

SERFF Tracking Number: PLIG-127071691 State: Arkansas
 Filing Company: Plateau Insurance Company State Tracking Number: 48469
 Company Tracking Number:
 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
 Product Name: Single Premium Credit Life & Disability
 Project Name/Number: Single Premium Credit Life & Disability/

Filing at a Glance

Company: Plateau Insurance Company

Product Name: Single Premium Credit Life & Disability SERFF Tr Num: PLIG-127071691 State: Arkansas

TOI: CR04G Group Credit - Life SERFF Status: Closed-Approved-Closed State Tr Num: 48469

Sub-TOI: CR04G.003 Single Premium Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Author: Deedy Adams Disposition Date: 04/15/2011

Date Submitted: 04/12/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Single Premium Credit Life & Disability

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/28/1995

Domicile Status Comments: A similar product was approved in Tennessee on 9/28/1995 and was updated and approved on 11/9/2005.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Other

Explanation for Other Group Market Type:

Creditor

Overall Rate Impact:

Filing Status Changed: 04/15/2011

State Status Changed: 04/15/2011

Deemer Date:

Created By: Deedy Adams

Submitted By: Deedy Adams

Corresponding Filing Tracking Number:

Filing Description:

The attached filing is for a group single premium credit life and credit disability product.

These products will be used primarily in the finance company, credit union and retail market to cover consumer loans with optional credit life and or credit disability.

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This is a new filing for our company and does not replace any previous filings.

A detailed description of the filing is included as a Letter of Request under Informational Documents. The rates being submitted are prima facie rates approved by the State of Arkansas.

If you should need additional information or have questions regarding this filing, please give me a call at 800-752-8328 or email at dadams@plateaugroup.com.

Thank you for your time and consideration.

Deedy Adams

Company and Contact

Filing Contact Information

Deedy Adams, dadams@plateaugroup.com
 The Plateau Group, Inc. 800-752-8328 [Phone]
 P. O. Box 7001 931-484-0692 [FAX]
 Crossville, TN 38557

Filing Company Information

Plateau Insurance Company CoCode: 97152 State of Domicile: Tennessee
 P. O. Box 7001 Group Code: 629 Company Type: Life
 Crossville, TN 38557 Group Name: Plateau Group Inc. State ID Number:
 (931) 484-8411 ext. [Phone] FEIN Number: 62-1216897

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation: 5 forms @ \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Plateau Insurance Company	\$250.00	04/12/2011	46491924

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/15/2011	04/15/2011

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Disposition

Disposition Date: 04/15/2011

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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Request Letter		Yes
Supporting Document	Gen Info Summary Page		Yes
Supporting Document	Guaranty Association Notice		Yes
Supporting Document	Certificate Schedule with Stamp		Yes
Form	Policy of Group Insurance Coverage		Yes
Form	Group Policy Application		Yes
Form	Certificate of Insurance		Yes
Form	Schedule of Insurance Application		Yes
Form	Schedule of Insurance Application		Yes
	Alernate		
Rate	Credit Life-Disability Rates		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CLD-MP-4-2011-AR	Policy/Cont	Policy of Group ract/Fratern Insurance Coverage al Certificate	Initial		44.800	Group Policy.pdf
	CLD-MP-A-4-2011-AR	Application/	Group Policy Enrollment Application Form	Initial		44.800	Group Policy App.pdf
	CLD-C-4-2011-AR	Certificate	Certificate of Insurance	Initial		46.200	Certificate of Insurance.pdf
	CLD-A-4-2011-AR	Application/	Schedule of Enrollment Insurance Application Form	Initial		48.000	Schedule of Insurance-App.pdf
	CLD-A-HQ-4-2011 AR	Application/	Schedule of Enrollment Insurance Application Form Aternate	Initial		56.300	Schedule of Insurance-App Alt.pdf

PLATEAU INSURANCE COMPANY
P. O. BOX 7001
CROSSVILLE, TN 38557-7001 (931)484-8411

[Creditor Name, City, Arkansas]
[Herein called "Creditor" or "Group Policyholder"]

For this Policy, and payment of the premium for each applicable coverage, agrees subject to the provisions and limits stated in this Policy and in each certificate of insurance ("Certificate") issued by the Creditor hereunder to pay benefits provided by the kind or kinds of insurance coverage evidenced by the Certificate and authorized by the Company from among the following:

- 1) Gross Decreasing Life Insurance
- 2) Level Life Insurance
- 3) Net Decreasing Life
- 4) Disability Insurance (Available for First Insured Debtor Only)

The Company grants authority to the Creditor to issue the kinds of insurance indicated on the attached Group Policy Application.

The provisions on the following pages are a part of this Policy.

PLATEAU INSURANCE COMPANY has signed this policy to take effect as of the Effective Date.

In Witness Whereof, the Company has caused this Policy to be executed and attested, but this Policy shall not be valid unless countersigned by a duly authorized agent of the Company, where required by law.


SECRETARY


PRESIDENT

DEFINITIONS

"Actively Employed" (Applicable to Disability Insurance Only) means the Debtor is actively at work at a full time gainful occupation on the Effective Date of Insurance. "Full Time" means during a regular work week of not less than thirty (30) hours for a period of not less than [thirty (30)] consecutive days immediately prior to the Effective Date of Insurance. You shall be deemed to be actively at work if absent due solely to regular day off, holiday, or paid vacation.

"Balloon Amount" means the scheduled final payment of the Loan when such final payment is larger than the Scheduled Monthly Payment. This amount may include any residual value in a lease contract. The residual value is insurable only if the lessee is obligated to purchase the leased property at the end of the lease term. If the lessee has the option of purchasing the property or returning it, the residual value is not a Loan and cannot be insured.

"Creditor" means the lender of money or vendor or lessor of goods, services or property, for which payment is arranged through a credit transaction.

"Debt" means the amount owed to the Creditor to which You and any Co-Debtor agree as of the Effective Date.

"Debtor" means a natural person (i.e., business entities, corporations, partnerships, associations, etc. are not eligible for this insurance) and includes borrowers of money, purchasers or lessees of goods, services or property for which payment is arranged through a credit transaction.

"Injury" means bodily injury caused by or resulting from an accident.

"Insured Debtor" means the first signer of the loan and will be referred to as "Insured Debtor," "Debtor," or "You."

"Insured Co-Debtor" means the second signer of the loan and will be referred to as "Insured Co-Debtor," "Co-Debtor," or "Debtor". The term "Insured Co-Debtor" means only a spouse, business partner, co-maker, guarantor or an endorser and such person must be jointly and severally liable for repayment of a single indebtedness and must be a joint signer of the instrument of indebtedness.

"Loan" means the loan obligation to the Creditor to which the Debtor and any Co-Debtor agree as of the Effective Date.

"Policy" means the written statement of a contract effecting insurance, or Certificates thereof, and including all riders, endorsements and papers attached thereto and made part thereof.

"Premium Charge" means the premium charge stated in the Certificate Schedule for each selected insurance coverage and computed by use of premium rates provided by the Company.

"Schedule" means the Application/Schedule attached to the Certificate, and each reference and heading used in the Schedule carries the same meaning throughout the Certificate as well as this Policy.

"Sickness" means an illness or disease.

"Term of Insurance" means the time period so identified in the Certificate Schedule and starts on the Effective Date.

CREDITOR'S POLICY OF GROUP INSURANCE COVERAGE
CREDIT LIFE – CREDIT DISABILITY
Single Premium
Non-Participating

"Total Disability" or "Totally Disabled" means Disability which begins while the coverage is in force and results from Sickness or Injury. During the first 12 consecutive months of Total Disability, the Debtor must be unable to perform the regular duties of the occupation the Debtor was engaged in at the time of loss. After the first 12 consecutive months of Total Disability, the definition changes and requires that the Debtor be unable to perform the regular duties of any occupation for which the Debtor is reasonably qualified by education, training or experience. The Debtor must be under the regular care and attendance of a licensed physician other than himself or a member of the Debtor's immediate family.

DELIVERY OF CERTIFICATES

The Company will furnish the Creditor with certificate of insurance forms to evidence one or more kinds of insurance coverage under this Policy. The Creditor shall deliver to each Debtor a Certificate to evidence the kind or kinds of insurance coverage for which the Debtor has applied, is eligible, and paid the premium charges.

The Creditor is not authorized to issue any Certificate for any insurance coverage which: 1) exceeds any limitations stated; 2) the applicant, as known to the Creditor, is not eligible; 3) the Premium Charges have not been paid; or 4) no application by the Debtor and any Co-Debtor has been made. An Insured Debtor can void a certificate by giving Us written notice within 30 days of its receipt. The insurance will be deemed void from the start. We will refund all premiums paid for it.

Eligible Debtors will be issued coverage for which they: 1) are qualified; 2) request the coverage which is designated in the Certificate Schedule; and 3) have paid premiums for the coverage designated.

TO BE ELIGIBLE, each Debtor must 1) owe the Debt; 2) have truthfully signed in person the Application for insurance; 3) provide satisfactory proof of insurability and 4) not exceed the Maximum Eligible Age stated in the Group Policy Application.

MAXIMUM AGE AND MISSTATEMENT OF AGE: No Debtor is eligible for this insurance if he will exceed the Maximum Eligible Age stated in the Master Policy Application. If the Debtor misstates his age and his correct age exceeds the age limit, no insurance under a certificate will take effect. We will return all premiums paid. If the Insured Co-Debtor misstates his age and his correct age exceeds the age limit, no Joint life Insurance under a certificate will take effect. We will refund the difference between the Joint Life premium charge and the amount required to provide the Insured Debtor with Single Life Insurance. Single Life Insurance (and Disability Insurance if applicable) will remain in force on the Insured Debtor. If any Debtor correctly states his age as being over the age limit, We must refund the premiums within 90 days from the Effective Date and prior to a claim, or the insurance will remain in force.

RENEWAL OR REFINANCING OF THE DEBT: If Insured Debtor's and the Insured Co-Debtor's (if any) Loan results from the renewal or refinancing of another Loan that was insured under the Group Policy, We will not use the Limitations, Exclusions, Eligibility or Incontestability provisions in this Group Policy and the Certificate to deny benefits that would have been paid had the renewal or refinancing not happened.

WHEN INSURANCE TAKES EFFECT: If the Premium Charge has been paid, each kind of insurance coverage stated in the Certificate Schedule for which the Insured Debtor is eligible, and for which any Co-Debtor is eligible, takes effect on the Effective Date.

LIFE INSURANCE

AMOUNT OF LIFE INSURANCE (Subject to the Maximum Amount of Life Insurance stated in the Group Policy Application):

1) Gross Decreasing: If this coverage is in effect, the amount of life insurance in force is the Initial Insurance Amount shown in the Certificate Schedule until the due date of the first scheduled payment on the Loan. On that date and each scheduled payment date thereafter, the life insurance reduces by an equal amount. That amount is the Initial Insurance Amount divided by the number of schedule payments in the Term of Insurance.

2) Net Decreasing: If this coverage is in effect, the amount of life insurance in force is a) the unpaid principal balance due on the loan on the date of death; plus b) any payments made prior to the date of death that were not scheduled until after the date of death; less c) any scheduled payments that are more than 60 days late on the date of death.

3) Level: If this coverage is in effect, the amount of life insurance in force is the Initial Amount of Insurance stated.

4) Combination: If both Decreasing Life Insurance and Level Life Insurance are in effect, the amount of life insurance in force is the sum of the amounts of life insurance determined above. This sum must not exceed the Maximum Amount of Life Insurance.

WHAT WE WILL PAY

Single Life Insurance Benefit: If the Debtor dies while Single Life Insurance is in effect, We will pay the amount of life insurance in force at the time of his death, upon receipt of due proof of loss.

Joint Life Insurance Benefit: If the Insured Debtor and/or Insured Co-Debtor die while Joint Life Insurance is in effect, We will pay, upon receipt of due proof of loss, the amount of life insurance in force at the time of death of the first to die. Only one death benefit is payable under the Debtor's Certificate of Insurance.

LIMITATIONS AND EXCLUSIONS

Partial Life Coverage: If the Initial Amount of Insurance or Term of Insurance is less than the Amount Financed or Loan Term the Life Insurance Benefit will not completely pay off the Debt. See "Amount of Life Insurance".

Suicide: If the Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to all life insurance premium paid plus any unearned disability premium as of the date of death. All coverage under the Debtor's Certificate will stop on the date of death. If Joint Life is elected and the Co-Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to the difference between the Joint Life Insurance premium charged and the amount of premium required to provide the Debtor with Single Life Insurance coverage. All coverage on the Debtor will remain in force.

Flight in Non-Scheduled Aircraft: We will not pay a life claim if the Insured Debtor or Insured Co-Debtor's death results from flight in a non-scheduled aircraft.

TOTAL DISABILITY INSURANCE

(On First Insured Debtor only – Insured Co-Debtor is not covered)

AMOUNT OF DISABILITY INSURANCE (Subject to the Maximum Amount of Disability Insurance stated in the Group Policy Application): If this coverage is in effect, the amount of disability insurance in force is the amount equal to the Monthly Benefit times the Term of Insurance, not to exceed the Maximum Amount of Disability Insurance shown in the Schedule.

WHAT WE WILL PAY

Disability Benefit: If this coverage is in effect, the amount of the Disability Benefit will be the lesser of the Maximum Monthly Disability Benefit or the Monthly Benefit shown in the Certificate Schedule. Upon receipt of notice and due proof of loss, We will pay a Disability Benefit for each calendar month of incurred Disability. Benefits for less than a calendar month will be calculated at 1/30th of the Disability Benefit for each day of covered disability. Total Disability must continue, without interruption, for the number of days shown in the Waiting Period. Benefits are payable as either Retroactive or Non-Retroactive. Retroactive benefits begin on the first day of Total Disability after the scheduled Waiting Period. Non-Retroactive benefits begin on the day after the scheduled Waiting Period. Disability Benefits end when: 1) the Debtor is no longer Totally Disabled; or 2) benefits are paid to the end of the Term of Insurance; or 3) a death benefit is paid.

Balloon Coverage: If the Insured Debtor's Loan includes a balloon payment (a payment that is larger than the others) that is scheduled to be paid during the term of insurance, the balloon payment will only be insured for an amount equal to the Monthly Disability Benefit.

LIMITATIONS AND EXCLUSIONS

Partial Disability Coverage: If the Disability Benefit or Term of Insurance is less than the Monthly Payment or Loan Term, this insurance will not completely cover the Loan. The Insured Debtor will be responsible for any uninsured portion of his Monthly Payment.

Total Disability Not Covered: We will not pay a disability claim if the Insured Debtor's Total Disability is caused by or results from: 1) normal pregnancy; 2) intentionally self-inflicted injury; 3) foreign travel or residence; 4) flight in a non-scheduled aircraft; 5) war or military service; or 6) pre-existing illness, disease or physical condition for which You received medical advice, consultation, diagnosis or treatment during the six month period immediately preceding the Effective Date and which caused Your Total Disability to commence within six months after the Effective Date.

GENERAL PROVISIONS

LIMITATIONS AND EXCLUSIONS

Maximums: No insurance coverage will be issued to the Insured Debtor, or the Insured Co-Debtor, which exceeds the maximums stated in the Certificate Schedule or which exceeds the amount of the Debt. Such insurance never takes effect and We will refund any premium paid for it. Insurance on any person insured under the Group Policy, whether insured under one or more certificates, shall not exceed the Maximum Amount of Life Insurance or the Maximum Monthly Disability Benefit stated in the Certificate Schedule. The excess insurance shall be void, and any insurance charge to the Debtor for such excess will be refunded.

Loan Increases: This insurance does not cover late charges or any other amount added to the Loan after the Effective Date.

INCONTESTABILITY

The Certificate, the Schedule, and the Group Policy are the complete contract of insurance. No statement can be used to void the Certificate unless it is in the signed Application for Insurance. In the absence of fraud, the Certificate shall be incontestable after it has been in force for two years during the lifetime of the Debtor and prior to the time a claim arose. No statement relating to insurability shall be used to contest the insurance after the expiration of such two year period. All statements made by the Debtor shall be deemed representations and not warranties.

RULES FOR FILING A CLAIM

Written notice of a claim must be furnished within 30 days after the loss occurs or as soon as reasonably possible. We will send a claim form within 15 days. If We do not send it within 15 days, the claimant can: 1) if filing a life claim, send Us a certified copy of the death certificate with a written statement regarding the death; or 2) if filing a disability claim, send Us written proof signed by a licensed physician of the total Disability including the date, cause and seriousness. The Insured Debtor is required to give Us written proof of this continuing Total Disability at reasonable intervals.

PROOF OF LOSS

Written proof of loss must be furnished to Us at Our office in case of claim within 90 days after the start of the period for which We are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

WHO WE WILL PAY

Benefits are payable to the Creditor, its successors, or assigns to pay off or reduce the Debt. If benefits exceed the balance of the Loan, the difference will be paid to the Insured Debtor, if living and to the Second Beneficiary if the Insured Debtor is deceased. If Joint Life Insurance is in effect, benefits are payable to the survivor between the Insured Debtor and the Insured Co-Debtor. If both die within 10 days of each other, benefits are payable to the Insured Debtor's Estate.

CANCELLATION:

The Insured Debtor has the right to cancel this insurance at any time. He must make His cancellation request in writing to Us in order for it to take effect. If He notifies You rather than Us of His desire to cancel this insurance, then You must provide Us with written notice of the cancellation in order for it to take effect. All insurance under a certificate shall terminate on the earliest of the following 1) the date of the Insured Debtor's cancellation request; 2) the end of the Term of Insurance shown in the Insured Debtor's Certificate Schedule; 3) the date the insured Loan is paid in full; 4) the date the insured Loan is renewed or refinanced; 5) the date the Creditor repossesses the insured Loan's collateral; 6) the date the insured Loan is legally determined to be in default; 7) upon the death of the Insured Debtor; 8)

upon payment of a death benefit; or 9) the date the insured Loan otherwise stops. Termination of coverage shall be without prejudice to any claim incurred prior to termination.

REFUNDS

If the insurance stops before the end of the Term of Insurance, We will on written notice refund any unearned premium. We will pay it to the Creditor to reduce or pay off the Loan. Any remainder will be paid to the Insured Debtor. For the purposes of determining months expired, no charge will be made for the first 15 days of a Loan month. A full month will be charged for 16 days or more of a Loan month. Refunds of less than \$2.00 will not be made. Refunds will be computed as of the date the insurance stops: 1) by the Rule of 78 method for Gross Decreasing Life and Total Disability Insurance; 2) by the Actuarial method for Net Decreasing Life, and 3) by the Pro-rata method for Level Life Insurance. If We pay a Life Insurance benefit, the Life premium is deemed fully earned and any unearned Total Disability premium will be refunded. If during a claim for total disability benefits We elect to pay off the Insured Debtor's Loan, the Disability premium shall be fully earned and any unearned Life premium will be refunded.

LEGAL ACTION

An Insured Debtor cannot start any legal action until 60 days after he sends Us proof of loss. He cannot start any legal action more than three years after proof of loss is due.

GENDER USAGE

When a pronoun is used in the male gender (i.e., he, his, him), it should be understood to include the female gender, unless the context clearly indicates otherwise.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to examine the Insured Debtor's person at Our expense as often as is reasonably required while a disability claim is pending. We also may request an autopsy be made at Our expense if it is not forbidden by law.

PREMIUMS

Premium Charges for each kind of insurance coverage provided with respect to each Loan will be computed at the rates shown on the attached Rate Schedule(s) for the full term of such insurance on the initial amount thereof. Each such Premium Rate is based upon the plan of payment of the Loan. The Creditor agrees to furnish the Company with all data necessary to determine each of the Premium Charges payable hereunder and, upon request, to permit the Company to examine the relevant books and records of the Creditor at any time. All Premiums for such insurance will be due and payable in full by the Creditor on the [10th] day of the calendar month immediately following the calendar month in which such insurance became effective. No charge for insurance hereunder will be made by the Creditor to any Insured Debtor in excess of the Premium Charge payable by the Creditor.

GRACE PERIOD

A grace period of 31 days, without interest charges, will be allowed for the payment of each premium. If any premium is not paid within this grace period, this Policy shall terminate at the end of this grace period, unless earlier terminated as provided under Terms of the Policy.

CURRENCY

All money payable under this Policy to or by the Company is payable in the lawful currency of the United States of America.

TERMS OF THE POLICY

This Policy will take effect on the Effective Date shown on the first page, and will remain in force until terminated by either of the parties as herein stated. This Policy may be terminated at any time and for any reason by the Creditor by giving 30 days written notice to the Company at its Administrative Office or by the Company giving 30 days written notice to the Creditor at its address last known to the Company. No insurance will effective and all provisions will continue to apply to any Insured Debtor or Insured Co-Debtor with respect to any Loan incurred after the Effective Date and prior to such termination.

AUTHORITY

No agent has the authority to change or amend the provisions or exceed the maximum limits stated in the Certificate Schedule.

CHANGES

This Policy may be amended at any time, without the consent of any Insured Debtor or Insured Co-Debtor insured hereunder, but no amendment or alteration of the Policy and no waiver of any of its provisions shall be valid unless made in writing and signed by an officer of the Company.

CONFORMITY WITH STATE STATUTES

Any part of the Group Policy which on the Effective Date of the Group Policy conflicts with the statutes of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes.

NON-PARTICIPATING

This Policy shall not be entitled to share in any of the Company's profits or surplus.

COMPLAINT NOTICE

If you have any questions regarding your policy or should a problem or complaint arise, please contact our Credit Insurance Dept. at P.O. Box 7001, Crossville, Tennessee 38557-7001. Our toll free telephone number is 800-752-8328. You may also obtain assistance from the Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904. Their telephone number is 501-371-2640. Their toll free number is 800-852-5494.

CERTIFICATE OF INSURANCE
Subject to the Terms and Conditions of the Group Policy
READ CAREFULLY – THIS INSURANCE MAY NOT COMPLETELY COVER YOUR LOAN

30-DAY FREE LOOK: You can void this Certificate by giving Us written notice within 30 days after You receive it. We will refund all premiums paid for it.

THIS IS TO CERTIFY that eligible Debtors will be issued coverage as designated in the Schedule, effective on the Effective Date, for which they: 1) have requested; 2) are qualified; and 3) have paid premiums.

TO BE ELIGIBLE, each Debtor must 1) owe the Debt, 2) have truthfully signed in person the Application for insurance; 3) provide satisfactory proof of insurability and 4) not exceed the Maximum Eligible Age stated in the Schedule.

MAXIMUM AGE AND MISSTATEMENT OF AGE: No Debtor is eligible for this insurance if he will attain his [71st] birthday for life coverage or [69th] birthday for disability coverage, prior to the end of the term of insurance. If You misstated Your age and Your correct age exceeds the age limit, no insurance under this Certificate will take effect. We will return all premiums paid. If Your Insured Co-Debtor misstated his age and his correct age exceeds the age limit, no Joint Life Insurance under this Certificate will take effect. We will refund the difference between the Joint Life premium charge and the amount required to provide You with Single Life Insurance. Single Life Insurance (and Disability Insurance if applicable) will remain in force on You. If any Debtor correctly states his age as being over the age limit, We must refund the premiums within 90 days from the Effective Date and prior to a claim, or the insurance will remain in force.

RENEWAL OR REFINANCING OF THE DEBT: If Your Loan results from the renewal or refinancing of another Loan that was insured under the Group Policy, We will not use the Limitations, Exclusions, Eligibility or Incontestability provisions in this Certificate to deny benefits that would have been paid had the renewal or refinancing not happened.

DEFINITIONS

“Actively Employed” (Applicable to Disability Insurance Only) means that You are actively at work at a full time gainful occupation on the Effective Date of Insurance. “Full Time” means during a regular work week of not less than thirty (30) hours for a period of not less than [thirty (30)] consecutive days immediately prior to the Effective Date of Insurance. You shall be deemed to be actively at work if absent due solely to regular day off, holiday, or paid vacation.

“Balloon Amount” means the scheduled final payment of the Loan when such final payment is larger than the Scheduled Monthly Payment. This amount may include any residual value in a lease contract. The residual value is insurable only if the lessee is obligated to purchase the leased property at the end of the lease term. If the lessee has the option of purchasing the property or returning it, the residual value is not a Loan and cannot be insured.

“Creditor” means the lender of money or vendor or lessor of goods, services or property, for which payment is arranged through a credit transaction.

“Debt” means the amount owed to the Creditor to which You and any Co-Debtor agree as of the Effective Date.

“Debtor” means a natural person (i.e., business entities, corporations, partnerships, associations, etc., are not eligible for this insurance) and includes borrowers of money, purchasers or lessees of goods, services or property for which payment is arranged through a credit transaction.

“Injury” means bodily injury caused by or resulting from an accident.

“Insured Debtor” means the first signer of the loan and will be referred to as “Insured Debtor”, “Debtor”, or “You”. **“Insured Co-Debtor”** means the second signer of the loan and will be referred to as “Insured Co-Debtor”, “Co-Debtor”, or “Debtor”. The term “Insured Co-Debtor” means only a spouse, business partner, co-maker, guarantor or an endorser and such person must be jointly and severally liable for repayment of a single indebtedness and must be a joint signer of the instrument of indebtedness.

“Loan” means the loan obligation to the Creditor to which You and any Co-Debtor agree as of the Effective Date.

“Policy” means the written statement of a contract effecting insurance, or Certificates thereof, and including all riders, endorsements, and papers attached thereto and made part thereof.

“Premium Charge” means the premium charge stated in the Schedule for each selected insurance coverage and computed by use of premium rates provided by the Company.

“Schedule” means the Application/Schedule of Insurance attached to this Certificate, and each reference and heading used in the Schedule carries the same meaning throughout this Certificate.

“Sickness” means an illness or disease.

“Total Disability” or **“Totally Disabled”** means Disability which begins while the coverage is in force and results from Sickness or Injury. During the first 12 consecutive months of Total Disability, You must be unable to perform the regular duties of the occupation You were engaged in at the time of loss. After the first 12 consecutive months of Total Disability, the definition changes and requires that You be unable to perform the regular duties of any occupation for which You are reasonably qualified by education, training or experience. You must be under the regular care and attendance of a licensed physician other than Yourself or a member of Your immediate family.

“Term of Insurance” means the time period so identified in the Certificate Schedule and starts on the Effective Date.

LIFE INSURANCE

AMOUNT OF LIFE INSURANCE (Subject to the Maximum Amount of Life Insurance as stated in the Schedule):

Gross Decreasing Life: If this coverage is in effect, the amount of life insurance in force is the Initial Insurance Amount shown in the Schedule until the due date of the first scheduled payment on the Debt. On that date and each scheduled payment date thereafter, the life insurance reduces by an equal amount. That amount is the Initial Insurance Amount divided by the number of scheduled payments in the Term of Insurance.

Net Decreasing Life: If this coverage is in effect, the amount of life insurance in force is a) the unpaid principal balance due on the Loan on the date of death; plus b) any payments made prior to the date of death that were not scheduled until after the date of death; less c) any scheduled payments that are more than 60 days late on the date of death.

Level Life: If this coverage is in effect, the amount of life insurance in force is the Initial Amount of Insurance stated.

Combination: If both Decreasing Life Insurance and Level Life Insurance are in effect, the amount of life insurance in force is the sum of the amounts of life insurance determined above. This sum must not exceed the Maximum Amount of Life Insurance.

WHAT WE WILL PAY:

Single Life Insurance Benefit: If You die while Single Life Insurance is in effect, We will pay the amount of life insurance in force at the time of Your death, upon receipt of due proof of loss.

Joint Life Insurance Benefit: If You and/or Your Insured Co-Debtor die while Joint Life Insurance is in effect, We will pay, upon receipt of due proof of loss, the amount of life insurance in force at the time of death of the first to die. Only one death benefit is payable under this Certificate.

LIMITATIONS AND EXCLUSIONS:

Partial Life Coverage: If the Initial Amount of Insurance or Term of Insurance is less than the Amount Financed or Loan Term, the Life Insurance Benefit will not completely pay off the Loan. See “Amount of Life Insurance”.

Suicide: If Your death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to all life insurance premium paid plus any unearned disability premium as of the date of death. All coverage under this Certificate will stop on the date of death. If Joint Life is elected and the Co-Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to the difference between the Joint Life Insurance premium charged and the amount of premium required to provide You with Single Life Insurance coverage. All coverage on You will remain in force.

Flight in Non-Scheduled Aircraft: We will not pay a life claim if Your death results from flight in a non-scheduled aircraft.

TOTAL DISABILITY INSURANCE (On First Insured Debtor only-Insured Co-Debtor is not covered)

AMOUNT OF DISABILITY INSURANCE (Subject to the Maximum Amount of Disability Insurance as stated in the Schedule):

If this coverage is in effect, the amount of disability insurance in force is the amount equal to the Monthly Benefit times the Term of Insurance, not to exceed the Maximum Amount of Disability Insurance shown in the Schedule.

WHAT WE WILL PAY: If this coverage is in effect, the amount of the disability Benefit will be the lesser of the Maximum Monthly Disability Benefit or the Monthly Benefit shown in Your Schedule. Upon receipt of notice and due proof of loss, We will pay a Disability Benefit for each calendar month of incurred Disability. Benefits for less than a calendar month will be calculated at 1/30th of the Disability Benefit for each day of covered disability. Total Disability must continue, without interruption, for the number of days shown in the Waiting Period. Benefits are payable as either Retroactive or Non-Retroactive. Retroactive benefits begin on the first day of Total Disability after the scheduled Waiting Period. Non-Retroactive benefits begin on the day after the scheduled Waiting Period. Disability Benefits end when: 1) You are no longer Totally Disabled; or 2) benefits are paid to the end of the Term of Insurance; or 3) a death benefit is paid.

Balloon Coverage: If your Loan includes a balloon payment (a payment that is larger than the others) that is scheduled to be paid during the term of insurance, the balloon payment will only be insured for an amount equal to the Monthly Disability Benefit.

LIMITATIONS AND EXCLUSIONS:

Partial Disability Coverage: If the Disability Benefit or Term of Insurance is less than the Monthly Payment or Loan Term, this insurance will not completely cover the Loan. You will be responsible for any uninsured portion of your Monthly Payment

Total Disability Not Covered: We will not pay a disability claim if Your Total Disability is caused by or results from: 1) normal pregnancy; 2) intentionally self-inflicted injury; 3) foreign travel or residence; 4) flight in a non-scheduled aircraft; 5) war or military service; or 6) pre-existing illness, disease or physical condition for which You received medical advice, consultation, diagnosis or treatment during the six month period immediately preceding the Effective Date and which caused Your Total Disability to commence within six months after the Effective Date.

GENERAL PROVISIONS

Exclusions and Limitations: 1) Maximums: No insurance coverage will be issued to You, or Your Co-Debtor, which exceeds the maximums stated in the Schedule or which exceeds the amount of the Loan. Such insurance never takes effect and We will refund any premium paid for it. Insurance on any person insured under the Group Policy, whether insured under one or more Certificates, shall not exceed the Maximum Amount of Life Insurance or the Maximum Monthly Disability Benefit stated in the Schedule. The excess insurance shall be void, and any insurance charge to the Debtor for such excess will be refunded. **2) Loan Increases:** This insurance does not cover late charges or any other amount added to the Loan after the Effective Date.

Incontestability: This Certificate, the attached Schedule, and the Group Policy are the complete contract of insurance. No statement can be used to void this Certificate unless it is in the signed Application. In the absence of fraud, this Certificate shall be incontestable after it has been in force for two years during the lifetime of the Debtor and prior to the time a claim arose. No statement relating to insurability shall be used to contest the insurance after the expiration of such two year period. All statements made by the Debtor shall be deemed representations and not warranties.

Rules for Filing a Claim: Written notice of Your claim must be furnished within 30 days after Your loss occurs or as soon as reasonably possible. We will send a claim form within 15 days. If We do not send it within 15 days, the claimant can: 1) if filing a life claim, send Us due proof which must include a certified copy of the death certificate with a written statement regarding the death; or 2) if filing a disability claim, send Us written proof signed by a licensed physician of Your Total Disability including the date, cause and seriousness. You will be required to provide Us with written proof of Your continuing total Disability at reasonable intervals.

Proof of Loss: Written proof of loss must be furnished to us at Our office in case of claim within 90 days after the start of the period for which We are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Who We Will Pay: Benefits are payable to the Creditor to pay off or reduce the Loan. If benefits exceed the balance of the Loan, the difference will be paid to You, if living, and to the Second Beneficiary if You are deceased. If Joint Life Insurance is in effect, benefits are payable to the survivor between You and Your Co-Debtor. If both die within 10 days of each other, benefits are payable to Your Estate.

Cancellation: You have the right to cancel this insurance at any time. You must make Your cancellation request in writing to Us in order for it to take effect. If You notify the Creditor rather than Us of Your desire to cancel this insurance, then the Creditor must provide Us with written notice of Your cancellation in order for it to take effect. All insurance under this Certificate shall terminate on the earliest of the following; 1) the date You request cancellation; 2) at the end of the Term of Insurance; 3) the date Your Loan is paid in full; 4) the date Your Loan is renewed or refinanced; 5) the date the Creditor repossesses Your Loan's collateral; 6) the date the Loan is legally determined to be in default; 7) upon the death of the Insured Debtor; 8) upon payment of a death benefit; or 9) the date Your Loan otherwise stops. Termination of coverage shall be without prejudice to any claim incurred prior to termination.

Refunds: If the insurance stops before the end of the Term of Insurance, We will on written notice refund any unearned premium. We will pay it to the Creditor to reduce or pay off the Loan. Any remainder will be paid to You. For the purposes of determining months expired, no charge will be made for the first 15 days of a Loan month. A full month will be charged for 16 days or more of a Loan month. Refunds of less than \$2.00 will not be made. Refunds will be computed as of the date the insurance stops: 1) by the Rule of 78 method for Gross Decreasing Life and Total Disability Insurance; 2) by the Actuarial method for Net Decreasing Life, and 3) by the Pro-rata method for Level Life Insurance. If We pay a Life Insurance benefit, the Life premium is deemed fully earned and any unearned Total Disability premium will be refunded. If during a claim for total disability benefits We elect to pay off Your Loan, the Disability premium shall be fully earned and any unearned Life premium will be refunded. To receive a refund or credit of any unearned premium that may be due, you must give us written notice of the early termination of Your Loan. Notice should be mailed to us at Plateau Insurance Company, P.O. Box 7001, Crossville, Tennessee 38557-7001, or to the agent that sold you this insurance. We have the right to require proof of the date of termination of the debt. If you have a question as to how to obtain a refund, call 800-752-8328.

Legal Action: You cannot start any legal action until 60 days after You send Us proof of loss or more than three years after proof of loss is due.

Gender Usage: When a pronoun is used in the male gender (i.e., he, his, him), it is understood to include the female gender, unless indicated otherwise.

Physical Examination and Autopsy: We have the right to examine Your person at Our expense as often as is reasonably required while a disability claim is pending. We also may request an autopsy be made at Our expense if it is not forbidden by law.

Authority: No agent has the authority to change or amend the provisions or exceed the maximum limits stated in this Certificate.

Conformity With State Statues: Any part of the Group Policy which on the Effective Date of the Group Policy conflicts with the statutes of the state where the Group Policy was delivered is changed to conform with the minimum standards of those statutes.

FRAUD NOTICE

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

COMPLAINT NOTICE

If you have any questions regarding your insurance or should a problem or complaint arise, please contact our Credit Insurance Dept. at P.O. Box 7001, Crossville, Tennessee 38557-7001. Our toll free telephone number is 800-752-8328. You may also obtain assistance from the Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904. Their telephone number is 501-371-2640. Their toll free number is 800-852-5494.



SECRETARY



PRESIDENT

Plateau Insurance Company

P.O. Box 7001, Crossville, Tennessee 38557-7001 (800) 752-8328

(Herein Called the "Company", "We", "Us", or "Our")

CERTIFICATE NO: **[000000]**

SCHEDULE OF INSURANCE

AGENT/BRANCH CODE [00000]	LOAN NUMBER [00000000]	MASTER POLICY NUMBER [00000]			
FIRST INSURED DEBTOR (called You) [JOHN DOE]	AGE [40]	BIRTH DATE [1-11-71] MO. DAY YR.	MAXIMUMS ALLOWED UNDER POLICY		
SS# [000-00-0000]			LIFE	DISABILITY	
ADDRESS [123 ANY STREET] ANY CITY ANY STATE 00000]			MAX TERM:	[120]	[84]
			MAX AMOUNT OF INSURANCE:	[\$120,000]	[\$105,000]
INSURED CO-DEBTOR (Life Only) [JANE DOE]	AGE [39]	BIRTH DATE [2-22-72] MO. DAY YR.	MAX AGE AT ISSUE:	[70]	[68]
SS# [000-00-0000]			MAX BENEFIT PER MONTH:		[\$1,250]
FIRST BENEFICIARY (CREDITOR) [ABC CREDITOR]	ADDRESS [ANY CITY, ANY STATE 00000]		SECOND BENEFICIARY		

PLATEAU INSURANCE COMPANY

LIFE COVERAGE:	<input type="checkbox"/> SINGLE	EFFECTIVE DATE OF LIFE INSURANCE	EXPIRATION DATE OF LIFE INSURANCE	TERM OF LIFE INSURANCE (MONTHS)	ORIGINAL AMOUNT OF LIFE INSURANCE	LIFE PREMIUM
	<input type="checkbox"/> JOINT					
<input type="checkbox"/> GROSS DECREASING LIFE		[00/00/00]	[00/00/00]	[120]	[\$120,000]	[\$0,000.00]
<input type="checkbox"/> NET DECREASING LIFE		[00/00/00]	[00/00/00]	[120]	[\$120,000]	[\$0,000.00]
<input type="checkbox"/> LEVEL LIFE		[00/00/00]	[00/00/00]	[84]	[\$120,000]	[\$0,000.00]
DISABILITY COVERAGE: (First Insured Debtor Only)		EFFECTIVE DATE OF DISABILITY INSURANCE	EXPIRATION DATE OF DISABILITY INSURANCE	TERM OF DISABILITY INSURANCE (MONTHS)	MONTHLY DISABILITY BENEFIT	DISABILITY PREMIUM
		[01/05/2011]	[01/05/2011]	[01/05/2011]	[\$1,250.00]	[\$0,000.00]
WAITING PERIOD: <input type="checkbox"/> 7 Day Retro <input type="checkbox"/> 14 Day Retro <input type="checkbox"/> 14 Day Non-Retro <input type="checkbox"/> 30 Day Retro <input type="checkbox"/> 30 Day Non-Retro						TOTAL PREMIUM [\$0,000.00]

LOAN INFORMATION

AMT. FINANCED	LOAN EFFECTIVE DATE	LOAN TERM	PMT. FREQ. (M, Q, A)	DATE OF FIRST PAYMENT	CONTRACT INT. RATE	PAYMENT AMOUNT	AMOR. TERM (BALLOON)	BALLOON PAYMENT (IF ANY)
[\$000,000]	[01/05/2011]	[120]	[M]	[02/05/2011]	[0.0.00%]	[\$00,000.00]	[120]	[\$00,000.00]

If the Initial Amount of Insurance or Term of Insurance is less than the Amount Financed or Loan Term, the Life Insurance Benefit may not completely pay off the Loan and if the Disability Benefit or Term of Insurance is less than the Monthly Payment or Loan Term, this insurance will not completely cover the Loan.

APPLICATION FOR INSURANCE AS SHOWN IN THE ABOVE SCHEDULE

Application is hereby made to Plateau Insurance Company for insurance in the amounts and upon the terms shown above. **[To the best of my (our) knowledge and belief, I (We) am (are) in good health.]** For disability coverage, I am gainfully employed and working at least 30 hours per week for a period of not less than **[thirty (30)]** consecutive days immediately prior to the Effective Date of Insurance. My date of birth is correctly stated above. **[Within the last [five (5)] years, I (We) have not been a patient in a hospital, under the care of a physician, or been advised to have treatment of [high blood pressure], [diabetes], [mental or nervous disorder], [disease] or [disorder of the heart], [liver], [kidneys], [back], [neck], [knee], [lungs] or [circulatory system], [cancer], [respiratory system], [intestinal tract], [AIDS related complex] [or] [tested positive for Human Immunodeficiency Virus].** I have read this statement and understand that if the representations are untrue the Company's liability is limited to the return of the premium.

I understand that I may purchase insurance to cover this Loan from any company of my choice and/or assign policies which I currently possess. I authorize the Creditor to deduct the amount of insurance premium shown above from the proceeds of my Loan and pay the premium to the Insurance Company.

Before signing, I have read or had read to me these statements.

FIRST INSURED DEBTOR	DATE	INSURED CO-DEBTOR	DATE
I/We acknowledge that the insurance issued is for a Level Term. (Only if selected in the Schedule above.)			
FIRST INSURED DEBTOR	DATE	INSURED CO-DEBTOR	DATE

Plateau Insurance Company

P.O. Box 7001, Crossville, Tennessee 38557-7001 (800) 752-8328

(Herein Called the "Company", "We", "Us", or "Our")

CERTIFICATE NO: [000000]

SCHEDULE OF INSURANCE									
AGENT/BRANCH CODE [00000]		LOAN NUMBER [00000000]			MASTER POLICY NUMBER [00000]				
FIRST INSURED DEBTOR (called You) [JOHN DOE]		AGE [40]	BIRTH DATE [1-11-71] MO. DAY YR.		MAXIMUMS ALLOWED UNDER POLICY				
SS# [000-00-0000]						LIFE	DISABILITY		
ADDRESS [123 ANY STREET ANY CITY ANY STATE 00000]					MAX TERM:	[120]	[84]		
					MAX AMOUNT OF INSURANCE:	[\$120,000]	[\$105,000]		
INSURED CO-DEBTOR (Life Only) [JANE DOE]		AGE [39]	BIRTH DATE [2-22-72] MO. DAY YR.		MAX AGE AT ISSUE:		[70]	[68]	
SS# [000-00-0000]					MAX BENEFIT PER MONTH:			[\$1,250]	
FIRST BENEFICIARY (CREDITOR) [ABC CREDITOR]			ADDRESS [ANY CITY, ANY STATE 00000]			SECOND BENEFICIARY			
PLATEAU INSURANCE COMPANY									
LIFE COVERAGE:		<input checked="" type="checkbox"/> SINGLE	EFFECTIVE DATE OF LIFE INSURANCE	EXPIRATION DATE OF LIFE INSURANCE	TERM OF LIFE INSURANCE (MONTHS)	ORIGINAL AMOUNT OF LIFE INSURANCE	LIFE PREMIUM		
		<input checked="" type="checkbox"/> JOINT							
<input checked="" type="checkbox"/> GROSS DECREASING LIFE			[00/00/00]	[00/00/00]	[120]	\$[120,000]	\$[0000.00]		
<input checked="" type="checkbox"/> NET DECREASING LIFE			[00/00/00]	[00/00/00]	[120]	\$[120,000]	\$[0000.00]		
<input checked="" type="checkbox"/> LEVEL LIFE			[00/00/00]	[00/00/00]	[84]	\$[120,000]	\$[0000.00]		
DISABILITY COVERAGE: (First Insured Debtor Only)			EFFECTIVE DATE OF DISABILITY INSURANCE	EXPIRATION DATE OF DISABILITY INSURANCE	TERM OF DISABILITY INSURANCE (MONTHS)	MONTHLY DISABILITY BENEFIT	DISABILITY PREMIUM		
			[00/00/00]	[00/00/00]	[00]	\$[0000]	\$[0000.00]		
WAITING PERIOD: <input checked="" type="checkbox"/> 7 Day Retro <input checked="" type="checkbox"/> 14 Day Retro <input checked="" type="checkbox"/> 14 Day Non-Retro <input checked="" type="checkbox"/> 30 Day Retro <input checked="" type="checkbox"/> 30 Day Non-Retro									
							TOTAL PREMIUM	\$[0000.00]	
LOAN INFORMATION									
AMT. FINANCED	LOAN EFFECTIVE DATE	LOAN TERM	PMT. FREQ. (M,Q, A)	DATE OF FIRST PAYMENT	CONTRACT INT. RATE	PAYMENT AMOUNT	AMOR. TERM (BALLOON)	BALLOON PAYMENT (IF ANY)	
[\$000,000]	[00/00/00]	[120]	[M]	[00/00/00]	[00.0%]	[\$0000.00]	[000]	[\$000,000]	
If the Initial Amount of Insurance or Term of Insurance is less than the Amount Financed or Loan Term, the Life Insurance Benefit may not completely pay off the Loan and if the Disability Benefit or Term of Insurance is less than the Monthly Payment or Loan Term, this insurance will not completely cover the Loan.									
APPLICATION FOR INSURANCE AS SHOWN IN THE ABOVE SCHEDULE									
I apply to Plateau Insurance Company for the insurance described above and, to induce the Company to issue its Certificate of Insurance, I represent that my answers below are true to the best of my knowledge and belief:									
						Debtor		Co-Debtor	
						Yes	No	Yes	No
1.	Is Your date of birth correctly stated above?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are You now receiving medical advice or treatment for:								
	[a] any disease or disorder of the [heart], [blood] [and/or] [circulatory system], [or] [poorly controlled] [blood pressure]?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) [chronic lung], [kidney], [liver], [or] [intestinal disease]?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) [uncontrolled] [or] [insulin dependent] [diabetes]?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) [any neurological disease]?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) [any] [cancer] or [malignant growth]?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) [any disease of the immune system] or [Acquired Immune Deficiency Syndrome (AIDS)]?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THESE QUESTIONS APPLY ONLY IF DISABILITY COVERAGE IS SELECTED.									
3.	Are You now receiving medical advice or treatment for:					Yes	No	Disability Coverage is not available	
	[a] [any disease], [disorder], [or] [injury] [of the] [muscle], [bone], [spine] or [joints]?					<input type="checkbox"/>	<input type="checkbox"/>		
	[b] [any] [mental] [or] [nervous disorder]?					<input type="checkbox"/>	<input type="checkbox"/>		
4.	Are You gainfully employed and capable of working at least 30 hours per week?					<input type="checkbox"/>	<input type="checkbox"/>		
I understand that: (a) no person has the right to waive or change this Application or the Certificate of Insurance; (b) if any of my answers are untruthful the Company's liability is limited to a return of the premium and (c) this insurance is not required to obtain credit. I understand that I may purchase insurance to cover this loan from any company of my choice and/or assign policies which I currently possess. I authorize the Creditor to deduct the amount of insurance premium shown above from the proceeds of my Loan and pay the premium to the insurance company.									
Before signing, I have read or had read to me these statements.									
FIRST INSURED DEBTOR			DATE		INSURED CO-DEBTOR			DATE	
I/We acknowledge that the insurance issued is for a Level Term. (Only if selected in the Schedule above.)									
FIRST INSURED DEBTOR			DATE		INSURED CO-DEBTOR			DATE	

SERFF Tracking Number: *PLIG-127071691* State: *Arkansas*
 Filing Company: *Plateau Insurance Company* State Tracking Number: *48469*
 Company Tracking Number:
 TOI: *CR04G Group Credit - Life* Sub-TOI: *CR04G.003 Single Premium*
 Product Name: *Single Premium Credit Life & Disability*
 Project Name/Number: *Single Premium Credit Life & Disability/*

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Credit Life-Disability Rates		New		CLD Rates.pdf

Plateau Insurance Company
Arkansas
Credit Life

Credit Life Rates-Per \$100 per year

Single Decreasing Life	\$0.65
Joint Decreasing Life	\$1.10
Single Level Life	\$1.20
Joint Level Life	\$2.04

Net Pay Decreasing Life Formulas:

LP = Net payoff life single premium rate per \$100 of initial insured indebtedness

m = Insurance term

n = Loan term

i = Monthly interest rate

MOB = Life premium rate per \$1,000 per month

$$i = \frac{APR}{12} \quad v^x = \left(\frac{1}{1+i}\right)^x \quad a_{\overline{x}|} = \frac{1-v^x}{i}$$

If non-balloon loan:

$$LP = \frac{MOB}{10} \times \left(\frac{m + a_{\overline{n-m}|} - a_{\overline{n}|}}{i \times a_{\overline{n}|}} \right)$$

If balloon/residual loan:

$$LP = \frac{MOB}{10} \times \left(\frac{m + a_{\overline{n-m-1}|} - a_{\overline{n-1}|}}{i \times a_{\overline{n-1}|}} \right)$$

Plateau Insurance Company
Arkansas
Disability

Disability Per \$100 of Insured Indebtedness

Number of Monthly Installments	Non-retroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
1	\$.13	\$-	\$.58	\$.40	\$-
2	.42	.13	1.01	.81	.56
3	.68	.35	1.34	1.12	.91
4	.90	.53	1.60	1.36	1.17
5	1.08	.70	1.82	1.55	1.38
6	1.24	.85	2.01	1.71	1.54
7	1.37	.98	2.18	1.86	1.69
8	1.50	1.09	2.32	1.98	1.82
9	1.61	1.20	2.46	2.10	1.94
10	1.71	1.30	2.58	2.20	2.04
11	1.81	1.39	2.69	2.30	2.14
12	1.89	1.48	2.79	2.39	2.23
13	1.97	1.56	2.89	2.47	2.32
14	2.05	1.63	2.98	2.55	2.40
15	2.12	1.70	3.06	2.62	2.47
16	2.19	1.77	3.14	2.69	2.55
17	2.26	1.83	3.22	2.76	2.61
18	2.32	1.89	3.29	2.82	2.68
19	2.38	1.95	3.36	2.88	2.74
20	2.44	2.01	3.43	2.94	2.80
21	2.49	2.07	3.50	3.00	2.85
22	2.55	2.12	3.56	3.05	2.91
23	2.60	2.17	3.62	3.11	2.96
24	2.65	2.22	3.68	3.16	3.02
25	2.70	2.27	3.74	3.21	3.06
26	2.75	2.32	3.79	3.26	3.12
27	2.80	2.37	3.85	3.31	3.16
28	2.84	2.41	3.90	3.35	3.21
29	2.89	2.46	3.95	3.40	3.26
30	2.93	2.50	4.01	3.44	3.30
31	2.97	2.54	4.06	3.49	3.35
32	3.02	2.59	4.11	3.53	3.39
33	3.06	2.63	4.16	3.57	3.43
34	3.10	2.67	4.21	3.61	3.47
35	3.14	2.71	4.25	3.65	3.51
36	3.18	2.75	4.30	3.69	3.55
37	3.22	2.79	4.35	3.73	3.59
38	3.26	2.83	4.39	3.77	3.63
39	3.30	2.86	4.44	3.81	3.67
40	3.34	2.90	4.48	3.85	3.71

Disability Per \$100 of Insured Indebtedness

Number of Monthly Installments	Non-retroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
41	3.37	2.94	4.52	3.89	3.75
42	3.41	2.98	4.57	3.92	3.78
43	3.45	3.01	4.61	3.96	3.82
44	3.48	3.05	4.65	3.99	3.85
45	3.52	3.08	4.69	4.03	3.89
46	3.55	3.12	4.73	4.06	3.93
47	3.59	3.15	4.77	4.10	3.96
48	3.62	3.18	4.81	4.13	4.00
49	3.65	3.22	4.85	4.17	4.03
50	3.69	3.25	4.89	4.20	4.06
51	3.72	3.28	4.93	4.23	4.10
52	3.75	3.32	4.97	4.27	4.13
53	3.79	3.35	5.00	4.30	4.16
54	3.82	3.38	5.04	4.33	4.19
55	3.85	3.42	5.08	4.36	4.22
56	3.88	3.44	5.11	4.39	4.25
57	3.91	3.47	5.15	4.42	4.29
58	3.94	3.50	5.18	4.45	4.32
59	3.97	3.54	5.22	4.49	4.35
60	4.00	3.57	5.26	4.52	4.38
61	4.03	3.60	5.30	4.55	4.41
62	4.06	3.63	5.34	4.58	4.44
63	4.09	3.66	5.37	4.61	4.47
64	4.12	3.69	5.41	4.64	4.50
65	4.15	3.72	5.45	4.67	4.53
66	4.19	3.75	5.49	4.71	4.57
67	4.22	3.78	5.52	4.74	4.60
68	4.25	3.81	5.56	4.77	4.63
69	4.28	3.84	5.60	4.80	4.66
70	4.31	3.87	5.64	4.83	4.69
71	4.34	3.90	5.67	4.86	4.72
72	4.37	3.93	5.71	4.89	4.75
73	4.40	3.96	5.75	4.92	4.78
74	4.43	3.99	5.79	4.95	4.81
75	4.46	4.02	5.82	4.98	4.84
76	4.48	4.05	5.86	5.00	4.87
77	4.51	4.08	5.90	5.03	4.90
78	4.54	4.11	5.94	5.06	4.93
79	4.57	4.14	5.97	5.09	4.95
80	4.60	4.17	6.01	5.12	4.98
81	4.63	4.20	6.05	5.15	5.01
82	4.65	4.23	6.09	5.17	5.04
83	4.68	4.26	6.12	5.20	5.07
84	4.71	4.29	6.16	5.23	5.10

Disability Per \$100 of Insured Indebtedness					
Number of Monthly Installments	Non-retroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
85	4.74	4.32	6.20	5.26	5.13
86	4.76	4.35	6.24	5.28	5.15
87	4.79	4.38	6.27	5.31	5.18
88	4.82	4.41	6.31	5.34	5.20
89	4.84	4.44	6.35	5.36	5.23
90	4.87	4.47	6.39	5.39	5.26
91	4.90	4.50	6.42	5.42	5.28
92	4.92	4.53	6.46	5.44	5.31
93	4.95	4.56	6.50	5.47	5.33
94	4.98	4.59	6.54	5.50	5.36
95	5.00	4.62	6.57	5.52	5.38
96	5.03	4.65	6.61	5.55	5.41
97	5.05	4.68	6.65	5.57	5.44
98	5.08	4.71	6.69	5.60	5.46
99	5.10	4.74	6.72	5.62	5.49
100	5.13	4.77	6.76	5.65	5.51
101	5.15	4.80	6.80	5.67	5.54
102	5.18	4.83	6.84	5.70	5.56
103	5.20	4.86	6.87	5.72	5.59
104	5.22	4.89	6.91	5.74	5.61
105	5.25	4.92	6.95	5.77	5.64
106	5.27	4.95	6.99	5.79	5.66
107	5.30	4.98	7.02	5.82	5.69
108	5.32	5.01	7.06	5.84	5.71
109	5.34	5.04	7.10	5.86	5.73
110	5.37	5.07	7.14	5.89	5.76
111	5.39	5.10	7.17	5.91	5.78
112	5.41	5.13	7.21	5.93	5.80
113	5.44	5.16	7.25	5.96	5.83
114	5.46	5.19	7.29	5.98	5.85
115	5.48	5.22	7.32	6.00	5.87
116	5.51	5.25	7.36	6.03	5.90
117	5.53	5.28	7.40	6.05	5.92
118	5.55	5.31	7.44	6.07	5.94
119	5.58	5.34	7.47	6.10	5.97
120	5.60	5.37	7.51	6.12	5.99

SERFF Tracking Number: *PLIG-127071691* State: *Arkansas*
 Filing Company: *Plateau Insurance Company* State Tracking Number: *48469*
 Company Tracking Number:
 TOI: *CR04G Group Credit - Life* Sub-TOI: *CR04G.003 Single Premium*
 Product Name: *Single Premium Credit Life & Disability*
 Project Name/Number: *Single Premium Credit Life & Disability/*

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

We believe that we have met the certification guidelines outlined above. See attached Certification of Compliance.

Attachment:

Compliance Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

A policy application has been provided in the Form Schedule.

Item Status: **Status**
Date:

Satisfied - Item: Request Letter

Comments:

This letter serves as our filing description and request for filing approval.

Attachment:

Request Letter.pdf

Item Status: **Status**
Date:

Satisfied - Item: Gen Info Summary Page

Comments:

This document will be used if the Credit Life and Disability are sold in conjunction with Credit Property. Credit Property will be submitted in a separate filing to your Property and Casualty Department.

Attachment:

Gen Info Summary Page.pdf

Item Status: **Status**

SERFF Tracking Number: PLIG-127071691 State: Arkansas
Filing Company: Plateau Insurance Company State Tracking Number: 48469
Company Tracking Number:
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
Product Name: Single Premium Credit Life & Disability
Project Name/Number: Single Premium Credit Life & Disability/

Date:

Satisfied - Item: Guaranty Association Notice

Comments:

Notice to be given to each Policyholder as required by the Arkansas Code.

Attachment:

APPENDIX A Guaranty Notice.pdf

Item Status:

Status

Date:

Satisfied - Item: Certificate Schedule with Stamp

Comments:

The attached copy shows how the certificate would look if replaced by the General Information Summary Page in a combo form.

Attachment:

Schedule of Insurance-App with Stamp.pdf

STATE OF ARKANSAS
PLATEAU INSURANCE COMPANY
Compliance Certification

This is to certify that CLD-MP-4-2011-AR, et al (form number) meets the requirements of Rule and Regulation 19, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that CLD-MP-4-2011-AR, et al (form number) meets the requirements of Rule and Regulation 49, as well as all other applicable requirements of the Arkansas Insurance Department.

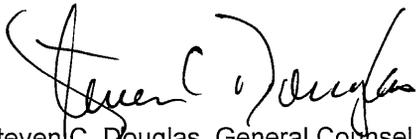
This is to certify that CLD-MP-4-2011-AR, et al (form number) meets the requirements of the Consumer Information Notice, as required under ACA 23-79-138 and Bulletin 15-2009.

This is to further certify that CLD-MP-4-2011-AR, et al (form number) meets the requirements for simplified policy forms as required by ACA 23-80-206 with regard to Flesch Scores.

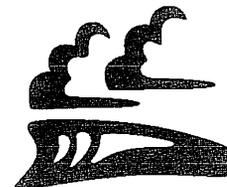
The Flesch Reading Ease Test Score for these forms are as follows:

Form #	Form Description	Flesch Score	Words
CLD-MP-4-2011-AR	Policy of Group Insurance Coverage	Flesch Score: 44.8	
CLD-MP-A-4-2011-AR	Group Policy Application	Flesch Score: 44.8	
CLD-C-4-2011-AR	Certificate of Insurance	Flesch Score: 46.2	
CLD-A-4-2011-AR	Schedule of Insurance/Application	Flesch Score: 48.0	
CLD-A-HQ-4-2011 AR	Schedule of Insurance/Application-Alternate	Flesch Score: 56.3	

The Certificate of Insurance and Group Policy are printed in ten-point type.



Steven C. Douglas, General Counsel
Plateau Insurance Company



Phone: 931-484-8411

Fax: 931-484-0692

Toll-Free: 1-800-752-8328

P.O. Box 7001

Crossville, TN 38557-7001

April 4, 2011

Life & Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock AR 72201-1904

Re: Plateau Insurance Company, NAIC #97152
Policy Forms & Rate Filing

<u>Description</u>	<u>Form Number</u>
Policy of Group Insurance Coverage	CLD-MP-4-2011-AR
Group Policy Application	CLD-MP-A-4-2011-AR
Certificate of Insurance	CLD-C-4-2011-AR
Schedule of Insurance/Application	CLD-A-4-2011-AR
Schedule of Insurance/Application-Alternate	CLD-A-HQ-4-2011-AR
Rate Schedule	CLD-Rates-4-2011-AR

Documents included for informational purposes only:

General Information Summary Page
Guaranty Association Notice

Dear Sir or Madam:

The forms referenced above are being submitted for your review and approval. These forms are new to our company and will not replace any previously approved forms. The submitted forms provide optional credit life and/or credit disability written on a single premium group basis. These forms will be used primarily in the finance company, credit union and retail market.

All variable information is bracketed. Variable items will never be more than the maximum or less than the minimum required by your Department. I have noted all variables in red so that they can be easily recognized by you. The red will be removed from the actual form before printing. We have also bracketed the schedules to allow us to vary the Schedule format to meet the system requirements of future accounts.

This product can be used as a standalone product or in combination with a Personal Property product that will be submitted in a separate filing with your P & C Department. If used in combination with the Personal Property product, the Schedule may be substituted with a General Information Summary Page that includes both products. I have included a copy of the General Information Summary Page under informational documents.

I have included two Schedule of Insurance/Applications. The standard application includes a health statement and the alternate application includes health questions. The alternate application would be used for accounts with larger limits of liability.

Also included as an informational document is the Guaranty Association Notice that will be given to each policyholder at the time of delivery of the policy pursuant to the Arkansas Code.

If you have any questions regarding this filing, do not hesitate to contact me. I can be reached by email at dadams@plateaugroup.com or by telephone at (800) 752-8328.

Sincerely,

Deedy Adams
Compliance Officer

Y o u r f i r s t c h o i c e .

SCHEDULE OF INSURANCE

AGENT/BRANCH CODE LIFE/DISABILITY: [00000] PERSONAL PROPERTY: [00000]	LOAN NUMBER [000000]	MASTER POLICY NUMBER LIFE/DISABILITY: [0000] PERSONAL PROPERTY: [0000]
---	-------------------------	--

FIRST INSURED DEBTOR (called you) [JOHN DOE] SS# [000-00-0000]	AGE [40]	BIRTH DATE [1-11-71] MO. DAY YR.	MAXIMUMS ALLOWED UNDER POLICY		
			LIFE	DISABILITY	PROPERTY

ADDRESS [123 ANY STREET ANY CITY ANY STATE 00000]	MAX TERM	[120]	[84]	[60]
	MAX AMOUNT OF INSURANCE	[\$120,000]	[\$50,000]	[\$50,000]

INSURED CO-DEBTOR (Life Only) [JANE DOE] SS# [000-00-0000]	AGE [39]	BIRTH DATE [2-22-72] MO. DAY YR.	MAX AGE AT ISSUE:	[70]	[68]	
			MAX BENEFIT PER MONTH:		[\$1,250]	

FIRST BENEFICIARY (CREDITOR) [ABC CREDITOR]	ADDRESS [ANY CITY, ANY STATE 00000]	SECOND BENEFICIARY
--	--	--------------------

PLATEAU INSURANCE COMPANY

LIFE COVERAGE: <input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT	EFFECTIVE DATE OF LIFE INSURANCE	EXPIRATION DATE OF LIFE INSURANCE	TERM OF LIFE INSURANCE (MONTHS)	ORIGINAL AMOUNT OF LIFE INSURANCE	LIFE PREMIUM
<input type="checkbox"/> GROSS DECREASING LIFE	[00/00/00]	[00/00/00]	[120]	[\$120,000]	[\$0,000.00]
<input type="checkbox"/> NET DECREASING LIFE	[00/00/00]	[00/00/00]	[120]	[\$120,000]	[\$0,000.00]
<input type="checkbox"/> LEVEL LIFE	[00/00/00]	[00/00/00]	[84]	[\$120,000]	[\$0,000.00]

DISABILITY COVERAGE: (First Insured Debtor Only)	EFFECTIVE DATE OF DISABILITY INSURANCE	EXPIRATION DATE OF DISABILITY INSURANCE	TERM OF DISABILITY INSURANCE (MONTHS)	MONTHLY DISABILITY BENEFIT	DISABILITY PREMIUM
	[01/05/2011]	[01/05/2011]	[01/05/2011]	[\$1,250.00]	[\$0,000.00]

WAITING PERIOD: <input type="checkbox"/> 7 Day Retro <input type="checkbox"/> 14 Day Retro <input type="checkbox"/> 14 Non-Retro <input type="checkbox"/> 30 Day Retro <input type="checkbox"/> 30 Day Non-Retro	TOTAL PREMIUM	[\$0,000.00]
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LOAN INFORMATION

AMT. FINANCED	LOAN EFFECTIVE DATE	LOAN TERM	PMT. FREQ. (M,Q,A)	DATE OF FIRST PAYMENT	CONTRACT INT. RATE	PAYMENT AMOUNT	AMOR. TERM (BALLOON)	BALLOON PAYMENT (IF ANY)
[\$000,000]	[01/05/2011]	[120]	[M]	[02/05/2011]	[0.0.00%]	[0.0.00%]	[120]	[\$00,000.00]

If the Initial Amount of Insurance or Term of Insurance is less than the Amount Financed or Loan Term, the Life Insurance Benefit may not completely pay off the Loan and if the Disability Benefit or Term of Insurance is less than the Monthly Payment or Loan Term, this insurance will not completely cover the Loan.

PLATEAU CASUALTY INSURANCE COMPANY

PERSONAL PROPERTY:								
Effective Date			Expiration Date			Term of Insurance (in months)		Amount of Property Insurance
Month	Day	Year	Month	Day	Year			Property Insurance Premium
[01]	[05]	[2011]	[01]	[05]	[2011]	[60]		[\$0,000.00]

COVERAGE TYPE		
<input type="checkbox"/> Single Interest	<input type="checkbox"/> Dual Interest WITH Visible Evidence of Forced Entry	<input type="checkbox"/> Dual Interest WITHOUT Visible Evidence of Forced Entry

DESCRIPTION OF PROPERTY (OR SEE ATTACHED COLLATERAL SCHEDULE)

IN REGARD TO SINGLE INTEREST PERSONAL PROPERTY COVERAGE ONLY, THE COMPANY DIRECTS ATTENTION TO THE FACT THAT COVERAGE UNDER THIS CERTIFICATE PROTECTS THE INTEREST OF THE LIENHOLDER ONLY AND DOES NOT PROTECT THE INTEREST OR EQUITY OF THE PURCHASER OR BORROWER. THIS DOES NOT APPLY TO DUAL INTEREST PERSONAL PROPERTY COVERAGE.

APPLICATION FOR INSURANCE AS SHOWN IN THE ABOVE SCHEDULE

Application is hereby made to Plateau Insurance Company and Plateau Casualty Insurance Company for insurance in the amounts and upon the terms shown above. **[To the best of my (our) knowledge and belief, I (We) am (are) in good health.]** For disability coverage, I am gainfully employed and working at least 30 hours per week for a period of not less than **[thirty (30)]** consecutive days immediately prior to the Effective Date of Insurance. My date of birth is correctly stated above. **[Within the last [five (5)] years, I (We) have not been a patient in a hospital, under the care of a physician, or been advised to have treatment of high blood pressure, diabetes, mental or nervous disorder, disease or disorder of the heart, liver, kidneys, back, neck, knee, lungs or circulatory system, cancer, respiratory system, intestinal tract, AIDS related complex or tested positive for Human Immunodeficiency Virus.]** I have read this statement and understand that if the representations are untrue the Company's liability is limited to the return of the premium.

I understand that I may purchase insurance to cover this Loan from any company of my choice and/or assign policies which I currently possess. I authorize the Creditor to deduct the amount of insurance premium shown above from the proceeds of my Loan and pay the premium to the Insurance Company.

The Creditor to whom I have applied for a loan has made specific inquiry as to the existence of valid and collectible insurance on the collateral securing said loan for personal property. My reply to this inquiry is indicated as follows:

I have no valid and collectible insurance to offer the Creditor. No other applicable insurance is available to assign or offer the Creditor.

Before signing, I have read or had read to me these statements.

FIRST INSURED DEBTOR	DATE	INSURED CO-DEBTOR	DATE
----------------------	------	-------------------	------

I/We acknowledge that the insurance issued is for a Level Term. (Only if selected in the Schedule above.)

FIRST INSURED DEBTOR	DATE	INSURED CO-DEBTOR	DATE
----------------------	------	-------------------	------

APPENDIX "A"

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act, nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the individual has assumed the risk; such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plan to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Plateau Insurance Company

P.O. Box 7001, Crossville, Tennessee 38557-7001 (800) 752-8328

(Herein Called the "Company", "We", "Us", or "Our")

CERTIFICATE NO: [000000]

SCHEDULE OF INSURANCE

AGENT/BRANCH CODE [00000]	LOAN NUMBER [00000000]	MASTER POLICY NUMBER [00000]	
FIRST INSURED DEBTOR (called You) [JOHN DOE] SS#[000-00-0000]	AGE [40]	BIRTH DATE [1-11-71] MO. DAY YR.	MAXIMUMS ALLOWED UNDER POLICY
ADDRESS [123 ANY STREET ANY CITY ANY STATE 00000]		MAX TERM:	LIFE [120] DISABILITY [84]
		MAX AMOUNT OF INSURANCE:	[\$120,000] [\$105,000]
INSURED CO-DEBTOR (Life Only) [JANE DOE] SS#[000-00-0000]	AGE [39]	BIRTH DATE [2-22-72] MO. DAY YR.	MAX AGE AT ISSUE: [70] [68]
		MAX BENEFIT PER MONTH:	[1,250]
FIRST BENEFICIARY (CREDITOR) [ABC CREDITOR]	ADDRESS [ANY CITY, ANY STATE 00000]	SECOND BENEFICIARY	

PLATEAU INSURANCE COMPANY

LIFE COVERAGE: <input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT	EFFECTIVE DATE OF LIFE INSURANCE	EXPIRATION DATE OF LIFE INSURANCE	TERM OF LIFE INSURANCE (MONTHS)	ORIGINAL AMOUNT OF LIFE INSURANCE	LIFE PREMIUM
	<input type="checkbox"/> GROSS DECREASING LIFE	[00/00/00]	[00/00/00]	[120] \$[120,000]	[\$0,000.00]
<input type="checkbox"/> NET DECREASING LIFE	[00/00/00]	[00/00/00]	[120] \$[120,000]	[\$0,000.00]	
<input type="checkbox"/> LEVEL LIFE	[00/00/00]	[00/00/00]	[84] \$[120,000]	[\$0,000.00]	
DISABILITY COVERAGE: (First Insured Debtor Only)	EFFECTIVE DATE OF DISABILITY INSURANCE	EXPIRATION DATE OF DISABILITY INSURANCE	TERM OF DISABILITY INSURANCE (MONTHS)	MONTHLY DISABILITY BENEFIT	DISABILITY PREMIUM
	[01/05/2011]	[01/05/2011]	[01/05/2011]	[\$1,250.00]	[\$0,000.00]
WAITING PERIOD: <input type="checkbox"/> 7 Day Retro <input type="checkbox"/> 14 Day Retro <input type="checkbox"/> 14 Day Non-Retro <input type="checkbox"/> 30 Day Retro <input type="checkbox"/> 30 Day Non-Retro					TOTAL PREMIUM
					[\$0,000.00]

LOAN INFORMATION

AMT. FINANCED	LOAN EFFECTIVE DATE	LOAN TERM	PMT. FREQ. (M, Q, A)	DATE OF FIRST PAYMENT	CONTRACT INT. RATE	PAYMENT AMOUNT	AMOR. TERM (BALLOON)	BALLOON PAYMENT (IF ANY)
[\$000,000]	[01/05/2011]	[120]	[M]	[02/05/2011]	[0.0.00%]	[\$00,000.00]	[120]	[\$00,000.00]

If the Initial Amount of Insurance or Term of Insurance is less than the Amount Financed or Loan Term, the Life Insurance Benefit may not completely pay off the Loan and if the Disability Benefit or Term of Insurance is less than the Monthly Payment or Loan Term, this insurance will not completely cover the Loan.

APPLICATION FOR INSURANCE AS SHOWN IN THE ABOVE SCHEDULE

Application is hereby made to Plateau Insurance Company for insurance in the amounts and upon the terms shown above. **[To the best of my (our) knowledge and belief, I (We) am (are) in good health.]** For disability coverage, I am gainfully employed and working at least 30 hours per week for a period of not less than **[thirty (30)]** consecutive days immediately prior to the Effective Date of Insurance. My date of birth is correctly stated above. **[Within the last [five (5)] years, I (We) have not been a patient in a hospital, under the care of a physician, or been advised to have treatment of [high blood pressure], [diabetes], [mental or nervous disorder], [disease] or [disorder of the heart], [liver], [kidneys], [back], [neck], [knee], [lungs] or [circulatory system], [cancer], [respiratory system], [intestinal tract], [AIDS related complex] [or] [tested positive for Human Immunodeficiency Virus].** I have read this statement and understand that if the representations are untrue the Company's liability is limited to the return of the premium.

I understand that I may purchase insurance to cover this Loan from any company of my choice and/or assign policies which I currently possess. I authorize the Creditor to deduct the amount of insurance premium shown above from the proceeds of my Loan and pay the premium to the Insurance Company.

Before signing, I have read or had read to me these statements.

FIRST INSURED DEBTOR _____	DATE _____	INSURED CO-DEBTOR _____	DATE _____
I/We acknowledge that the insurance issued is for a Level Term. (Only if selected in the Schedule above.)			
FIRST INSURED DEBTOR _____	DATE _____	INSURED CO-DEBTOR _____	DATE _____