy signed by me with Southland National Insurance Corporation. I agree your rights in respect to each draft shall be the same as if it were a check drawn on you and signed personally by me. Your authority to charge such drafts to my account shall cease upon my delivery to you of written notice of revocation of this authority, and until you actually receive such notice I agree that you shall be fully protected in honoring such draft. I further agree that if any such draft be dishonored whether with or without cause and whether intentionally or inadvertently you shall be under no liability whatsoever even though such dishonor results in the forfeiture of my rights under the insurance policy.

To:	
Name of Bank - Branch Designation	
Address	
City, State, Zip Code	

**x** \_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

## PRIVACY NOTICE

Your privacy is important to Southland National Insurance Corporation (Southland National). This Privacy Notice is designed to inform you generally of the types of information we collect and under what circumstances that information is shared. Our policies and practices for obtaining and disclosing this information apply to both current and former customers. Please read this Privacy Notice carefully.

**Information we may collect:** In providing you with various products and services, Southland National may obtain information about you and/or your health. Much of the information we obtain comes directly from your application for products and services and your communications with us about those products and services. We may also obtain information from outside sources, including your independent sales agent, your employer, and health care providers. This information may include your medical history. As we provide you products and services and process your claims for benefits, we also collect information about your transactions with us, such as the type of insurance policy you have, the amount of coverage, the amount of your premium, and your premium payment history.

**What we do with the information we collect:** At Southland National, we restrict access to the information we have collected about you to those employees who need to know that information in order to provide products or services to you. We also maintain physical, electronic, and procedural safeguards to protect your information.

If we share the information we have collected about you, we do so only as permitted or required by law. For example,

- We may share transaction information (such as your premium payment history) and experience information (such as the type insurance policy you have) about you with our affiliates that offer products or services other than insurance. (Our affiliates include financial service providers, such as mortgage bankers and insurance agents, and non-financial companies such as retailers.)
- We may also share your information with companies with which we have contracted to provide services in connection with our products.
- We may also share your information in response to a valid court order.

**Southland National does not share your medical or health information except to process transactions or to provide services that you have requested or initiated and as permitted or required by law** (such as to businesses that provide investigation, underwriting, policyholder services, or claims administration for or on our behalf or in response to a valid court order).

**Southland National does NOT share any of your personal information with any non-affiliated party that would use your information to contact you concerning its own products or services.** Therefore, you do not need to direct us not to share your information for this purpose: this is to "opt out."

**Independent Sales Agents:** Information about you may be collected and retained by your independent sales agent. Your independent sales agent - not Southland National - is responsible for his or her use and protection of the information he or she collects. You should contact your independent agent if you have any questions regarding his or her use of your information.

**Right to Access to Information:** As described above, we may collect personal information about you from persons other than you and, in certain circumstances, we may disclose this information about you to third parties without your permission. You have a right to obtain access to any personal information about you that is in our files and, if this information is incorrect, to change or delete the incorrect information.

If you wish to obtain a more detailed description of our information practices, or if you wish to exercise your right of access and correction, you may send us a written request at the following address: Southland National Insurance Corporation, Attn: Compliance Manager, 1812 University Boulevard, Tuscaloosa, AL 35401.

If you have any questions or would like more information about Southland National's Privacy Policy, please call 1-800-277-8762 and ask for our Compliance Manager.