

SERFF Tracking Number: FRCS-127011094 State: Arkansas  
Filing Company: Southland National Insurance Corporation State Tracking Number: 47845  
Company Tracking Number: 5437  
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
Product Name: Updated Pre-Need Increasing Benefit Contract - Filing  
Project Name/Number: SOUTHLAND-NAT/62/62

## Filing at a Glance

Company: Southland National Insurance Corporation

Product Name: Updated Pre-Need Increasing SERFF Tr Num: FRCS-127011094 State: Arkansas

Benefit Contract - Filing

TOI: L07G Group Life - Whole

SERFF Status: Closed-Approved- State Tr Num: 47845  
Closed

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

Co Tr Num: 5437

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Exselsa Cartwright

Disposition Date: 03/14/2011

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

Project Number: 62

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: 03/14/2011

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 forms for approval in your state.

Our fee of \$150.00 has been sent by EFT on this same date.

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The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

These forms are 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 providing life insurance coverage. The group master policy will be issued to providers of funeral services (funeral homes). Certificates will be issued to persons to enter into pre-arranged funeral agreements with the group master policyholder.

Certificate G2011 GLC 0111AR-GIB NP is a group certificate providing life insurance coverage payable at death of the insured while insured. The death benefit is graded during the premium paying period. The death benefit may be increased at the discretion of the Company's Board of Directors. At the policyowner's option, the policy may be issued on any premium paying period of one to ten years.

Enrollment Application GEA-PN-0806AR Rev 0111 will be used to apply for the certificate under the master policy submitted in this filing. This enrollment application may also be used with group certificates issued under the form HLM Grp Master 0106AR approved by your Department on 8/17/2006, your file/SERFF # USPH-6RTL96430. The Group Master application SN-HLMG-MSTAPP0206AR rev. 0307 which was approved on 5/9/2007 under SERFF # STHL-125163926 will be used in conjunction with the Group Master policy.

These are new forms 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  
exselsa.cartwright@firstconsulting.com  
800-927-2730 [Phone] 2757 [Ext]  
816-391-2755 [FAX]

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Kansas City, MO 64105

**Filing Company Information**

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

Southland National Insurance Corporation	CoCode: 79057	State of Domicile: Alabama
1812 University Boulevard	Group Code: 421	Company Type:
Tuscaloosa, AL 35401	Group Name: Collateral Holdings Group	State ID Number:
(205) 343-1214 ext. [Phone]	FEIN Number: 63-0572745	

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation: The fee in your state is \$50 per form X 3 forms = \$150  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southland National Insurance Corporation	\$150.00	01/31/2011	44248085

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 Project Name/Number: SOUTHLAND-NAT/62/62

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/14/2011	03/14/2011
Approved-Closed	Linda Bird	02/18/2011	02/18/2011
Approved-Closed	Linda Bird	02/02/2011	02/02/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Enrollment Application for Group Life Insurance	Exselsa Cartwright	03/11/2011	03/14/2011
Form	Certificate of Coverage for Group Life Insurance	Exselsa Cartwright	02/08/2011	02/08/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to reopen	Note To Filer	Linda Bird	03/11/2011	03/11/2011
Request to Reopen	Note To Reviewer	Exselsa Cartwright	03/08/2011	03/08/2011
request for information	Note To Reviewer	Judy Sykes	02/16/2011	02/16/2011

SERFF Tracking Number: FRCS-127011094 State: Arkansas  
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Life - Funeral Expense  
Product Name: Updated Pre-Need Increasing Benefit Contract - Filing  
Project Name/Number: SOUTHLAND-NAT/62/62

Request to reopen	Note To Filer	Linda Bird	02/07/2011 02/07/2011
Request to Reopen	Note To Reviewer	Exselsa Cartwright	02/04/2011 02/04/2011

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Life - Funeral Expense  
  
*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

## **Disposition**

Disposition Date: 03/14/2011

Implementation Date:

Status: Approved-Closed

Comment: The Company has revised Section 8 of page 1 to allow a fill-in blank so that the applicant can indicate the premium paying period for the GIB series.

Rate data does NOT apply to filing.

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 Project Name/Number: SOUTHLAND-NAT/62/62

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Group Master Policy for Whole Life Insurance		Yes
Form (revised)	Certificate of Coverage for Group Life Insurance		Yes
Form	Certificate of Coverage for Group Life Insurance	Replaced	Yes
Form (revised)	Enrollment Application for Group Life Insurance		Yes
Form	Enrollment Application for Group Life Insurance	Replaced	Yes

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*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

## **Disposition**

Disposition Date: 02/18/2011

Implementation Date:

Status: Approved-Closed

Comment: Company has corrected error on Certificate Data page 3 of the form G2011 GLC 0111AR-GIB NP on the original filing.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Group Master Policy for Whole Life Insurance		Yes
Form (revised)	Certificate of Coverage for Group Life Insurance		Yes
Form	Certificate of Coverage for Group Life Insurance	Replaced	Yes
Form (revised)	Enrollment Application for Group Life Insurance		Yes
Form	Enrollment Application for Group Life Insurance	Replaced	Yes

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Life - Funeral Expense  
  
*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

## **Disposition**

Disposition Date: 02/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-127011094 State: Arkansas  
 Filing Company: Southland National Insurance Corporation State Tracking Number: 47845  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Group Master Policy for Whole Life Insurance		Yes
Form (revised)	Certificate of Coverage for Group Life Insurance		Yes
Form	Certificate of Coverage for Group Life Insurance	Replaced	Yes
Form (revised)	Enrollment Application for Group Life Insurance		Yes
Form	Enrollment Application for Group Life Insurance	Replaced	Yes

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 Product Name: Updated Pre-Need Increasing Benefit Contract - Filing  
 Project Name/Number: SOUTHLAND-NAT/62/62

**Amendment Letter**

Submitted Date: 03/14/2011

**Comments:**

Subsequent to your approval of enrollment application, form GEA-PN-0806AR Rev 0111, the Company noticed an error on the form. As it was filed and approved, it only allows for a GIB Single Pay option. However, the GIB series allows for more than just the single pay. The certificate also approved in the same filing allows the policyowner to elect a premium paying period of one to ten years.

The Company revised Section 8 of page 1 to allow a fill-in blank so that the applicant can indicated the premium paying period for the GIB series.

Southland National Insurance Corporation certifies that no versions of the previously approved enrollment form GEA-PN-0806AR Rev 0111 have been used. Therefore, they would like to substitute the application attached here for the previously approved application and keep the same form number.

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

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GEA-PN-0806AR Rev 0111	Application/Enrollment Form	Application for Group Life Insurance	Initial				50.200	GEA-PN-0806AR Rev 0111 Rev.pdf

*SERFF Tracking Number:* FRCS-127011094      *State:* Arkansas  
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Life - Funeral Expense  
  
*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

**Note To Filer**

**Created By:**

Linda Bird on 03/11/2011 08:04 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

03/11/2011 08:04 AM

**Subject:**

Request to reopen

**Comments:**

Filing has been re-opened in order for correction to be made.

*SERFF Tracking Number:* FRCS-127011094      *State:* Arkansas  
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*Company Tracking Number:* 5437  
*TOI:* L07G Group Life - Whole      *Sub-TOI:* L07G.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
  
*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

**Note To Reviewer**

**Created By:**

Exselsa Cartwright on 03/08/2011 11:30 AM

**Last Edited By:**

Exselsa Cartwright

**Submitted On:**

03/08/2011 11:44 AM

**Subject:**

Request to Reopen

**Comments:**

Subsequent to your approval of the enrollment application, form GEA-PN-0806AR Rev 0111, the Company noticed an error on the form. As it was filed and approved, it only allows for a GIB Single Pay option. However, the GIB series allows for more than just the single pay. The certificate also approved in the same filing allows the policyowner to elect a premium paying period of one to ten years. The Company certifies that no versions of this application have been used. Therefore, could you please reopen the filing so that we can replace the incorrect version?

If you have any questions or need additional information, please feel free to contact us.

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*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

**Note To Reviewer**

**Created By:**

Judy Sykes on 02/16/2011 09:35 AM

**Last Edited By:**

Judy Sykes

**Submitted On:**

02/16/2011 09:35 AM

**Subject:**

request for information

**Comments:**

Thank you for reopening this filing. Have you had an opportunity to review? Please advise when we may expect a response. Thank you.

SERFF Tracking Number: FRCS-127011094 State: Arkansas  
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 TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
 Product Name: Updated Pre-Need Increasing Benefit Contract - Filing  
 Project Name/Number: SOUTHLAND-NAT/62/62

**Amendment Letter**

Submitted Date: 02/08/2011

**Comments:**

Subsequent to the filing, the Company noticed an error on Certificate Data page 3 of the form G2011 GLC 0111AR-GIB NP. Three fields were inadvertently deleted in our revisions for your state, and these are restored in the replacing page. These three fields are Certificate Number, Insured Person, and Effective Date. We ask that this revised certificate replace the previously approved certificate.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
G2011 GLC 0111AR-GIB NP	Certificate	Certificate of Initial Coverage for Group Life Insurance					52.900	G2011 GLC 0111AR-GIB NP Rev 2-3-11.pdf

*SERFF Tracking Number:* FRCS-127011094      *State:* Arkansas  
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Life - Funeral Expense  
  
*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

**Note To Filer**

**Created By:**

Linda Bird on 02/07/2011 01:02 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

02/07/2011 01:02 PM

**Subject:**

Request to reopen

**Comments:**

Filing has been reopened in order for the company to make correction.

*SERFF Tracking Number:* FRCS-127011094      *State:* Arkansas  
*Filing Company:* Southland National Insurance Corporation      *State Tracking Number:* 47845  
*Company Tracking Number:* 5437  
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Life - Funeral Expense  
  
*Product Name:* Updated Pre-Need Increasing Benefit Contract - Filing  
*Project Name/Number:* SOUTHLAND-NAT/62/62

**Note To Reviewer**

**Created By:**

Exselsa Cartwright on 02/04/2011 10:27 AM

**Last Edited By:**

Exselsa Cartwright

**Submitted On:**

02/04/2011 11:07 AM

**Subject:**

Request to Reopen

**Comments:**

Subsequent to the filing, the Company noticed an error on Certificate Data page 3 of the form G2011 GLC 0111AR-GIB NP. Could you please reopen the filing so that we can replace the incorrect version?

If you have any questions or need additional information, please feel free to contact us.

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## Form Schedule

Lead Form Number: G2011 Grp Master 0111AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	G2011 Grp Master 0111AR	Policy/Contract Certificate	Group Master Policy for Whole Life Insurance	Initial		53.500	G2011 Grp Master 0111AR.pdf
	G2011 GLC 0111AR-GIB NP	Certificate	Certificate of Coverage for Group Life Insurance	Initial		52.900	G2011 GLC 0111AR-GIB NP Rev 2-3-11.pdf
	GEA-PN-0806AR Rev 0111	Application/Enrollment Form	Application for Group Life Insurance	Initial		50.200	GEA-PN-0806AR Rev 0111 Rev.pdf

# **SOUTHLAND NATIONAL INSURANCE CORPORATION**

## **A LEGAL RESERVE STOCK COMPANY**

### **GROUP MASTER INSURANCE POLICY**

This is a contract of insurance between Southland National Insurance Corporation and the Group Policyholder shown in the Policy Specifications. Southland National Insurance Corporation agrees to pay the proceeds of this Policy, subject to its provisions, terms and conditions.

#### **TERM OF POLICY**

The term of this Policy shall begin on the Policy Date. You or we may terminate this Policy by providing written notice to the other party. Written notice must be given at least thirty (30) days prior to the date of termination. The notice must be sent to us at our Home Office or to you at the most recent address on file. All certificates under this Policy that were in force immediately prior to the date of termination will continue in force subject to the provisions of this Policy as of the date of termination.

#### **POLICYHOLDER SERVICE**

For service regarding this Policy, please write or call: Policyholder Service Department \* Southland National Insurance Corporation \* P. O. Box 1520 \* Tuscaloosa, Alabama 35403-9967 \* Telephone (205) 345-7410.

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



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President

#### **Group Master Policy for Whole Life Insurance**

Death Benefits Payable as Shown in the Certificate  
Premiums Payable during the Lifetime of the Insured for the Number  
of Years Shown in the Certificate

#### **NON-PARTICIPATING**

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## **POLICY SPECIFICATIONS**

**POLICY NUMBER:** [G-07-00010]

**POLICY DATE:** [December 10, 2010]

**GROUP POLICYHOLDER:** [Jones Funeral Home]

**ELIGIBLE PERSONS:** Members of the [Jones Funeral Home] Group

For any eligible person who becomes an Insured Person under this Policy, their death benefit and guaranteed values will be determined by the plan selected and will be limited to the amounts described in the certificate.

## SCHEDULE OF INSURANCE

**POLICY NUMBER:** [G-07-00010]

**GROUP POLICYHOLDER:** [Jones Funeral Home]

**PREMIUM:** The premium will be determined by the plan and benefits selected and will be limited to the amounts following for the appropriate plan.

**INSURANCE BENEFITS:**

Maximum Certificate Amount: \$ [25,000.00]

Minimum Certificate Amount: \$ [500.00]

**OTHER INSURANCE BENEFITS:**

[Descendant's Insurance Benefit]

## DEFINITIONS

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

**YOU, YOUR and YOURS** means the Group Policyholder. The name of the Group Policyholder is shown in the Policy Specifications on page three (3) of the Policy.

**CERTIFICATE HOLDER** means the owner of a certificate of coverage. The Certificate Holder 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.

**ELIGIBLE PERSON(S)** means the person or persons defined as eligible in the Policy Specifications on page three (3) of the Group Master Policy.

**BENEFICIARY** means the person or organization named to receive the proceeds of a 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 a certificate before the death of the Insured Person.

**WRITTEN REQUEST** means a request signed by you or the Certificate Holder 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.

**POLICY DATE.** The Policy Date is the date coverage under this Policy becomes effective and the date from which policy anniversaries are determined. The Policy Date is shown in the Policy Specifications on page three (3) of this Policy.

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

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

**IN FORCE** means the time during which an Insured Person's life is covered and all premiums due on a 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 this Group Master Policy and the certificate, upon receipt of due proof of death of the Insured Person.

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

**ACCIDENTAL DEATH** means death of an Insured Person that:

- results directly and solely from accidental bodily injury;
- occurs within 90 days following the injury.

Accidental Death does not mean death that is caused or contributed by:

- intentional self-inflicted injury, while sane or insane;
- committing or attempting to commit an assault or felony;
- participation in an insurrection or war, whether declared or undeclared;
- the voluntary use of any drugs, medications or sedatives, unless taken or administered as prescribed by a licensed physician;
- any poison, gas or fumes, voluntarily taken, absorbed or inhaled;
- any bodily or mental disease of any kind, or physical or mental infirmity, or medical or surgical treatment therefore;
- the Insured Person's personal use of alcohol that is above legal intoxication limits as defined by applicable state law;
- travel in any aircraft while serving as a pilot or member of the crew of such aircraft.

**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.** For each certificate issued, 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 Group Master Policy and the group application, the applications of eligible persons, each Insured Person's certificate, and any endorsements or riders attached to them. A copy of any application of the Group Policy Holder shall be attached to the Group Master Policy. All statements made either by You, 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 Group Master Policy or any 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 Group Master Policy or any certificate.

**GROUP INSURANCE INFORMATION.** You shall provide us with any information, which may reasonably relate to persons insured under this Group Master Policy. We retain the right to inspect, at any reasonable time, your records which affect this insurance.

**INSURED PERSON CERTIFICATES.** For each Insured Person, we will issue a certificate showing the essential features of the insurance and to whom benefits are payable.

**ASSIGNMENT OF CERTIFICATES.** You may request that certain certificates under this Group Master Policy 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 for such certificates.

**TAX QUALIFICATION AS LIFE INSURANCE.** This Master Policy is intended to qualify as a life insurance contract for federal tax purposes, and the death benefit under this Master Policy is intended to qualify for the federal income tax exclusion. To achieve these purposes, the provisions of this Master 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 Master 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 Master 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 an Insured Person, whether sane or insane, commits suicide within two (2) years from the Effective Date, we will refund all premiums paid for that Insured Person's certificate less any indebtedness. No further benefits will be payable under that certificate.

**INCONTESTABILITY.** We will not contest insurance under any 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 such person and no further benefits will be payable under that person's certificate.

**BENEFICIARY.** Any benefits payable due to an Insured Person's death will be paid to the Insured Person's Beneficiary subject to any assignment or designation made by the Certificate Holder. The Beneficiary is shown in the enrollment application, unless a written change has been filed by the Certificate Holder 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 payable to us at our Home Office as shown in each Insured Person's certificate beginning on its Effective Date.

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

The coverage will automatically terminate thirty (30) days after notice to the Certificate Holder of the termination of eligibility for coverage under the Group Master Policy. During that period, the Certificate Holder may request conversion of the coverage as provided in the section below entitled Conversion Option.

**CONVERSION OPTION.** Conversion of any 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 the certificate should cease for any reason except the failure to pay premiums or surrender of the certificate, we will issue an individual policy on the life of the Insured Person. The following conditions apply:

- No evidence of insurability will apply;
- The Certificate Holder 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;
- The Certificate Holder 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 face 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 the Certificate Holder is entitled to exercise this Conversion Option, we will pay the amount of group coverage to which the Beneficiary is entitled, whether or not the Certificate Holder has made 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 the certificate.

**NON-PARTICIPATING.** This Policy is non-participating. It does not pay dividends.

## **OWNERSHIP AND BENEFICIARY PROVISIONS**

**OWNERSHIP.** The Group Policy Holder of this Policy is shown in the Policy Specifications on page three (3) of this policy. The Certificate Holder is shown in the Certification Information on page three (3) of the certificate. A Certificate Holder may change the owner of the 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.

A Certificate Holder may exercise any other rights or elect any option in the certificate.

Any of a Certificate Holder's rights as owner may be limited by the rights of an assignee.

The rights and options of a Certificate Holder are described in the certificate.

**BENEFICIARY.** The Beneficiary is named in the Insured Person's enrollment application. The Certificate Holder may change the Beneficiary during the lifetime of the Insured Person. This must be by written request. Any change is effective as of the date the Certificate Holder 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 the Certificate Holder, 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 a 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 on page three (3) of the certificate. 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 the Certificate Holder's request. The premium payments of any new frequency will be calculated using the premium rates in effect at the time the certificate was issued.

**CERTIFICATE GRACE PERIOD.** For each certificate, we will allow a grace period of thirty-one (31) days after its due date for payment of any premium after the first. The 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 a certificate is not paid by the end of the grace period, the 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 a 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, the Certificate Holder must provide:

1. a written request to reinstate the 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 the certificate;
4. payment of all past due premiums on the 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.** A Certificate Holder may ask for a loan. The certificate is assigned to us while there is an outstanding 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 the certificate. We will mail notice to the address last known to us of both the Certificate Holder 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 of each 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.** The Certificate Holder may repay the loan in full or in part at any time prior to:

- the maturity of the certificate or death of the Insured Person; or
- the 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 the Certificate Holder has 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.

A Certificate Holder may write us at any time and cancel the election of this option.

## GUARANTEED VALUE OPTIONS

A Certificate Holder may, by written request to us, choose one of the following options if:

- the 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.** A Certificate Holder may, by written request to us, choose to surrender the 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 selected by a Certificate Holder, a 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 the Certificate Holder does not request one of these options within the ninety (90) day period, we will automatically continue the certificate as reduced paid-up insurance.

**SURRENDER OF REDUCED PAID-UP INSURANCE.** A Certificate Holder 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 the Certificate Holder surrenders the 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 each certificate are shown in the Table of Guaranteed Values of each certificate, 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 of each certificate.

## SETTLEMENT OPTIONS

The whole or any part of any proceeds payable under the certificate, instead of being paid in one sum, may be settled under any one or more of the following options, or in any other manner that may be mutually agreed upon by us and the Certificate Holder, subject to the following terms and conditions:

**Option 1. Installments for a Limited Number of Years:** The proceeds of the certificate may be paid in equal monthly installments for a specified number of years in accordance with the Option 1 Table shown below.

**Option 2. Installments of a Specified Amount:** The proceeds of the certificate may be paid in equal installments of a specified amount until the original amount with interest on the unpaid balance at such rate as we may declare, but in no event less than 3% compounded annually, shall have been paid. The amount of the specified installments shall not be less than \$60 per year for each \$1,000 of original amount retained by us.

**Option 3. Monthly Payments for Life:** The proceeds of the certificate may be paid in equal monthly installments, the amount of each installment to be determined in accordance with Option 3 Table shown below for a guaranteed period of 10, 15, or 20 years, or until the total amount paid equals the proceeds applied under this option (installment refund), and thereafter during the lifetime of the payee.

**Option 4. Interest Option:** The proceeds of the certificate may be left with us for a specified period of time not to exceed thirty (30) years. Interest on the proceeds will either be accumulated at the rate of 3% compounded annually or paid at the rate per \$1,000 of proceeds of \$30 annually, \$14.89 semi-annually, \$7.42 quarterly, or \$2.47 monthly, as specified in the election. At the death of the payee or at the end of the specified period the unpaid proceeds may be paid in a lump sum or in accordance with Settlement Option 1, 2, or 3. A privilege of making withdrawals from the amount held us under this option may be provided for in the election of this option. Such privilege shall, in addition to the other provisions and limitations herein provided, be subject to the following limitations: (a) no withdrawal shall be less than \$500; (b) no partial withdrawal shall be made which will reduce the sum remaining on deposit to less than \$1,000; and (c) any withdrawal may, at our discretion, be deferred for a period not to exceed six (6) months after application for such withdrawal is received by us at our Home Office.

**Additional Interest.** Guaranteed payments are subject to increase by such amounts, if any, as may be apportioned thereto by us at our sole discretion.

**Election of Options.** During the lifetime of the Insured Person, the Certificate Holder may elect or change any option subject to the provisions of the certificate. After the death of the Insured Person, if no option is in effect, the Beneficiary entitled to the proceeds may, within sixty (60) days, elect to receive the proceeds under this option, and may indicate a person or persons to receive any balance remaining unpaid under such option at the death of such Beneficiary.

**Payments.** The first installment under Options 1, 2, and 3 shall be made immediately upon approval of claim for settlement, and subsequent installment payments shall be made periodically in accordance with the manner of payment selected.

**Availability of Options.** Options shall be available only with our consent if the proposed payee be other than a natural person taking in his or her own right.

If the certificate is assigned, we shall have the right to pay the assignee in one sum the amount to which the assignee is entitled and the balance of the proceeds, if any, shall be applied subject to these provisions, in accordance with the option selected.

These settlement options will not be available if the amount applied under any one option is less than \$2,000 or is insufficient to yield a periodic installment or interest payment of at least \$20 to each payee.

**Evidence that Payee is Alive.** Prior to making any payment hereunder, we may request satisfactory evidence that the payee is alive, and in case request is made for such proof, said payment shall not be made or deemed due until such evidence shall have been received at our Home Office.

**Beneficiary.** Unless otherwise specified in the election request, any surviving successively designated Beneficiary, in the order specified, shall, upon the death of the first Beneficiary (whether death occurs before or after the death of the Insured) succeed to all interest of the first Beneficiary including any unpaid benefits due or to become due, except that under Option 3 such interest shall be limited to the installments certain, if any, then remaining unpaid.

**Withdrawal.** An election to have the proceeds of the certificate paid under Option 1 or 2 may reserve to a payee the right to receive at any time the then-commuted value of the payments remaining to such payee during the guaranteed period selected, at 3% interest compounded annually.

**Payments after Death of the Last Payee.** On the death of the last survivor of the designated payees then receiving payments under a settlement option, we will pay the executors, administrators, or assigns of such last payee:

- Under Option 1 and 3, the commuted value as of the date of death, at 3% compounded annually, of the payments for the remainder of the guaranteed period.
- Under Options 2 and 4, the portion of any proceeds remaining unpaid with accrued interest, if any.

**Certificate of Payment.** When the proceeds of the certificate become payable, it must be surrendered and we will thereupon deliver to each Beneficiary a certificate showing the rights and benefits of such Beneficiary under the options selected.

**Deferment.** We reserve the right to defer any withdrawal under Options 1, 2, and 4 for the period permitted by law, but not to exceed six (6) months after application therefore is received at our Home Office.

## TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE INSTALLMENTS FOR A LIMITED NUMBER OF YEARS							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	84.47	11	8.86	21	5.32	31	4.10
2	42.86	12	8.24	22	5.15	32	4.02
3	28.99	13	7.71	23	4.99	33	3.95
4	22.06	14	7.26	24	4.84	34	3.88
5	17.91	15	6.87	25	4.71	35	3.82
6	15.14	16	6.53	26	4.59	36	3.76
7	13.16	17	6.23	27	4.47	37	3.70
8	11.68	18	5.96	28	4.37	38	3.65
9	10.53	19	5.73	29	4.27	39	3.60
10	9.61	20	5.51	30	4.18	40	3.55

OPTION 3 TABLE INSTALLMENTS FOR LIFE WITH GUARANTEED MINIMUM PERIOD									
AGE OF PAYEE	GUARANTEED PERIOD				AGE OF PAYEE	GUARANTEED PERIOD			
	5 Years	10 Years	15 Years	20 Years		5 Years	10 Years	15 Years	20 Years
20	2.95	2.95	2.94	2.94	55	4.30	4.27	4.21	4.13
21	2.96	2.96	2.96	2.96	56	4.38	4.34	4.28	4.19
22	2.98	2.98	2.98	2.97	57	4.46	4.43	4.36	4.26
23	3.00	3.00	3.00	2.99	58	4.56	4.51	4.44	4.32
24	3.02	3.02	3.01	3.01	59	4.65	4.61	4.52	4.39
25	3.04	3.04	3.03	3.03	60	4.76	4.70	4.60	4.45
26	3.06	3.06	3.05	3.05	61	4.87	4.80	4.69	4.52
27	3.08	3.08	3.07	3.07	62	4.99	4.91	4.78	4.59
28	3.10	3.10	3.10	3.09	63	5.11	5.03	4.88	4.66
29	3.12	3.12	3.12	3.11	64	5.24	5.15	4.97	4.73
30	3.15	3.14	3.14	3.14	65	5.38	5.27	5.07	4.79
31	3.17	3.17	3.17	3.16	66	5.53	5.40	5.17	4.86
32	3.20	3.19	3.19	3.18	67	5.69	5.54	5.28	4.93
33	3.22	3.22	3.22	3.21	68	5.86	5.68	5.38	4.99
34	3.25	3.25	3.25	3.24	69	6.04	5.83	5.49	5.05
35	3.28	3.28	3.27	3.27	70	6.24	5.99	5.60	5.11
36	3.31	3.31	3.30	3.30	71	6.44	6.15	5.70	5.16
37	3.35	3.34	3.34	3.33	72	6.66	6.32	5.81	5.21
38	3.38	3.38	3.37	3.36	73	6.89	6.50	5.91	5.26
39	3.42	3.41	3.40	3.39	74	7.14	6.68	6.01	5.30
40	3.45	3.45	3.44	3.43	75	7.40	6.86	6.11	5.33
41	3.49	3.49	3.48	3.46	76	7.67	7.05	6.20	5.37
42	3.54	3.53	3.52	3.50	77	7.97	7.23	6.29	5.39
43	3.58	3.57	3.56	3.54	78	8.28	7.42	6.37	5.42
44	3.62	3.62	3.60	3.58	79	8.60	7.61	6.44	5.44
45	3.67	3.66	3.65	3.62	80	8.95	7.79	6.51	5.45
46	3.72	3.71	3.69	3.66	81	9.31	7.97	6.56	5.47
47	3.77	3.76	3.74	3.71	82	9.68	8.15	6.62	5.48
48	3.83	3.81	3.79	3.75	83	10.07	8.31	6.66	5.49
49	3.89	3.87	3.84	3.80	84	10.47	8.47	6.70	5.50
50	3.95	3.93	3.90	3.85	85	10.88	8.61	6.74	5.50
51	4.01	3.99	3.96	3.91	86	11.30	8.75	6.77	5.50
52	4.07	4.05	4.02	3.96	87	11.72	8.87	6.79	5.51
53	4.14	4.12	4.08	4.02	88	12.14	8.98	6.81	5.51
54	4.22	4.19	4.14	4.07	89	12.56	9.08	6.83	5.51
					90	12.97	9.17	6.84	5.51

**Group Master Policy for Whole Life Insurance**

**Death Benefits Payable as Shown in the Certificate  
Premiums Payable during the Lifetime of the Insured for the Number  
of Years Shown in the Certificate**

**NON-PARTICIPATING**



# **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  
Premiums Payable during the Lifetime of the Insured for the Number  
of Years Shown in the Certificate

#### **NON-PARTICIPATING**

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**CERTIFICATE INFORMATION**

	<b>MONTHLY PAYMENTS</b>	<b>ANNUAL PREMIUM</b>	<b>NUMBER YEARS PAYABLE</b>
<b>Certificate</b>	[\$137.50]	[\$1,650.00]	[3]
<b>[Descendant Insurance Benefit]</b>	[\$1.25]	[\$15.00]	[3]
<b>Total</b>	[\$138.75]	[\$1,665.00]	

**See Page 3A**

**DEATH BENEFIT:**

**[Descendant Insurance Benefit Amount:** \$2,500.00]

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

**EFFECTIVE DATE:** [December 10, 2010]

**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

**AGE AT ISSUE:** [65]      **SEX:** [MALE]

**CLASSIFICATION:** STANDARD

## DEATH BENEFITS

[Death Benefit First 35 Months For Death Not an Accidental Death

Certificate Month	Death Benefit	Certificate Month	Death Benefit	Certificate Month	Death Benefit
1	\$138.89	13	1,805.56	25	3,472.22
2	277.78	14	1,944.44	26	3,611.11
3	416.67	15	2,083.33	27	3,750.00
4	555.56	16	2,222.22	28	3,888.89
5	694.44	17	2,361.11	29	4,027.78
6	833.33	18	2,500.00	30	4,166.67
7	972.22	19	2,638.89	31	4,305.56
8	1,111.11	20	2,777.78	32	4,444.44
9	1,250.00	21	2,916.67	33	4,583.33
10	1,388.89	22	3,055.56	34	4,722.22
11	1,527.78	23	3,194.44	35	4,861.11
12	1,666.67	24	3,333.33		

Certificate Months 36+ or Accidental Death all Certificate Years \$5,000.00]

**TABLE OF GUARANTEED VALUES**

CERTIFICATE NUMBER: [SPECIMEN]

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 DEATH BENEFITS SHOWN ON PAGE 3. VALUES FOR ALL YEARS NOT SHOWN IN THIS TABLE WILL BE FURNISHED UPON REQUEST.

END OF POLICY YEAR	GUARANTEED CASH VALUE	PAID UP LIFE INSURANCE
1	[753.25	935.00
2	1807.55	3210.00
3	2892.00	PAID-UP]
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

MORTALITY RATES

INTEREST RATES

GUARANTEED VALUES  
VALUATION (RESERVES)

1980 CSO  
1980 CSO

[5.0%]  
[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.

**ACCIDENTAL DEATH** means death of an Insured Person that:

- results directly and solely from accidental bodily injury;
- occurs within 90 days following the injury.

Accidental Death does not mean death that is caused or contributed by:

- intentional self-inflicted injury, while sane or insane;
- committing or attempting to commit an assault or felony;
- participation in an insurrection or war, whether declared or undeclared;
- the voluntary use of any drugs, medications or sedatives, unless taken or administered as prescribed by a licensed physician;
- any poison, gas or fumes, voluntarily taken, absorbed or inhaled;
- any bodily or mental disease of any kind, or physical or mental infirmity, or medical or surgical treatment therefore;

- the Insured Person's personal use of alcohol that is above legal intoxication limits as defined by applicable state law;
- travel in any aircraft while serving as a pilot or member of the crew of such aircraft.

**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.

**CERTIFICATE ANNIVERSARY** occurs once each year on the same month and day as the Issue Date.

**MONTHAVERSARY** occurs once each month on the same day as the Certificate Anniversary. If that day does not occur in any month, the Monthaversary will occur on the next prior day. If you pay premium on a monthly basis, the Death Benefit will increase on each Monthaversary.

## **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, 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 Person'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 death benefit 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.

## **DEATH BENEFITS**

**DEATH BENEFITS.** The proceeds payable at the death of the Insured Person will be:

- the Death Benefit shown in the Certificate Information less
- the loan balance as of the date of death.

The premiums received at the home office for any period beyond the policy month of death will be paid in addition to the death proceeds.

The death proceeds will also be adjusted due to any of the following:

- a successful contest of this Policy in accordance with the Incontestability section;
- misstatement as explained in the Misstatement section; and
- death during the grace period as explained in the Grace Period section.

If the Insured dies by suicide, the amount of the death proceeds may be determined in accordance with the Suicide section.

**Note Regarding Accidental Death Benefit:** If the Death Benefit becomes payable as a result of an Accidental Death, the Death Benefit is limited to the amount shown on the Certificate Information for Accidental Death. The Accidental Death Benefit is payable in lieu of any other benefit amount shown in the Certificate Information.

**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 payments 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 four (4) 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 four (4), 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 four (4).

**Certificate of Coverage for Group Life Insurance**

**Death Benefits Payable as Shown in the Certificate  
Premiums Payable during the Lifetime of the Insured for the Number  
of Years Shown in the Certificate**

**NON-PARTICIPATING**



**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>	<input type="checkbox"/> Other _____ Applicant's Initials: <input type="text"/>	
<input type="checkbox"/> 5 Pay	<input type="checkbox"/> Semi-Annual		6. Face/Benefit	
<input type="checkbox"/> 7 Pay	<input type="checkbox"/> Monthly		7. Premium Amount Collected	
<input type="checkbox"/> 10 Pay				
8. Plan Type	HLM Series	<input type="checkbox"/> GIB*	Rider	Benefit Amount
	<input type="checkbox"/> Full Benefit	Premium period for GIB in whole year increments <input type="text"/>	<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: \_\_\_\_\_

Signature of Applicant (if other than Proposed Insured) \_\_\_\_\_ Signed at City and State: \_\_\_\_\_

**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 \_\_\_\_\_

Funeral Home \_\_\_\_\_ Funeral Home Code \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
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
---------------------	----------	-----------	---------------------

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	✕ _____ Customer Signature  _____ Address  _____ Date Signed
Address	
City, State, Zip Code	

## 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.

SERFF Tracking Number: FRCS-127011094 State: Arkansas  
 Filing Company: Southland National Insurance Corporation State Tracking Number: 47845  
 Company Tracking Number: 5437  
 TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
 Product Name: Updated Pre-Need Increasing Benefit Contract - Filing  
 Project Name/Number: SOUTHLAND-NAT/62/62

## 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 NP.pdf</p> <p>AR COC-GIB NP.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 is attached to the Form Schedule in this filing, will be used to apply for the certificate under the master policy submitted in this filing.</p> <p>The Group Master application SN-HLMG-MSTAPP0206AR rev. 0307 which was approved on 5/9/2007 under SERFF # STHL-125163926 will be used in conjunction with the Group Master policy.</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 Grp Master 0111AR	53.5
G2011 GLC 0111AR-GIB NP	52.9
GEA-PN-0806AR Rev 0111	50.2



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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):** Group Master Policy for Whole Life Insurance, Certificate of Coverage for Group Life Insurance, Enrollment Application for Group Life Insurance  
**Form Number(s):** G2011 Grp Master 0111AR, G2011 GLC 0111AR-GIB NP, GEA-PN-0806AR Rev 0111

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

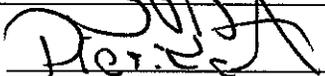
To: The Insurance Commissioner

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  
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