

SERFF Tracking Number: EWLE-127078704 State: Arkansas  
Filing Company: Leaders Life Insurance Company State Tracking Number: 48239  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life  
Project Name/Number: /

## Filing at a Glance

Company: Leaders Life Insurance Company

Product Name: Whole Life

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: EWLE-127078704 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num:

State Status: Approved-Closed

Author: Suzanne Heasley

Date Submitted: 03/14/2011

Reviewer(s): Linda Bird

Disposition Date: 03/24/2011

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Filing Status Changed: 03/24/2011

State Status Changed: 03/24/2011

Created By: Suzanne Heasley

Corresponding Filing Tracking Number:

Filing Description:

See attached submission letter

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Suzanne Heasley

## Company and Contact

### Filing Contact Information

Suzanne Heasley, Compliance

2325 Havard Oak Drive

Plano, TX 75074

sheasley@lewisellis.com

972-398-3733 [Phone]

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**Filing Company Information**

(This filing was made by a third party - lewisandellisincorporated3)

Leaders Life Insurance Company	CoCode: 74799	State of Domicile: Oklahoma
P O Box 35768	Group Code:	Company Type:
Tulsa, OK 74153	Group Name:	State ID Number:
(800) 725-5433 ext. [Phone]	FEIN Number: 73-1333608	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Leaders Life Insurance Company	\$100.00	03/14/2011	45546817

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/24/2011	03/24/2011

### 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	03/18/2011	03/18/2011	Suzanne Heasley	03/23/2011	03/23/2011

*SERFF Tracking Number:* EWLE-127078704      *State:* Arkansas  
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*Product Name:* Whole Life  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 03/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Submission letter		Yes
Supporting Document	Authorization		Yes
Supporting Document	Certification for Rule and Regulation 19 and 49		Yes
Supporting Document	Arkansas Complaint Notice		Yes
Form ( <i>revised</i> )	Whole Life Policy		Yes
Form	Whole Life Policy	Replaced	Yes
Form	Application		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/18/2011  
Submitted Date 03/18/2011  
Respond By Date 04/18/2011

Dear Suzanne Heasley,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

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 03/23/2011  
Submitted Date 03/23/2011

Dear Linda Bird,

### Comments:

Thank you for your assistance with this submission.

### Response 1

Comments: In compliance with 230-79-138, the Company uses form number LL-ARK-NOT approved by your office on October 10, 2008. I have attached a copy under the supporting documentation tab for your reference.

Regarding Regulation 49, I have attached a certification of compliance regarding such.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification for Rule and Regulation 19 and 49

Comment:

Satisfied -Name: Arkansas Complaint Notice

Comment:

#### Form Schedule Item Changes

*SERFF Tracking Number:* EWLE-127078704      *State:* Arkansas  
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Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Policy	LL-4 (030111)		Policy/Contract/Fraternal Certificate	Initial			LL-4 final rev.pdf
<b>Previous Version</b>							
Whole Life Policy	LL-4 (030111)		Policy/Contract/Fraternal Certificate	Initial			LL-4 final.pdf

No Rate/Rule Schedule items changed.

Also, please note that on the policy form, we have placed the right to return provision in bold face type.

Sincerely,  
Suzanne Heasley

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LL-4 (030111)	Policy/Cont Whole Life Policy ract/Fraternal Certificate	Initial			LL-4 final rev.pdf
	LL-4C (040110)	Application/ Application Enrollment Form	Initial			Whole Life Policy application.pdf



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P O Box 35768  
Tulsa, OK 74153  
1-800-725-5433

**Leaders Life Insurance Company** agrees to pay the proceeds of this Policy to the Beneficiary upon receipt at its Home Office of due proof of death of the Insured while this Policy is in force, subject to the provisions of this Policy.

**RIGHT TO EXAMINE WITHIN 20 DAYS**

**If for any reason this Policy is not satisfactory, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or to the Company, within 20 days after it is first received. Upon cancellation, any premium paid for this Policy will be returned.**

If we fail to refund any premium paid within 30 days from the date this Policy is voided, we will pay interest on such premiums at the same rate of interest as the average United States Treasury bill rate of the preceding Calendar Year as certified to the State Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus 2 percentage points which shall accrue from the date coverage is voided until the premiums are returned.

The Issue Date shall be used to determine policy months, years and anniversaries.

A handwritten signature in black ink, appearing to read "Russell J. Cingelli".

President

A handwritten signature in black ink, appearing to read "Cynthia A. Taylor".

Secretary

**WHOLE LIFE INSURANCE POLICY**

Amount of insurance payable at death of Insured  
Premiums payable as shown on Policy Schedule  
Non-Participating

**[Oklahoma residents only: WARNING:** Any person who knowingly, and with intent to injury, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

## INDEX TO POLICY PROVISIONS

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**POLICY SCHEDULE**

**INSURED:** [John Doe] **POLICY NUMBER:** [123456]  
**FACE AMOUNT:** [\$100,000] **ISSUE AGE:** [35]  
**ANNUAL PREMIUM:** [\$1,250.00] **ISSUE DATE:** [05/01/10]  
**Policy** [\$xx.xx] **PREMIUM CLASS:** [Standard Non-Smoker]  
**[Rider]** [\$xx.xx]

**PREMIUMS** – Payable for \_\_\_\_\_ Years  Annually  Semi-Annually  Quarterly  Monthly  Bank Draft

**BENEFICIARY** – Unless changed as herein provided, the Beneficiary shall be as designated in the application for this Policy.

**OWNER** – Unless changed as herein provided, the Owner shall be as designated in the application for this Policy.

**TABLE OF GUARANTEED POLICY VALUES**

End of Policy Year	Cash or Loan Value	Paid Up Life Insurance	Extended Term Insurance	
			Years	Days
1	[0.00]	[0.00]	[0]	[0]
2	[0.00]	[0.00]	[0]	[0]
3	[373.76]	[2,200]	[2]	[308]
4	[1,243.43]	[7,100]	[7]	[329]
5	[2,149.76]	[11,700]	[11]	[309]
6	[3,091.79]	[16,200]	[14]	[296]
7	[4,069.63]	[20,400]	[16]	[348]
8	[5,082.44]	[24,400]	[18]	[226]
9	[6,129.49]	[28,300]	[19]	[313]
10	[7,211.04]	[31,900]	[20]	[288]
11	[8,327.48]	[35,400]	[21]	[194]
12	[9,481.17]	[38,700]	[22]	[50]
13	[10,678.29]	[41,900]	[22]	[225]
14	[11,925.26]	[44,900]	[22]	[358]
15	[13,221.52]	[47,900]	[23]	[81]
16	[14,564.91]	[50,700]	[23]	[136]
17	[15,952.57]	[53,300]	[23]	[164]
18	[17,381.81]	[55,900]	[23]	[168]
19	[18,851.00]	[58,300]	[23]	[150]
20	[20,353.76]	[60,600]	[23]	[112]
Age 60	[28,404.97]	[70,400]	[22]	[45]
Age 65	[37,222.06]	[78,000]	[20]	[100]
Age 70	[46,586.21]	[83,800]	[18]	[16]

## GENERAL PROVISIONS

### THE CONTRACT

This Policy is a legal contract between the Owner and the Company. This Policy, including the attached application, is the entire contract. All statements made by or for the Insured shall, in the absence of fraud, be considered representations and not warranties. No statement will void this Policy or be used to defend against a claim unless it is contained in the application, and a copy of the application is attached to this Policy when issued.

### CHANGES IN THE CONTRACT

This contract cannot be changed or any of its terms or provisions waived or extended except by written agreement of the Company signed by an authorized Company officer and attached to this Policy. Only the President, a Vice-President, Secretary or an Assistant Secretary is so authorized.

### INCONTESTABILITY

The Company will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Policy Date, except for nonpayment of premiums.

This provision does not apply to any rider which provides benefits for disability or for accidental death.

### POLICY ANNIVERSARIES AND POLICY YEARS

Policy anniversaries and policy years shall be computed from the Policy Date.

### SUICIDE

If the Insured dies by suicide, while sane or insane, within two years of the Policy Date, neither the face amount nor insurance provided by any riders will be paid. The amount payable will be limited to the amount of the premiums paid.

### PREMIUM ADJUSTMENTS AT DEATH

That part of any paid premium which applies to a period beyond the policy month in which the Insured dies will be refunded. Refund will be made to the Beneficiary as part of the policy proceeds.

### CHANGE IN THE MODE OF PAYMENT

Premiums may be paid annually, semi-annually, quarterly, monthly or bank draft. The Owner may change the frequency of premium payments subject to Company rules. A change in the mode of payment will take effect when the Company accepts the payment.

If a change in mode is made, the due date of an annual premium must be on a policy anniversary. Due dates of premiums for shorter periods must be such that one of the payments will fall due on each policy anniversary.

### REINSTATEMENT

This Policy may be reinstated after lapse only on these conditions:

1. The request for reinstatement must be in writing within 5 years after the date of lapse;
2. The Insured must still be insurable based on the rules of the Company; and
3. All unpaid premiums must be paid, with interest of 6% per year compounded once a year on each unpaid premium from its due date to the date of reinstatement.

## OWNERSHIP PROVISIONS

### OWNERSHIP OF POLICY

The Owner of this Policy on the Policy Date is the Insured, unless another Owner is named in the application.

While the Insured is living, the Owner may exercise all rights granted by this Policy without the consent of the Insured or of any revocable Beneficiary or contingent Owner.

Any benefit due at the death of the Insured will be paid to the Beneficiary and not to the Owner, unless otherwise provided.

A contingent Owner may be named as long as the Owner is not the Insured. If the Insured becomes the Owner of this Policy, any prior designation of a contingent Owner shall be void.

### **MISSTATEMENT OF AGE OR SEX**

If the age or sex of the Insured has been misstated, the values and benefits will be corrected to the amounts which the premiums paid would have purchased for the correct age and sex.

## **PREMIUM PROVISIONS**

### **PAYMENT OF PREMIUMS**

To keep this Policy in force, each premium must be paid on or before its due date, or within the grace period. Premiums must be paid at the Home Office of the Company, or to an authorized agent. A receipt signed by an officer of the Company (i.e., President, Vice President, Secretary, Treasurer) shall be furnished upon payment.

The first premium is due on the Policy Date. Premiums after the first are due at the expiration of the period for which the preceding premium was paid.

Premiums are payable for the number of years shown on the Policy Schedule, but no premium will fall due after the death of the Insured. If a part of the premium for any attached rider ceases to be payable, the premium shall be reduced accordingly.

### **GRACE PERIOD**

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first. This Policy will remain in force during this grace period. If the Insured dies on the due date or during the grace period, the premium required for the policy month will be paid from the proceeds of this Policy.

## **POLICY VALUES**

### **CASH SURRENDER**

At any time during the life of the Insured, the Owner may surrender this Policy for its net cash value. The request for surrender must be made in writing to us on an acceptable form.

The net cash value as of any date is equal to:

1. The cash value of this Policy; less
2. Any indebtedness of this Policy.

The cash value of this Policy is described herein. Any payment of the net cash value can be deferred for a period not to exceed six months.

### **TABLE OF VALUES**

The Table of Guaranteed Policy Values:

1. Shows Policy values, consisting of cash value, reduced paid-up life insurance and extended term insurance;
2. Assumes all premiums are paid to the end of each policy year and that there is no indebtedness; and
3. Is for the sex and age of the Insured as provided us in the application at the Date of Issue.

Any value not shown in the Table of Guaranteed Policy Values will be furnished upon request.

### **LAPSE**

If this Policy lapses, the Owner may choose:

1. The choice of options 1, 2 and 3 below if this Policy is not rated in a Special Classification. If no selection is made, Option 3 will be effective.
2. Option 1 or 2 if this Policy is issued in a Special Classification. If no selection is made, Option 2 will be effective.

Option 1 Surrender	Surrender this Policy for the net cash value.
Option 2 Reduced Paid-Up Life	Continue this Policy as paid-up life insurance. The amount of insurance will be such as the cash value will purchase at net single premium rates at the Insured's then attained age. The insurance will be payable at the same time and under the same conditions as this Policy.
Option 3 Extended Term Insurance	Continue this Policy as extended term insurance. The amount of insurance will be the amount of insurance in force less any indebtedness. The term of the extended term insurance will begin on the date the unpaid premium was due.

When reduced paid-up or extended term insurance becomes effective, all benefit riders, if any, will terminate unless otherwise provided in the rider.

Reduced paid-up or extended term insurance may be surrendered for its net cash value.

The cash value of reduced paid-up or extended term insurance within 30 days after a policy anniversary will not be less than the present value of future guaranteed benefits on that anniversary.

The cash value for reduced paid-up or extended term insurance is equal to the net single premium for the insurance provided.

### **BASIS OF CALCULATIONS**

Non-forfeiture values are calculated in accordance with the Standard Non-Forfeiture Law minimum method, using the 2001 CSO, ALB, sex-distinct ultimate mortality tables, (smoker-distinct for adult issues, unismoker for juvenile issues), 5% interest, and semi-continuous functions.

Cash surrender values and the paid-up non-forfeiture benefits available under this Policy are not less than the minimum values and benefits required by or pursuant to the insurance law of the state in which this Policy is delivered.

Paid-up insurance is calculated as whole life insurance and rounded to the next highest dollar. Extended term insurance will be rounded to the next higher day.

A statement of the method of computing reserves has been filed with the insurance department of the state in which this Policy is delivered. The actuarial reserves are equal to or greater than those required by or pursuant to the insurance laws of the state in which this Policy is delivered.

### **BENEFIT PAYMENT OPTIONS**

The benefits can be paid in one lump sum or in any way, as agreed to by the Company and the Beneficiary.

Before the Insured dies, the Owner can choose how the benefits are to be paid. After the Insured dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

### **BENEFICIARY PROVISIONS**

#### **BENEFICIARY**

The Beneficiary will receive the policy proceeds when the Insured dies. The Beneficiary is as named in the application unless changed as provided in this Policy.

Unless otherwise shown:

1. All beneficiaries may be changed.
2. A primary takes all proceeds if living when the Insured.
3. A contingent takes all proceeds only if living when the Insured dies.
4. If no Beneficiary is living when the Insured dies, the proceeds will be paid to the then Owner of this Policy, if living; otherwise to said estate.
5. When more than one Beneficiary is to share the funds, proceeds will be paid in equal shares.

## **CHANGE OF BENEFICIARY**

While the Insured is living, a change of Beneficiary may be made by filing a written request in a form acceptable to the Company. Any irrevocable Beneficiary must consent to change.

A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

## **OTHER PROVISIONS**

### **ASSIGNMENT**

The Owner can assign this Policy. The Company is not responsible for the validity of any assignment.

No assignment will be binding on the Company unless it:

1. Is in writing; and
2. Has been filed at the Home Offices of the Company.

The Company is not responsible for any payment made before an assignment is filed.

If an assignment is absolute, it will not affect the interest of any Beneficiary. If an assignment is collateral, the assignee will have priority over any Beneficiary to the extent of the assignee's interest.

If the Owner dies while both the Insured and the contingent Owner are living, all rights, title and interest of the Owner shall vest in the contingent Owner, subject to the rights of any collateral assignee.

### **CHANGE OF OWNERSHIP**

The Owner may be changed, and as long as the Owner is not the Insured, any contingent Owner may be changed:

1. While this Policy is in force; and
2. While the Insured is living.

Change may be made by filing written notice in a form acceptable to the Company.

A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made or other action taken by the Company before the change was recorded. A change is also subject to the rights of any collateral assignee of record.

### **CONTROL OF POLICY**

The Owner shall be entitled to all rights granted to the Insured by this Policy, until the Insured is age 21, if:

1. The Insured is a minor; and
2. The application for this Policy is signed as Owner by someone other than the Insured.

If the Owner dies before the Insured reaches age 21, control of this Policy shall vest in the first of the following who is living and legally capable: the Insured's guardian, father, mother, or the oldest Beneficiary.

All policy rights shall vest in the Insured, when the Insured reaches age 21.

## **DEATH BENEFIT PROVISION**

The Death Benefit will be paid to the Beneficiary promptly and in no event later than two months after we receive satisfactory proof of the death of the Insured. The Death Benefit will be equal to:

1. The Face Amount; plus
2. Any additional insurance on the Insured's life provided by rider; plus
3. Any premium paid beyond the policy month in which death occurs; plus
4. Interest from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate required by state law; minus
5. Any premium due if death occurs during the grace period.

The Company will subtract from this Policy's proceeds payable on the life of the Insured, a portion of any Policy indebtedness outstanding.

## POLICY LOANS

### CASH LOANS

After this Policy has a cash value and while it is in force, except as extended term insurance, we will grant a loan against this Policy provided:

1. A written loan agreement is completed; and
2. This Policy is assigned to us.

This Policy will be the sole security for the loan. The amount of outstanding loans with interest may not exceed the Loan Value as of the date of the policy loan.

### LOAN VALUE

The Loan Value of this Policy will be:

1. The cash value of this Policy and the cash value of any rider attached, calculated as of the earlier of the next policy anniversary or next premium due date;  
Less:
  1. Any due and unpaid premium;
  2. Any existing indebtedness; and
  3. Any loan interest to the next policy anniversary.

We reserve the right to defer a loan for the period permitted by law, but not for more than 6 months. We will not defer a loan if it is to be applied to the payment of premiums on a policy issued by us.

### LOAN INTEREST

Interest will be charged in advance on a policy loan from the date of the loan at the interest rate established by us for policy loans.

Interest is payable annually on the policy anniversary date. Interest not paid when due will be added to the loan principal and will itself bear interest at the rate then in effect.

The maximum interest rate we may charge is 7.4% annual percentage rate.

We will notify the Owner of the loan interest rate:

1. At the time a loan is made, or, if it is an automatic premium loan, as soon as reasonably possible after the loan is made; or
2. When the loan interest rate is changed on existing loans. The change will be effective on the policy anniversary. Notice will be given in advance of the charge.

### LOAN REPAYMENT

All or part of the indebtedness may be repaid while this Policy is in force prior to the death of the Insured. If this Policy is in force under either the reduced paid-up or extended term insurance option, the amount of the loan which was deducted in determining such insurance may not be repaid unless this Policy is reinstated to a premium-paying basis.

Indebtedness is a first lien on this Policy. Whenever the indebtedness equals or exceeds the cash value, this Policy will terminate. Termination is effective 31 days after notice is mailed to the last known address of the Owner and any assignee of record.

### AUTOMATIC PREMIUM LOAN OPTION

Any premium not paid before the end of its grace period will be automatically paid by charging the premium as a policy loan against this Policy if:

1. The Automatic Premium Loan Option has been chosen in the application for this Policy or is elected in writing and filed at the Home Office while no premium is in default; and
2. The resulting policy loan and loan interest to the next policy anniversary do not exceed the loan value.

Interest at the policy loan rate will be charged on the automatic premium loan from the premium due date. Such automatic premium loan will be subject to the same terms and conditions as other policy loans.

The Automatic Premium Loan Option may be revoked at any time by written request from the Owner filed at the Home Office.



**WHOLE LIFE INSURANCE POLICY**

Amount of insurance payable at death of Insured  
Premiums payable as shown on Policy Schedule  
Non-Participating

P.O. BOX 35768  
TULSA, OKLAHOMA 74153-0287

[LOGO]

**Leaders Life Insurance Company**

P.O. Box 35768, Tulsa, OK 74153  
1 800-725-5433

[Application # \_\_\_\_\_]

**CONVERSION LIFE APPLICATION**

Proposed Insured _____					SS No. _____	
(Last)			(First)		(MI)	
Address _____					Home Phone # _____	
Street		City		State	Zip	
Date of Birth / /	Current Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name and Address of Employer	Work Phone #	Occupation and Job Title	
Owner _____					SS No. _____	
(If other than Proposed Insured) (Last)			(First)		(MI)	
Address _____					Home Phone # _____	
Street		City		State	Zip	
POLICY INFORMATION				Premium Amount	Home Office Use	
Whole Life Policy Face Amount: \$ (May not exceed death benefit amount under previous individual term policy)				Automatic Policy Loan <input type="checkbox"/> Yes <input type="checkbox"/> No		
[Optional Rider(s): (Only the riders that were added to the previous individual term policy may be elected.)]						
Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Bank Draft				<b>TOTAL PREMIUM</b>		
(First premium or Bank signed authorization & voided check must accompany this application.)						
Previous Individual Term Policy # and Name of Employer Sponsor				Proposed Effective Date: <b>TERMINATION DATE OF INDIVIDUAL TERM POLICY</b>		
Name of Primary Beneficiary and Relationship			Name of Contingent Beneficiary and Relationship			

**PROPOSED INSURED'S STATEMENTS AND ACKNOWLEDGMENTS:** I have read the answers and statements written in this application and represent that each and all of them to be true and complete to the best of knowledge and belief. In the absence of fraud, my answers in this application will be deemed representations and not warranties. I agree that a copy of this application will be attached to and form a part of any policy issued.

**NOTICE:** Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of a crime and may be subject to fines and imprisonment.

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

Applicable to KS residents: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of insurance fraud as determined by a court of law.

Applicable to OK residents: **WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Proposed Insured's Signature	Owner's Signature
Printed Name of Proposed Insured	Printed Name of Owner
Date	Date
# / /	# / /
Agent's Signature      Agent Number      Date	Agent's Signature      Agent Number      Date

**Request and Authority to Honor Preauthorized Payments drawn by and payable to Leaders Life Insurance Company**

Date \_\_\_\_\_ Checking Account Number \_\_\_\_\_

To: (Name and address of bank and branch, if any) \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge to my account electronic debits, check, or drafts, drawn on my account, payable to the order of the Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draw shall be the same as if it was a check drawn on you and signed personally by me. This authority is to remain in effect in honoring any such draw.

**I further agree that if any such draw be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even if such dishonor results in the forfeiture of insurance.**

Name of Depositor (as it appears on bank records – please print) \_\_\_\_\_ Signature (must be same as on file at bank) \_\_\_\_\_

**ATTACH COPY OF VOIDED CHECK HERE**

SERFF Tracking Number: EWLE-127078704 State: Arkansas  
 Filing Company: Leaders Life Insurance Company State Tracking Number: 48239  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Whole Life  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Readability certificate.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Application to be used is shown in the forms schedule		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Submission letter		
<b>Comments:</b>		
<b>Attachment:</b> Submission letter AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization		
<b>Comments:</b>		
<b>Attachment:</b> Lewis&Ellis for Leaders authorization.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification for Rule and Regulation 19 and 49		

SERFF Tracking Number: EWLE-127078704 State: Arkansas  
Filing Company: Leaders Life Insurance Company State Tracking Number: 48239  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life  
Project Name/Number: /

**Comments:**

**Attachment:**

Compliance certificate AR.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Arkansas Complaint Notice

**Comments:**

**Attachment:**

LL-ARK-NOT.pdf

## Readability Certification

Insurance Company: Leaders Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
LL-4 (030111)	Whole Life Policy	56.8
LL-4C (040110)	Application	56.8

I hereby certify that the above referenced form complies with the readability requirements of this State.



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Authorized Signature

Cynthia Taylor

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Name

Secretary

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Title

March 14, 2011

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Date

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
S. Scott Gibson, F.S.A.  
Cabe W. Chadick, F.S.A.  
Michael A. Mayberry, F.S.A.  
Steven D. Bryson, F.S.A.  
Gregory S. Wilson, F.C.A.S.  
David M. Dillon, F.S.A.  
Bonnie S. Albritton, F.S.A.  
Brian D. Rankin, F.S.A.  
Sarah A. Hoover, F.S.A.  
Wesley R. Campbell, F.S.A.  
Jacqueline B. Lee, F.S.A.  
Robert E. Gove, A.S.A.  
J. Finn Knox-Seith, A.S.A.  
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



**Kansas City**

Gary L. Rose, F.S.A.  
Terry M. Long, F.S.A.  
David L. Batchelder, A.S.A.  
Leon L. Langlitz, F.S.A.  
Gary R. McElwain, FLMI  
Christopher H. Davis, F.S.A.  
Thomas L. Handley, F.S.A.  
Anthony G. Proulx, F.S.A.  
Karen E. Elsom, F.S.A.  
Jill J. Humes, F.S.A.

**London / Kansas City**

Roger K. Annin, F.S.A.  
Timothy A. DeMars, F.S.A.  
Scott E. Morrow, F.S.A.

March 14, 2011

Arkansas Department of Insurance

RE: Leaders Life Insurance Company NAIC # 74799

LL-4 (030111) Whole Life Policy  
LL-4C (040110) Application

Dear Sir or Madam:

This filing is being submitted on behalf of Leaders Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

Form LL-4 (030111) is an individual whole life policy. Form LL-4C (040110) is the application.

The variability in the forms is in the schedule information which is personalized to the Insured to which the policy is issued and on the first page with respect to the fraud warning which is removed when this form is issued in states other than Oklahoma.

Similar forms were filed in the Company's home state on this date.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

A handwritten signature in cursive script that reads 'Suzanne Heasley'.

Suzanne Heasley, FLMI, CLU  
Legal Assistant and Compliance Specialist





LeadersLife  
INSURANCE COMPANY

November 11, 2010

Re: Filing Authorization  
Lewis & Ellis, Inc.  
P.O. Box 851851  
Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representatives of L&E to submit state filings of insurance forms/rates/products on behalf of Leaders Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Leaders Life Insurance Company.

Russell E. Angell, CPA FLMI

## Compliance Certification

Insurance Company: Leaders Life Insurance Company

**Form Number**

LL-4 (030111)

LL-4C (040110)

**Description of Form**

Whole Life Policy

Application

I hereby certify that in connection with the above referenced forms, Leaders Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;  
Rule & Regulation 49 pertaining to Guaranty Association Notices



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Authorized Signature

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Cynthia Taylor

Name

---

Secretary

Title

---

March 14, 2011

Date

**Leaders Life Insurance Company**  
**1350 South Boulder, Suite 900, Tulsa, OK 74153**  
**P.O. Box 35768 Tulsa, OK 74153**  
**1-800-725-5433**

**IMPORTANT INFORMATION**

If You have questions about Your Policy or a claim You have filed, please contact Your insurance company or Your agent:

**Leaders Life Insurance Company**  
**1350 South Boulder, Suite 900, Tulsa, OK 74153**  
**P.O. Box 35768 Tulsa, OK 74153**  
**1-800-725-5433**

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If We at Leaders Life Insurance Company fail to provide You with reasonable and adequate service, You should feel free to contact the Arkansas Department of Insurance at:

**Arkansas Department of Insurance**  
Consumer Services Division  
1200 West Third Street  
Little Rock, AR 72201-1904  
Telephone: (501) 371-2640