

SERFF Tracking Number: NGLI-127077992 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 48387
Company Tracking Number: 2665-CSLIC
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2665-CSLIC
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2665-CSLIC

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NGLI-127077992 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48387

Co Tr Num: 2665-CSLIC

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 04/06/2011

Date Submitted: 04/01/2011 Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/19/2009

Domicile Status Comments: Reinstatement app
was approved by Kentucky the domicile state of
Citizens Security Life Insurance.

Questionnaires are pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/06/2011

State Status Changed: 04/06/2011

Deemer Date:

Submitted By: Kim Bolinder

Filing Description:

April 1, 2011

Created By: Kim Bolinder

Corresponding Filing Tracking Number:

Arkansas Department of Insurance

VIA SERFF

Re: Citizens Security Life Insurance Company

NAIC # 61921 FEIN# 61-0648389

SERFF Tracking Number: NGLI-127077992 State: Arkansas
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Individual Life Reinstatement Application Form#: 2665-CSLIC 08/09
Questionnaires: 2651-CSL 03/11; 2657-CSL 03/11; 2661-CSL 03/11; 2664-CSL 03/11;
2698-CSL 03/11

Dear Commissioner/Director:

On behalf of Citizens Security Life Insurance Company, National Guardian Life Insurance Company is filing the above captioned forms for your approval. All forms are new and will not replace any existing forms.

The referenced application form will be used to reinstate individual life insurance policies. This application will be used, on a general use basis, for existing policyholders to reinstate their policy.

The various questionnaires are used in the underwriting process to request additional information concerning an applicant. These forms will be used with previously approved life policies.

If you have any questions or comments, please call me at (608) 443-5335. We thank you in advance for your immediate attention.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No
Fee Explanation: 6 forms @ \$50 = \$300

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$300.00	04/01/2011	46179425

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/06/2011	04/06/2011

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Disposition

Disposition Date: 04/06/2011

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	Third Party Authorization		Yes
Form	APPLICATION FOR REINSTATEMENT		Yes
Form	TOBACCO USE QUESTIONNAIRE		Yes
Form	ALCOHOL QUESTIONNAIRE		Yes
Form	DRUG USAGE QUESTIONNAIRE		Yes
Form	SPORT, AMUSEMENT OR AVOCATION QUESTIONNAIRE		Yes
Form	MILITARY QUESTIONNAIRE		Yes

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Form Schedule

Lead Form Number: 2665-CSLIC 08/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2665-CSLIC 08/09	Application/ Enrollment Form	APPLICATION FOR REINSTATEMENT	Initial		43.300	2665-CSLIC 08-09 (Rev 3-11).pdf
	2651-CSL 03/11	Other	TOBACCO USE QUESTIONNAIRE	Initial		77.500	2651-CSL 03-11.pdf
	2657-CSL 03/11	Other	ALCOHOL QUESTIONNAIRE	Initial		57.200	2657-CSL 03-11.pdf
	2661-CSL 03/11	Other	DRUG USAGE QUESTIONNAIRE	Initial		77.300	2661-CSL 03-11.pdf
	2664-CSL 03/11	Other	SPORT, AMUSEMENT OR AVOCATION QUESTIONNAIRE	Initial		64.500	2664-CSL 03-11.pdf
	2698-CSL 03/11	Other	MILITARY QUESTIONNAIRE	Initial		64.000	2698-CSL 03-11.pdf

Citizens Security Life Insurance Company APPLICATION FOR REINSTATEMENT

Insured's Name		Date of Birth
Owner's Mailing Address		Policy Number
Occupation and Duties of the Insured	Amount Paid with this Application \$	Premium Due Date
Social Security Number	Home Phone Number	Work Phone Number

1. Has any insured been hospitalized, confined to a nursing home or skilled care facility, or had any surgical treatment by a licensed physician or practitioner in the past 3 years? Yes No
2. In the past 5 years has any insured been treated or advised to have treatment by a licensed physician or medical practitioner for any of the following:

Heart Disease or defect	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Obstructive Pulmonary Disease or Emphysema or other disorder of the lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcoholism or Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis or other disorders of the Liver	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Disease or Suicide Attempt	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dementia or Alzheimer's	<input type="checkbox"/> Yes <input type="checkbox"/> No	Autoimmune Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke or TIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Renal Failure of other disorder of the kidney	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aneurysm	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Nervous System Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Within the past 12 months has any insured used tobacco in any form? Yes No
4. Provide the following for each insured:

Primary Insured: _____ Height: _____ Weight: _____ Occupation: _____
 Other Insured; if any: _____ Height: _____ Weight: _____ Occupation: _____

Fully explain all "Yes" Answers & indicate Insured Name:

Will the insurance applied for replace or change any insurance or annuity now or recently in force? Yes No
 If "Yes", complete required replacement form(s).

I have read the above questions and understand that the policy will be reinstated based on this application. I realize that any false statement or misrepresentation therein may result in loss of coverage under that policy, subject to the incontestability provision and legal proceedings. To the best of my knowledge, the answers are true and complete. I understand and agree that no insurance applied for will become effective until accepted by the company.

I agree that a reinstatement resulting from this application shall be contestable as to the statements made in it for a period of two years from the date of reinstatement.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or reinsuring company to release to Citizens Security Life Insurance Company, or any person or entity acting on its behalf, any personal health information that is on file and relates to my mental or health condition or use of alcohol and drugs for the purpose of determining eligibility for reinstatement. I agree that Citizens Security Life Insurance Company may release such information to its reinsurers, other insurance companies or MIB, Inc. formerly known as the Medical Information Bureau. This authorization shall remain valid for use by Citizens Security Life Insurance Company until 24 months from the date below. Any electronic reproduction of this authorization will be as valid as the original. I understand that upon request myself or my authorized representative are entitled to a copy of this authorization. I also agree that I have received and read the Notice To Applicant and Notice of Disclosure of Information required by the Fair Credit Reporting Act and MIB, Inc.

I acknowledge I have read the appropriate fraud statement on the back of this form.

Dated _____ 20 _____

Signature of Insured

Witness

Signature of OWNER, if other than insured

2665-CSLIC 08/09

Signature of Optional Insured, if applicable

Notice to Applicant

Your recent application is being processed as quickly as possible. As part of our routine procedure, Citizens Security Life Insurance Company may require or its reinsurers, at our expense, an investigative consumer report which would include information as to your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. This information is obtained through personal interviews with your friends, neighbors and other associates.

Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. Thank you for considering us in this matter.

**CITIZENS SECURITY LIFE INSURANCE COMPANY
 ADMINISTRATIVE OFFICE: NATIONAL GUARDIAN LIFE INSURANCE COMPANY
 P. O. BOX 1191
 MADISON, WISCONSIN 53701-1191**

See notice on back.

For residents of AL, CT, DE, IN, MI, MO, NC, SC and WV: “Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.”

For residents of Arizona: “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

For residents of AR, DC and LA: “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.”

For residents of California: “For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

For residents of Florida: “Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.”

For residents of GA, TX: “Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.”

For residents of Kentucky: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

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

For residents of New Jersey: “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

For residents of New Mexico: “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 criminal penalties.”

For residents of Ohio: “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

For residents of Oklahoma: “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.”

For residents of Pennsylvania: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

For residents of Tennessee: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

For residents of Virginia: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.”

Notice of Disclosure of Information

Information regarding your insurability will be treated as confidential. Citizens Security Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB Inc., formerly known as Medical Information Bureau, a non-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY users call 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Citizens Security Life Insurance Company or its reinsurer(s) may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

CITIZENS SECURITY LIFE INSURANCE COMPANY

Tobacco Use Questionnaire

Administrative Office • National Guardian Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
Phone 800.548.2962 • Fax 608.443.5071 • www.nglic.com

Name _____ Date of Birth _____

Policy Number _____

This supplementary questionnaire must be completed by the applicant in his or her own handwriting.

1. If you currently use tobacco, what form of tobacco are you using (i.e., cigarettes, cigars, pipe, smokeless tobacco, the patch?) _____

2. If you have not used any tobacco or nicotine replacement product (including gum or patch) for at least one year, please state in your own handwriting the approximate date since you last used any tobacco or nicotine product.

3. If you ever used a tobacco or nicotine product and quit.
a. How often was your use? _____
b. What was the amount used per day? _____
c. Did you discontinue based on doctors orders? Yes No

If yes, please explain completely: _____

I understand that this declaration will be relied upon by the Company in determining whether I qualify for the premium rate and plan of insurance applied for.

I acknowledge that I have read the appropriate fraud statement on the back of this form.

Signed at _____, on _____, year _____

Witness

Insured/Proposed Insured

Owner

For residents of: AK, AL, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MS, MT, NC, ND, NV, SC, SD, UT, WI, WV and WY: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud. "

For residents of: GA, KS, NE, OR, TX and VT: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud. "

For residents of AR, DC, LA, MA and RI: "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."

For residents of Arizona: "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

For residents of California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies."

For residents of Florida: "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

For residents of Kentucky: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

For residents of Maine: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

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

For residents of New Hampshire: "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud."

For residents of New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

For residents of New Mexico: "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 criminal penalties."

For residents of Ohio: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

For residents of Oklahoma: "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"

For residents of Pennsylvania: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

For residents of Tennessee: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

For residents of VA and WA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits."

For residents of: AK, AL, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MS, MT, NC, ND, NV, SC, SD, UT, WI, WV and WY: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud. "

For residents of: GA, KS, NE, OR, TX and VT: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud. "

For residents of AR, DC, LA, MA and RI: "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."

For residents of Arizona: "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

For residents of California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

For residents of New Hampshire: "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud."

For residents of New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

For residents of New Mexico: "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 criminal penalties."

For residents of Ohio: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

For residents of Oklahoma: "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"

For residents of Pennsylvania: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

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CITIZENS SECURITY LIFE INSURANCE COMPANY

Drug Usage Questionnaire

Administrative Office • National Guardian Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
Phone 800.548.2962 • Fax 608.443.5071 • www.nglic.com

Name _____ Date of Birth _____

Height _____ Weight _____ Policy Number _____

1. Have you ever been treated for drug abuse? Yes No
Dates (from) _____ (to) _____
Location _____
2. Have you ever been arrested for drug use or sale of drugs?
 Yes, please give details _____
 No
3. Have you ever been diagnosed, treated or counseled by a medical professional for drug abuse?
 Yes, please give details _____
 No
4. What drugs are you currently using?
 Stimulants
Cocaine
Preludin
Ritalin and Amphetamines (such as Dexedrine)
 Hallucinogens
LSD
Ecstasy (XTC)
PCP
Marijuana
 Sedatives and Depressants
Barbiturates
Tranquilizers
 Narcotics
Codeine Dilaudid
Vicodin Morphine
Percodan Opium
Heroin Paregoric
Talwin
5. Have you ever had or been made aware of any of the following? (Check all that apply)
 Elevated liver enzymes
 Driving under the influence charge
 Blackouts
 Medical complications related to drug usage (heart, etc.)
6. Do you have any other major health problems (example: cancer, etc.)?
 Yes, please give details _____
 No
7. In the past 10 years have you been convicted of operating a motor vehicle while impaired or under the influence of drugs?
 Yes, please give details _____
 No

The above statements are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them. I acknowledge I have read the appropriate fraud statement on the back of this form.

Date

Signature of Proposed Insured

Witness

For residents of: AK, AL, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MS, MT, NC, ND, NV, SC, SD, UT, WI, WV and WY: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud. "

For residents of: GA, KS, NE, OR, TX and VT: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud. "

For residents of AR, DC, LA, MA and RI: "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."

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For residents of New Hampshire: "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud."

For residents of New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

For residents of New Mexico: "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 criminal penalties."

For residents of Ohio: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

For residents of Oklahoma: "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"

For residents of Pennsylvania: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

For residents of Tennessee: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

For residents of VA and WA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits."

CITIZENS SECURITY LIFE INSURANCE COMPANY

Sport, Amusement or Avocation Questionnaire

Administrative Office • National Guardian Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
 Phone 800.548.2962 • Fax 608.443.5071 • www.nglic.com

Name _____ Date of Birth _____

Height _____ Weight _____ Policy Number _____

1. Please identify the activities you engage in:

<input type="checkbox"/> Auto Racing	<input type="checkbox"/> Ballooning	<input type="checkbox"/> Parachuting	<input type="checkbox"/> Snowmobile Racing
<input type="checkbox"/> Boat Racing	<input type="checkbox"/> Hang Gliding	<input type="checkbox"/> Professional Athletics	<input type="checkbox"/> Other _____
<input type="checkbox"/> Boxing	<input type="checkbox"/> Motorcycle Racing	<input type="checkbox"/> Scuba or Skin Diving	
2. What national clubs or associations are you affiliated with in connection with this activity? _____
3. List any special licenses, professional or amateur titles you hold in connection with this activity _____
4. Do you participate for monetary gain or profit?

<input type="checkbox"/> Yes, please give details _____	Earnings last 12 months \$ _____
<input type="checkbox"/> No	
5. In what geographical locations do you normally participate in this sport or avocation? (i.e., type track or body of water, etc.) _____
6. Do you or have you ever participated in any experimental forms of this sport or avocation?

<input type="checkbox"/> Yes, please give details _____
<input type="checkbox"/> No
7. How long have you been participating in this sport or avocation? _____
8. Frequency of participation: 1-2 years ago _____ Past 12 months _____ Next 12 months _____
9. What is the greatest height-depth-speed you have attained? _____
10. How many times have you attained this height-depth-speed? Total _____ Last 12 months _____
11. What is the average height-depth-speed? _____
12. What is the average length of time you spend in each instance of participation in this activity? _____
13. The following to be answered by those participating in motor sports:

a. Type of motor sport? _____	e. What HP? _____
b. Make & model of vehicle? _____	f. Engine displacement? _____
c. Is it modified? _____	g. Type of fuel? _____
d. Class? _____	h. Estimated top speed? _____
14. The following to be answered by those participating in scuba and other diving activities:

a. What equipment do you use? _____
b. Do you own this equipment? _____
c. Do you dive alone? _____
15. Would you prefer policy to be issued with:

<input type="checkbox"/> extra premium, if necessary or	<input type="checkbox"/> exclusion rider, if possible?
---	--

The above statements are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them. I acknowledge I have read the appropriate fraud statement on the back of this form.

_____ Date

_____ Signature of Proposed Insured

_____ Witness

For residents of: AK, AL, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MS, MT, NC, ND, NV, SC, SD, UT, WI, WV and WY: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud. "

For residents of: GA, KS, NE, OR, TX and VT: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud. "

For residents of AR, DC, LA, MA and RI: "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."

For residents of Arizona: "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

For residents of California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies."

For residents of Florida: "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

For residents of Kentucky: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

For residents of Maine: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

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

For residents of New Hampshire: "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud."

For residents of New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

For residents of New Mexico: "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 criminal penalties."

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CITIZENS SECURITY LIFE INSURANCE COMPANY

Military Questionnaire

Administrative Office • National Guardian Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
Phone 800.548.2962 • Fax 608.443.5071 • www.nglic.com

To be completed by Applicants on Active Duty, National Guard, Reserves, ROTC, etc.

SECTION A

1. Name of Proposed Insured _____ Date of Birth _____
2. Permanent Home Address _____
3. Are you on active status?
 Yes
 No If "No", give details (ROTC, Reserves, etc.) _____
4. Branch of Service:
Organization/Unit Assigned to: _____
Pay Grade/Rank: _____
Occupation and Duties: _____
5. Where Presently Stationed: _____
6. Are you on alert or under orders for overseas duty? Yes No
7. Is overseas duty assignment probable within the next 12 months: Yes No If "Yes", where?

SECTION B - To be completed by Military Personnel with Aviation Activities

8. Are you or do you intend to become a pilot? Yes No
9. Are you or do you intend becoming a flight crewmember? Yes No
10. Designation _____
11. Duties _____
12. Type/Designation of Aircraft Flown _____
13. Total Number of Solo Hours _____
14. Date of Last Flight _____
15. Total Hours Flown Last 12 Months _____
16. Flying Hours Anticipated During Next 12 Months _____
17. Are future flights expected to be in hazardous duty zones? Yes No

I hereby represent, to the best of my knowledge and belief that all of the above statements are complete and true, and I agree that they will become part of the application and become part of any contract of life insurance issued on the basis of such application, I acknowledge I have read the appropriate fraud statement on the back of this form.

_____ Date

_____ Signature of Proposed Insured

_____ Witness

For residents of: AK, AL, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MS, MT, NC, ND, NV, SC, SD, UT, WI, WV and WY: "Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud. "

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For residents of New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

For residents of New Mexico: "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 criminal penalties."

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SERFF Tracking Number: NGLI-127077992 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 48387
Company Tracking Number: 2665-CSLIC
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2665-CSLIC
Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR - COR 2665 CSLIC.pdf

AR - Required Cert-Life 2665 CSLIC.pdf

Item Status: **Status**
Date:

Satisfied - Item: Third Party Authorization

Comments:

Attachment:

CSL-NGL Autho to File 2-Cornett.pdf

CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
2665-CSLIC 08/09	43.3
2651-CSL 03/11	77.5
2657-CSL 03/11	57.2
2661-CSL 03/11	77.3
2664-CSL 03/11	64.5
2698-CSL 03/11	64.0



Signature

April 1, 2011

Date

Mark C. Neidinger

Associate General Counsel and Company Officer



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

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

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

March 14, 2011

Signature

Date

Mark Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



March 1, 2011

To Whom It May Concern

Re: National Guardian Life Insurance Company
Policy Form Filing Authorization

Citizens Security Life Insurance Company hereby authorizes National Guardian Life Insurance Company to file the enclosed reinstatement application and related forms for approval with state insurance departments and to otherwise represent its interest in connection with this filing.

Sincerely,

A handwritten signature in black ink that reads "John Cornett". The signature is fluid and cursive, with a large initial "J" and a stylized "C".

John Cornett
President & COO
Citizens Security Life Insurance Company