

SERFF Tracking Number: ONLI-127291257 State: Arkansas
Filing Company: Ozark National Life Insurance Company State Tracking Number: 49180
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: 396
Project Name/Number: /

Filing at a Glance

Company: Ozark National Life Insurance Company

Product Name: 396

SERFF Tr Num: ONLI-127291257 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 49180

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Jodi Coen

Reviewer(s): Linda Bird

Date Submitted: 06/29/2011

Disposition Date: 07/06/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/06/2011

State Status Changed: 07/06/2011

Deemer Date:

Created By: Jodi Coen

Submitted By: Jodi Coen

Corresponding Filing Tracking Number:

Filing Description:

This policy form is a portfolio of term products. The product types currently available are:

§ 10 Year Level Premium Term (premiums level for 10 years followed by annually increasing premiums)

§ 20 Year Level Premium Term (premiums level for 20 years or until age 80, whichever occurs first, followed by annually increasing premiums)

The scheduled premiums are level for the specified duration and then increase annually thereafter. Gross premiums are fully guaranteed for all durations.

SERFF Tracking Number: ONLI-127291257 State: Arkansas
Filing Company: Ozark National Life Insurance Company State Tracking Number: 49180
Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: 396
Project Name/Number: /

The product will be sold to males and females. The range of issue ages is:

10 Year Level Premium Term 15-69
20 Year Level Premium Term 15-75

The premiums are fully guaranteed. Premiums vary by issue age, duration, gender, underwriting risk class and product. There is an annual policy fee of \$50.00. This product is non-participating. There is a conversion privilege allowing the insured to switch to any form of whole life or endowment policy then offered by the company. The amount converted is subject to a) a maximum of the amount in force on the term policy at time of conversion and b) the minimum policy requirement of the company at the time of conversion. The conversion must take place on or prior to the Insured's 70th birthday.

A table of premium rates per \$1,000 of insurance is included as Appendix A.

Cash Values are calculated as Minimum according to the Standard Nonforfeiture Law. For all issue ages, durations, underwriting classes and products Minimum values are less than \$25 per \$1,000 of insurance and thus exempt from providing cash values.

Company and Contact

Filing Contact Information

Jodi Coen, Paralegal jodi.coen@ozark-national.com
500 E 9th St. 816-842-6300 [Phone] 222 [Ext]
Kansas City, MO 64106-2627 816-842-7482 [FAX]

Filing Company Information

Ozark National Life Insurance Company CoCode: 67393 State of Domicile: Missouri
500 E 9th St Group Code: Company Type: life insurer
Kansas City, MO 64106-2627 Group Name: State ID Number:
(816) 842-6300 ext. [Phone] FEIN Number: 43-0812448

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

SERFF Tracking Number: ONLI-127291257 State: Arkansas
Filing Company: Ozark National Life Insurance Company State Tracking Number: 49180
Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: 396
Project Name/Number: /
Fee Explanation: 396 SERFF FEE
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ozark National Life Insurance Company	\$50.00	06/29/2011	49252586

SERFF Tracking Number: ONLI-127291257 State: Arkansas
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Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: 396
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/06/2011	07/06/2011

SERFF Tracking Number: ONLI-127291257 *State:* Arkansas
Filing Company: Ozark National Life Insurance Company *State Tracking Number:* 49180
Company Tracking Number:
TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: 396
Project Name/Number: /

Disposition

Disposition Date: 07/06/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ONLI-127291257 State: Arkansas
 Filing Company: Ozark National Life Insurance Company State Tracking Number: 49180
 Company Tracking Number:
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: 396
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
		Policy/Cont 396 ract/Fratern al Certificate	Initial			AR396 Policy 6.28.11.pdf 39610.pdf 39620.pdf



LIFE OF THE OZARKS

A LEGAL RESERVE STOCK COMPANY

WE WILL PAY the Proceeds as provided in this Policy. Payment will be made to the Beneficiary. We must first receive Written Proof of the Insured's death. The Insured must die while this Policy is in force.

SIGNED FOR US at Our Home Office as of the Policy Date set out in the Schedule.

Chairman and CEO

Secretary

RIGHT TO CANCEL

You may cancel this Policy by delivering or mailing a Written Notice to Life of the Ozarks, 500 E. Ninth St., Kansas City, Missouri 64106-2627 or to the agent who sold You the Policy and by returning the Policy or contract by mail before midnight of the twentieth (20th) day after the day You receive the Policy. If this policy is a replacement policy, You must return it within thirty (30) days after the date you received the Policy or any longer period if required by the law of the State where this policy was delivered. Notice given by mail and return of the Policy or contract by mail are effective on being postmarked, properly addressed and postage pre-paid. We will return all payments made for this Policy within ten (10) days after We receive notice of cancellation and the returned Policy. This Policy will then be void from the beginning and We and You will be in the same position as if no Policy had been issued.

If you have any questions, need assistance in the servicing of your policy or have any concerns you would like for us to address, you may contact Ozark National Life at 816/842-6300, or pos.express@ozark-national.com (or ozark@ozark-national.com).

This Is a legal contract between You and Us. Read your Policy carefully.

**GRADED PREMIUM LEVEL TERM POLICY
INSURANCE PAYABLE AT DEATH
PREMIUMS PAYABLE UNTIL COVERAGE TERMINATES AT
POLICY ANNIVERSARY FOLLOWING INSURED'S NINETYETH (90TH) BIRTHDAY
CONVERTIBLE CONDITIONALLY AS STATED IN POLICY
NONPARTICIPATING**

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Copy of Application and any Rider Benefits follow Page 10.

POLICY DEFINITIONS

"We", "Us", or "Our"

LIFE OF THE OZARKS. Please contact your agent or call our Policy Services Department at (816) 842-6300 to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.

"You" or "Your"

The Owner of the Policy.

"Owner"

The one named in the Application as Owner. It may also mean the one named by the first Owner as a later Owner. The Owner may or may not be the Insured.

"Insured"

The person whose life is insured by this Policy.

"Beneficiary"

The one who will receive the Proceeds of the Policy. The Beneficiary will be the one named in the Application unless later changed by the Owner.

"Death Benefit"

The amount of insurance set out in the Schedule under Death Benefit.

"Debt" or "Indebtedness"

The amount owed on this Policy plus any interest due.

"Face Amount"

The amount of insurance set out in the Schedule as the Face Amount."

"Policy Date"

Policy Date is found in the Schedule. This is the effective date of the Policy. Policy Years and Anniversaries are figured from the Policy Date.

"Conversion Provision"

You may convert this term policy in whole or part to a whole life policy or endowment policy. The request for conversion must be received by Us In Writing on or before the Insured's 70th birthday in order to qualify for the Conversion Privilege described on Page 9 of this policy.

"Proceeds"

The amount of benefits payable to the Beneficiary at death of the Insured. It may be more or less than the Death Benefit. It will be less if there is a past due (within the Grace Period) premium. It will be more if there are Riders attached to this Policy which have a payable Death Benefit. If premiums have been paid more than a year in advance, the amount remaining for this purpose will be added to the Proceeds.

"In Writing"

A Written Form which satisfies Us at the Home Office. Life of the Ozarks, 500 E. Ninth St., Kansas City, Missouri 64106-2627.

"Age"

Age last birthday.

GENERAL PROVISIONS

PREMIUM PAYMENTS

All premiums must be paid in advance. The payment of the initial premium is due before your policy will become effective. Premiums may be paid at our Home Office, or to an authorized agent. The agent will give You a receipt. It will be signed by Our President or Secretary and by Our agent. Your check will also be Your receipt.

You may pay premiums four ways. These are called Premium Modes. (1) Once each year (annually). (2) Twice each year (semi-annually). (3) Four times each year (quarterly). (4) Once each month (monthly). The rate You pay is the rate We have published and are using on the Policy Date. We also have a minimum premium amount we will accept. It is \$10. You can't use a mode that is less than Our minimum premium.

GRACE PERIOD

The Grace Period is thirty-one days. It applies to each premium after the first. It begins on the premium due date. It ends thirty-one days later. A premium may be paid (without interest) any time during the Grace Period. This Policy will be in force during the Grace Period. If the Insured dies during the Grace Period We will deduct the past due premium from any benefits We owe.

If a premium is not paid before the Grace Period ends this Policy may lapse. Lapse means it will end and be of no value. It may not always lapse. The premium may be paid by an Automatic Premium Loan, the Nonforfeiture Provisions may keep the Policy or part of it in force.

REINSTATEMENT

You may let the Grace Period expire and not pay the premium. You may then be able to reinstate this Policy. Reinstatement means put it back in force. These four things must all happen before You can do it: (1) It has not been lapsed more than five years. (2) The Insured must be insurable. We may ask questions about the health and habits of the Insured. A physical exam may be required. (3) You must pay all past due premiums. (4) You must pay interest at the Annual Interest Rate of 6% on the past due premiums and debt.

THE ENTIRE CONTRACT

Your Policy is a legal contract between You and Us. It consists of this Policy, a copy of the Application and any papers attached. You applied for the Policy. We issued it. You paid the first premium set out in the Schedule. All statements in the Application except for those made to defraud us are considered to be based on Your present knowledge and belief. They are considered representations, not warranties. No statement made by You, except those in the Application, may be used by Us to void the Policy or defend against a claim.

CHANGE OF CONTRACT

The only way Your Policy may be changed is by Written Agreement. It must be signed by one of Our Executive Officers. No agent or other person has Our permission to change Your Policy. No other person has the right to tell You that one or more of its terms or provisions do not apply to You.

INCONTESTABILITY

We will not contest the validity of this Policy (except for non-payment of premiums when due) after it has been in force during the insured's lifetime for two years from the Policy Date. We may contest the validity of a reinstated Policy for two years after the date We approve any reinstatement application. If we contest the validity of a reinstated Policy within its period, we may only contest it based upon statements in the reinstatement application (unless the original contestable period has not yet expired). These limitations do not apply to any benefits payable under any Disability or Accidental Death Rider.

SUICIDE EXCLUSION

If the Insured dies by suicide before the end of the two years* after the Policy Date, the benefits payable to the Beneficiary shall then be only the amount of premiums paid before the date of the suicide. This is true whether the Insured is sane or insane at the time of suicide.

*This exclusion is limited to one year for any policy issued or delivered in the States of Missouri, Colorado and North Dakota.

INCORRECT AGE OR SEX

If the Insured's age or sex is incorrectly stated in the Application, the Proceeds will be those which the premiums paid would have purchased at the correct age or sex.

SETTLEMENT

All sums We owe under the Policy are payable at Our Home Office.

MISSTATEMENT OF TOBACCO STATUS

If the Insured's tobacco use status is incorrectly stated in the Application, the Proceeds and nonforfeiture or loan values will be those which the premiums paid would have purchased for the correct tobacco status. This adjustment may only be made during the first two policy years.

BENEFICIARY AND OWNERSHIP PROVISIONS

BENEFICIARY

On the Policy Date, the Beneficiary is as named in the Schedule. You must also check the Application. It may have some conditions or provisions which affect the Beneficiary. Except as otherwise set out, the Proceeds are to be divided equally among all Primary Beneficiaries who survive the Insured. If none survive, Proceeds will be divided equally among all Contingent Beneficiaries who survive the Insured. If no Beneficiary survives the Insured, the Proceeds will go to You or to Your estate if You don't survive the Insured.

CHANGE OF BENEFICIARY

Unless an Irrevocable Beneficiary has been named You have the right to change the Beneficiary. Any change in Beneficiary must be In Writing. The change will take place the day You sign it. This is true even if the Insured dies before We receive it. Of course, this change will not affect any action We have taken before We receive the change. If an Irrevocable Beneficiary has been named, that Beneficiary must agree In Writing to any change. If You assign the Policy, You may also give up the right to change the Beneficiary.

RIGHTS OF THE OWNER

While the Insured is living, You have control of this Policy. Your right to control may, of course, be limited by an assignment. The naming of an Irrevocable Beneficiary may limit it. Otherwise, You own every part of it.

You may choose to have a Contingent Owner of this Policy. You may have done this on the Application, you can also do this by notifying us In Writing of the name of the Contingent Owner, if the Owner should die while the Insured is living, the Contingent Owner will automatically become the new Owner of this Policy.

CHANGE OF OWNER

You may appoint a new Owner of this Policy while the Insured is alive. Just notify us. Do it In Writing. The change will take place the date You sign the notice. This is true even if the Insured dies before We receive it. Of course this change will not affect any action We have taken before We received the notice.

If you are not the Insured and You die before the Insured is twenty-one, the Insured will become the Owner at once. Of course, You can make a different agreement with Us.

TRANSFER BY ASSIGNMENT

You may assign someone else all or some of Your rights in this Policy. The assignment will take effect on the date the assignment is signed by you. We will record the transfer. We will not be responsible for its validity or effect. Of course, these changes will not affect any action We have taken before We receive the Notice of assignment.

SETTLEMENT OPTIONS

When a policy becomes a claim by the death of the insured, settlement shall be made upon receipt of due proof of death. All of the proceeds of this Policy may be paid in one sum unless one of the following options is chosen by You. Interest shall be payable from the date of death to the date of settlement. Interest will be paid at a rate that is the same interest percentage as set forth in **Option 4. Interest Income** of this section.

Undue delay may occur in the payment of a claim. Undue delay occurs whenever a claim is paid 31 or more days after the latest of: (i) the date that due proof of death is received by Us; (ii) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; or (iii) the date that legal impediments to the payment of the proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to: (a) the establishment of guardianships or conservatorships; (b) the appointment and qualification of trustees, executors or administrators; and (c) the submission of information required to satisfy a state or federal reporting requirement. If the payment of the proceeds is unduly delayed interest shall be payable at the same interest percentage as set forth in **Option 4. Interest Income** of this section, plus additional interest at the rate of 10% annually. This interest shall begin on the date that is 31 calendar days after the latest of items (i), (ii) or (iii) and accrue until the date of settlement.

Options may be chosen by You. You must do this before the Insured dies. If You don't, the Beneficiary may choose an option. The choice must be made In Writing and sent to Us. The options are available only if payable to a natural person, in his or her own right. If not payable to a natural person, You need Our consent to the choice of an option. We will not make payments of less than \$25.00. We can change the period of payment so as to meet this \$25.00 minimum.

When You choose an option We will prepare an agreement. It will be signed by Us. It will tell when and how payments will be made. It will tell how to withdraw Proceeds. It will tell how Proceeds are disposed of when the Payee dies.

Under Options 1, 3 or 4, We will not make payments for more than thirty years. An option chosen before Proceeds are payable will take effect on the date they are payable. If chosen after Proceeds are payable, an option will take effect when We accept it. After an option takes effect, it can't be changed.

When Options 1, 2 or 3 take effect, the first installment shall be payable. When Option 4 takes effect, interest shall begin to accumulate.

If the Payee dies before all installments under Options 1, 2 or 3 are paid, We will pay the present value of any unpaid installments to the Payee's estate. If the Payee dies while We still have Proceeds under Option 4, We will pay the Proceeds and accumulated interest to the Payee's estate. If other arrangements have been made, We will follow them.

We may require proof of age under Option 2 before making any payment. If the Payee's age has been misstated, we can adjust the remaining payments to take care of this. We can require proof that the Payee is alive on any payment due date.

Payments can't be assigned, They can't be taken for the Payee's debts. No levy can be had on them. They can't be attached. These things are true except where illegal. Of course, other arrangements can be made with Us when an option is chosen.

The Payee may withdraw the commuted value of any unpaid installments under Options 1 or 3. These values will be figured on the basis of 2 ½% per year. The Payee may also withdraw any unpaid Proceeds under Option 4. You may tell Us In Writing that the Payee can't withdraw any such amounts. We will record this information at Our Home Office. Your notice will take effect on the day You sign it, not on the date recorded by Us. Of course the notice will not affect any payment made or action taken by Us before such recording.

The Proceeds, if greater than \$2,500, may be paid under one of the following options:

Option 1. Installments for a Fixed Period. Payments will be made in equal installments for a fixed number of years. They will be made annually, semi-annually, quarterly or monthly. The table below shows the amount of each installment for each \$1,000 of Proceeds.

OPTION 1. EQUAL INSTALLMENTS FOR EACH \$1,000 OF NET SUM PAYABLE

No. of years	Monthly Amounts	No. Of Years	Monthly Amounts
1	\$84.28	13	\$7.49
2	42.66	14	7.03
3	28.79	15	6.64
4	21.86	16	6.30
5	17.70	17	6.00
6	14.93	18	5.73
7	12.95	19	5.49
8	11.47	20	5.27
9	10.32	21	5.08
10	9.39	22	4.90
11	8.64	23	4.74
12	8.02	24	4.60
		25	4.46

Option 2. Life Income with a Fixed Period. Payments will be in equal monthly installments. The amount of each payment will be based on the age and sex of the Payee. Payments will be made for a fixed period and for as long after that as the Payee lives. No Payee may commute

installments under this Option 2. Use the sex and age last birthday of the Payee at the time payment starts. Use the correct fixed period. The table below will then tell You the amount of each monthly installment for each \$1,000 of Proceeds.

OPTION 2. INCOME FOR FIXED PERIOD AND LIFE THEREAFTER
Equal Installments for Each \$1000 of the Net Sum Payable

Male				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
5	\$2.46	\$2.46	\$2.46	\$2.46
6	2.47	2.47	2.47	2.47
7	2.49	2.48	2.48	2.48
8	2.50	2.50	2.50	2.49
9	2.51	2.51	2.51	2.51
10	2.52	2.52	2.52	2.52
11	2.54	2.54	2.53	2.53
12	2.55	2.55	2.55	2.55
13	2.57	2.56	2.56	2.56
14	2.58	2.58	2.58	2.57
15	2.60	2.59	2.59	2.59
16	2.61	2.61	2.61	2.61
17	2.63	2.63	2.62	2.62
18	2.65	2.64	2.64	2.64
19	2.66	2.66	2.66	2.66
20	2.68	2.68	2.68	2.67
21	2.70	2.70	2.70	2.69
22	2.72	2.72	2.72	2.71
23	2.74	2.74	2.74	2.73
24	2.76	2.76	2.76	2.75
25	2.79	2.78	2.78	2.78
26	2.81	2.81	2.80	2.80
27	2.83	2.83	2.83	2.82
28	2.86	2.85	2.85	2.85
29	2.88	2.88	2.88	2.87
30	2.91	2.91	2.90	2.90
31	2.94	2.94	2.93	2.93
32	2.97	2.97	2.96	2.95
33	3.00	3.00	2.99	2.98
34	3.03	3.03	3.02	3.01
35	3.07	3.06	3.06	3.05
36	3.10	3.10	3.09	3.08
37	3.14	3.14	3.13	3.11
38	3.18	3.18	3.17	3.15
39	3.22	3.22	3.21	3.19
40	3.27	3.26	3.25	3.23
41	3.31	3.30	3.29	3.27
42	3.36	3.35	3.33	3.31
43	3.41	3.40	3.38	3.35
44	3.46	3.45	3.43	3.40

Male				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
45	\$3.51	\$3.50	\$3.48	\$3.44
46	3.57	3.55	3.53	3.49
47	3.63	3.61	3.58	3.54
48	3.69	3.67	3.64	3.59
49	3.76	3.73	3.70	3.64
50	3.83	3.80	3.76	3.70
51	3.90	3.87	3.82	3.76
52	3.97	3.94	3.89	3.81
53	4.05	4.01	3.96	3.87
54	4.14	4.09	4.03	3.94
55	4.22	4.17	4.10	4.00
56	4.32	4.26	4.18	4.06
57	4.42	4.35	4.26	4.13
58	4.52	4.45	4.35	4.19
59	4.64	4.55	4.44	4.26
60	4.75	4.66	4.53	4.33
61	4.88	4.77	4.62	4.40
62	5.02	4.89	4.72	4.46
63	5.16	5.02	4.81	4.53
64	5.32	5.15	4.91	4.60
65	5.49	5.28	5.02	4.66
66	5.66	5.42	5.12	4.72
67	5.85	5.57	5.22	4.78
68	6.05	5.72	5.33	4.84
69	6.27	5.88	5.43	4.89
70	6.50	6.05	5.53	4.94
71	6.74	6.21	5.63	4.99
72	7.00	6.38	5.73	5.03
73	7.27	6.56	5.82	5.07
74	7.57	6.73	5.91	5.10
75	7.89	6.91	6.00	5.13
76	8.22	7.09	6.08	5.16
77	8.58	7.27	6.15	5.18
78	8.97	7.44	6.22	5.20
79	9.39	7.61	6.28	5.22
80	9.83	7.78	6.34	5.23

OPTION 2. INCOME FOR FIXED PERIOD AND LIFE THEREAFTER
Equal Installments for Each \$1000 of the Net Sum Payable (Continued)

Female				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
5	\$2.41	\$2.41	\$2.41	\$2.41
6	2.42	2.42	2.42	2.42
7	2.43	2.43	2.43	2.43
8	2.44	2.44	2.44	2.44
9	2.45	2.45	2.45	2.45
10	2.46	2.46	2.46	2.46
11	2.47	2.47	2.47	2.47
12	2.49	2.49	2.49	2.48
13	2.50	2.50	2.50	2.50
14	2.51	2.51	2.51	2.51
15	2.53	2.53	2.52	2.52
16	2.54	2.54	2.54	2.54
17	2.56	2.55	2.55	2.55
18	2.57	2.57	2.57	2.57
19	2.59	2.58	2.58	2.58
20	2.60	2.60	2.60	2.60
21	2.62	2.62	2.62	2.61
22	2.64	2.63	2.63	2.63
23	2.65	2.65	2.65	2.65
24	2.67	2.67	2.67	2.67
25	2.69	2.69	2.69	2.69
26	2.71	2.71	2.71	2.71
27	2.73	2.73	2.73	2.73
28	2.75	2.75	2.75	2.75
29	2.78	2.78	2.77	2.77
30	2.80	2.80	2.80	2.79
31	2.83	2.82	2.82	2.82
32	2.85	2.85	2.85	2.84
33	2.88	2.88	2.87	2.87
34	2.90	2.90	2.90	2.89
35	2.93	2.93	2.93	2.92
36	2.96	2.96	2.96	2.95
37	3.00	2.99	2.99	2.98
38	3.03	3.03	3.02	3.01
39	3.06	3.06	3.05	3.05
40	3.10	3.10	3.09	3.08
41	3.14	3.13	3.13	3.12
42	3.18	3.17	3.16	3.15
43	3.22	3.21	3.20	3.19
44	3.26	3.26	3.25	3.23

Female				
AGE IN YEARS	LIFE ONLY	10 YEARS CERTAIN	15 YEARS CERTAIN	20 YEARS CERTAIN
45	\$3.31	\$3.30	\$3.29	\$3.27
46	3.36	3.35	3.33	3.32
47	3.41	3.40	3.38	3.36
48	3.46	3.45	3.43	3.41
49	3.51	3.50	3.48	3.46
50	3.57	3.56	3.54	3.51
51	3.63	3.62	3.59	3.56
52	3.70	3.68	3.65	3.61
53	3.76	3.74	3.72	3.67
54	3.84	3.81	3.78	3.73
55	3.91	3.89	3.85	3.79
56	3.99	3.96	3.92	3.85
57	4.08	4.04	3.99	3.92
58	4.17	4.13	4.07	3.98
59	4.26	4.22	4.15	4.05
60	4.36	4.31	4.24	4.12
61	4.47	4.41	4.33	4.20
62	4.58	4.51	4.42	4.27
63	4.70	4.63	4.52	4.34
64	4.83	4.74	4.61	4.42
65	4.97	4.87	4.72	4.49
66	5.12	5.00	4.82	4.56
67	5.28	5.14	4.93	4.63
68	5.45	5.28	5.04	4.70
69	5.63	5.43	5.16	4.77
70	5.83	5.59	5.27	4.83
71	6.04	5.76	5.39	4.89
72	6.28	5.94	5.50	4.95
73	6.52	6.12	5.62	5.00
74	6.79	6.31	5.73	5.05
75	7.09	6.51	5.83	5.09
76	7.40	6.71	5.93	5.12
77	7.74	6.91	6.03	5.15
78	8.11	7.11	6.11	5.18
79	8.51	7.31	6.19	5.20
80	8.94	7.51	6.27	5.22

Option 3. Installments of a Fixed Amount. Payments will be made in equal installments of a fixed amount. They will be paid annually, semi-annually, quarterly, or monthly. They will continue until the Proceeds and interest are exhausted. Interest will be 2½% per annum. The last payment will be the unpaid balance of Proceeds and interest.

Option 4. Interest Income. The proceeds may be held by Us at interest. We will hold them for an agreed period of

of time. We will pay the interest annually, semi-annually, quarterly, or monthly as is agreed. Interest will be 2½% per annum. This is what we will pay for each \$1,000 of proceeds; \$25.00 annually, \$12.42 semi-annually, \$6.19 quarterly, and \$2.06 monthly. The Payee may withdraw the entire Proceeds before the end of the agreed period.

Option 5. Special Settlements. The Proceeds may be paid in any other manner. All that's needed is Our consent.

CONVERSION PRIVILEGE

This Policy may be converted in whole or in part (subject to Our minimum policy requirements) to a new whole life with a Face Amount not greater than the Face Amount of this Policy, and with a Policy Date which shall be the date of conversion, at any time during the continuance of this policy. This conversion may be made without evidence of insurability, except as provided in this Policy and this Conversion Privilege. The request for conversion must be made on or before the Insured's 70th birthday. If, under the provisions of a disability rider, We are waiving payment of premium because of the Insured's total disability, or if the conversion is requested after the commencement of or during the Insured's Total Disability, then the conversion privilege cannot be used.

The premium rate for such new policy (at the attained age of the Insured) shall be that then in use by Us for the same risk classification as this Policy. A rider providing benefits in the event of total and permanent disability or additional benefits in event of accidental death will be included in the

new policy without evidence of insurability only if such a rider is in force under this Policy at the Date of Conversion, and only if We, on the Date of Conversion, customarily issue such riders with new policies at the then attained age of the Insured at last birthday.

BASIS OF RESERVES

All calculations, including present values and net single premiums, are based on the male or female, smoker or nonsmoker, age last birthday 2001 Commissioners Standard Ordinary mortality table. An interest rate not greater than the maximum interest rate permitted by law is used.

The values of this Policy are at least equal to those required by the law of the state in which this Policy is delivered. A detailed statement of the method of computing values has been filed with the supervisory official of that state.

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500 E. 9th Street
Kansas City, MO 64106-2627
816/842-6300

A LEGAL RESERVE STOCK COMPANY

**GRADED PREMIUM
LEVEL TERM POLICY
INSURANCE PAYABLE AT DEATH
PREMIUMS PAYABLE UNTIL
COVERAGE TERMINATES AT
POLICY ANNIVERSARY
FOLLOWING INSURED'S
NINETIETH (90TH) BIRTHDAY
CONVERTIBLE CONDITIONALLY
AS STATED IN POLICY**

NONPARTICIPATING

PLAN

396-10

SCHEDULE

INSURED: [Sam Sample]

POLICY NUMBER: [106427]

AGE: [35]

POLICY DATE: [03-01-2011]

OWNER: [Sam Sample]

SEX: [MALE]

BENEFICIARY: [AS SHOWN ON THE APPLICATION]

PREMIUM CLASS: [NON-TOBACCO]

FACE AMOUNT/
DEATH BENEFIT

CURRENT ANNUAL
PREMIUMS

PERIOD PAYABLE

20,000	69.40	01-10
20,000	162.20	11
20,000	172.80	12
20,000	181.60	13
20,000	188.40	14
20,000	197.20	15
20,000	208.80	16
20,000	223.40	17
20,000	241.40	18
20,000	262.00	19
20,000	288.20	20
20,000	317.80	21
20,000	348.00	22
20,000	377.60	23
20,000	407.00	24
20,000	441.40	25
20,000	483.40	26
20,000	534.40	27
20,000	593.80	28
20,000	658.60	29
20,000	726.20	30
20,000	796.60	31
20,000	867.80	32
20,000	942.40	33
20,000	1,021.00	34
20,000	1,109.40	35
20,000	1,212.40	36
20,000	1,337.60	37
20,000	1,483.80	38
20,000	1,638.00	39
20,000	1,803.60	40
20,000	1,983.80	41
20,000	2,187.20	42
20,000	2,423.60	43
20,000	2,698.20	44
20,000	3,006.00	45
20,000	3,349.20	46
20,000	3,722.20	47
20,000	4,117.40	48
20,000	4,548.80	49
20,000	5,028.60	50
20,000	5,562.20	51
20,000	6,149.20	52
20,000	6,783.40	53
20,000	7,457.80	54
20,000	8,165.40	55

OZARK NATIONAL LIFE CAN BE CONTACTED AT [816-842-6300]
YOUR STATE INSURANCE DEPARTMENT CAN BE CONTACTED AT [573-751-4126]

WAIVER OF PREMIUM

3.00

25 YEARS

THE ABOVE PREMIUM RATES INCLUDE A \$50.00 ANNUAL POLICY FEE.

PLAN

396-20

SCHEDULE

INSURED: [Sam Sample]

POLICY NUMBER: [106427]

AGE: [35]

POLICY DATE: [03-01-2011]

OWNER: [Sam Sample]

SEX: [MALE]

BENEFICIARY: [AS SHOWN ON THE APPLICATION]

PREMIUM CLASS: [NON-TOBACCO]

FACE AMOUNT/ DEATH BENEFIT	CURRENT ANNUAL PREMIUMS	PERIOD PAYABLE
20,000	75.60	01-20
20,000	317.80	21
20,000	348.00	22
20,000	377.60	23
20,000	407.00	24
20,000	441.40	25
20,000	483.40	26
20,000	534.40	27
20,000	593.80	28
20,000	658.60	29
20,000	726.20	30
20,000	796.60	31
20,000	867.80	32
20,000	942.40	33
20,000	1,021.00	34
20,000	1,109.40	35
20,000	1,212.40	36
20,000	1,337.60	37
20,000	1,483.80	38
20,000	1,638.00	39
20,000	1,803.60	40
20,000	1,983.80	41
20,000	2,187.20	42
20,000	2,423.60	43
20,000	2,698.20	44
20,000	3,006.00	45
20,000	3,349.20	46
20,000	3,722.20	47
20,000	4,117.40	48
20,000	4,548.80	49
20,000	5,028.60	50
20,000	5,562.20	51
20,000	6,149.20	52
20,000	6,783.40	53
20,000	7,457.80	54
20,000	8,165.40	55

OZARK NATIONAL LIFE CAN BE CONTACTED AT [816-842-6300]

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WAIVER OF PREMIUM

3.00

25 YEARS

THE ABOVE PREMIUM RATES INCLUDE A \$50.00 ANNUAL POLICY FEE.

SERFF Tracking Number: ONLI-127291257 State: Arkansas
Filing Company: Ozark National Life Insurance Company State Tracking Number: 49180
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: 396
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR396 Flesch Score Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Attachment: 540 IR 08-AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo Comments: Attachment: AR396 Term Statement of Basis signed AR.pdf		

CERTIFICATE OF COMPLIANCE

Re: Policy Form No. 396

I have carefully reviewed the above listed form submitted with this Certificate, and, to the best of my knowledge, information and belief, hereby certify the following:

1. The captioned form complies with the applicable statutory and regulatory laws in the state to which this filing is submitted.
2. The captioned form meets or exceeds the legibility and readability requirements in the stats to which this filing is submitted.
3. That the Company complies with Rule and Regulation 19 by providing the consumer with a Life and Health Guaranty Association notice.
4. The captioned forms contain no unusual or controversial provisions.

LIFE OF THE OZARKS



By: _____
David R. Melton, Vice President & General Counsel

Date: _____
June 24, 2011



INSURED

USE BLACK INK ONLY - PLEASE PRINT

1. Full name of proposed insured. (Legal name)

First Middle Last

2. Residence Address

Street

City State Zip

3. Insured's Previous Address

Street

City State Zip

4. Driver's License # State Issued

6. a. Proposed Insured's Occupation How Long?

b. Duties Performed

State of Birth Birth date (mm/dd/yyyy) Age Sex: Male Female

Marital Status: Single Married Widowed Divorced Separated

Social Security #

Are you a U.S. Citizen? Yes No

Height Weight

Home Phone

Bus/Cell Phone

Email Address:

5. Existing Fund Account Numbers

Employer

Location

PLAN INFORMATION

7. Total Annual Premium Mode Premium Pay Mode Pay Code A S ET DB SS Q M GR FB PY

8. Plan # of Insurance Base Plan Volume Rider I Rider II Rider III GR / FB # WP AD GI PDD (See #16)

9. Special Requests: 10. Special Draft Date

11. Automatic Premium Loan Clause to be operative? Yes No 12. Replacement / Conversion Yes No

Prior Policy #

OWNER

13. Proposed ownership designation - Legal name(s)

Same as above insured

Primary Owner

Owner's Soc. Sec. # Birth Date Relationship

Owner's Mailing Address

City State Zip

Contingent Owner

Contingent Owner's Soc. Sec. # Birth Date Relationship

Contingent Owner's Address

City State Zip

Agent No. 1 Agent # Agent No. 2 Agent #

PRIMARY BENEFICIARIES

14. Primary Beneficiary(ies)	Share %	Social Security	Birth Date	Relationship
	Leave blank for Equal distribution			
_____	%	□□□-□□-□□□□	_____	_____
_____	%	□□□-□□-□□□□	_____	_____
_____	%	□□□-□□-□□□□	_____	_____
_____	%	□□□-□□-□□□□	_____	_____
_____	%	□□□-□□-□□□□	_____	_____

Additional Primary Beneficiaries Continued on another sheet

CONTINGENT BENEFICIARIES

15. Contingent Beneficiary(ies)	Share %	Social Security	Birth Date	Relationship
	Leave blank for Equal distribution			
_____	%	□□□-□□-□□□□	_____	_____
_____	%	□□□-□□-□□□□	_____	_____
_____	%	□□□-□□-□□□□	_____	_____
_____	%	□□□-□□-□□□□	_____	_____

Additional Contingent Beneficiaries Continued on another sheet

COMPLETE FOR SPOUSE, CPR, PAYOR DEATH / DISABILITY COVERAGE

16. No. of CPR Units _____ Spouse Volume _____ Tobacco Use Non-Tobacco

PDD Yes No

Proposed Insured	Relationship to Applicant	Date of Birth mm/dd/yyyy	Birthplace (State)	Age	Sex	Height	Weight	Amount of Insurance Now Inforce

Spouse's / Payor's occupation (duties performed, name of employer): _____ Spouse's Driver's License #: _____ Social Security No. □□□-□□-□□□□

ADDITIONAL INSURANCE

17. Life Insurance in force on Proposed Insured:

Year Issued	Name of Company	Amount	Amount of Accidental Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY HISTORY

18. Family History	Age if Living	Age at Death	State of Health or Cause of Death
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings	No. Living	_____	_____
	No. Dead	_____	_____

MEDICAL HISTORY
IF ANSWERED YES, GIVE FULL DETAILS - NAMES, AILMENTS, DATES, PHYSICIANS' NAMES, ADDRESSES, ETC.
Identify questions and proposed insured to which details apply

Applicant's Name				Primary Insured		Other Insured	
	First	Middle	Last	Yes	No	Yes	No
19.	Has any proposed insured ever been diagnosed, treated, or tested for any of the following:						
	a. Disorder of eyes or ears?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. Mental, depression or anxiety disorder?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. Seizure disorder, multiple sclerosis, muscular dystrophy, Parkinson's disease, ALS, Alzheimer's disease or other neurological disorder?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. Asthma, bronchitis, emphysema, COPD or other chronic respiratory disorder?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	e. High blood pressure, stroke, aneurysm, blood clot, heart murmur, chest pain, heart attack or heart surgery? Other disease or disorder of heart or blood vessels?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	f. Diabetes, tumor, cancer or skin disorder?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	g. Disorder of stomach, intestines, liver, kidney, bladder, prostate or reproductive organs?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	h. Arthritis, disease or disorder of the muscles, bones or back?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	i. Deformity, limited mobility, amputation or paralysis?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	j. Anemia or other disease or disorder of the blood?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	k. Other disease or disorder not listed above?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	l. Is this insurance intended to change or replace any existing life insurance or annuities in any company? (Details below)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Any weight change by more than ten pounds in the last six months ?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	If Yes, amount and cause _____						
21.	Is any person proposed for insurance:						
	a. Now under treatment or observation?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. List all current medications. _____						
22.	In the past five years , has any person proposed for insurance:						
	a. received treatment or counseling for the use of alcohol or drugs (prescribed or non-prescribed)?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. been advised to receive treatment or counseling for the use of alcohol or drugs (prescribed or non-prescribed)?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	In the past twelve months , have you used any form of tobacco or tobacco cessation products?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	In the past ten years has any person proposed for insurance:						
	a. Been told that they had Acquired Immune Deficiency Syndrome (AIDS), or "AIDS" Related Complex (ARC), or "AIDS" related condition?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b. Been advised to obtain tests or treatment in connection with any of these things mentioned in (a) above?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c. Tested positive for anti-bodies to the "AIDS" (Human T-Cell Lymphotropic, Type III, TLV-III) virus or Lymphadenopathy Associated Virus (LAV)?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Has any person proposed for insurance ever been disabled or ever requested payment or received a payment for Worker's Compensation, Social Security or other disability income payment?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Is this person currently disabled or claiming to be disabled?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Within the past five years has any proposed insured:						
	a. Been treated by a health care provider or at a health care facility? If YES, provide details.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	b. Had any test, procedure or treatment? If YES, provide details.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	c. Been advised to have any diagnostic test, hospitalization, treatment or surgery which was not completed?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



CERTIFICATION

Each of the undersigned declares they have read the questions and answers above and certifies the answers are complete and true to the best of their knowledge and belief. The following agreements are offered to the Company as a consideration for the insurance. It is agreed that: (1) The Company shall incur no liability under this application until it has been received and approved, a policy has been issued and delivered, and the full first premium specified in the policy has been actually paid to and accepted by the Company while health, habits and occupation of the proposed insureds remain as described in this application, in which case the policy shall be deemed to have taken effect as of the date on which the policy was signed. However, if the full first premium specified in the application on the policy applied for is paid on the date of this application and the Company's receipt is issued to the applicant, then the liability of the Company shall be stated in the receipt and the policy form for which application is made. (2) Only the President, a Vice-President, Secretary, or an Assistant Secretary of the Company can make, modify or discharge contracts or waive any of the Company's rights or requirements and then only in writing. (3) The Company is authorized to amend this application in the space entitled "Home Office Additions or Corrections" and acceptance by the applicant of any policy issued on this application shall constitute a ratification of any such amendments, except no change in the amount of insurance or the amount of the premium or classification of kind of insurance or benefits unless agreed to in writing by the applicant.

FRAUD WARNING

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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."

ACKNOWLEDGMENT AND AUTHORIZATION

We acknowledge receipt of a statement describing the underwriting procedures and were furnished the notice required by the Fair Credit Reporting Act. We hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or any other organization, institution or person that has any record or knowledge of the persons whose signatures appear below (or their children) or their health to give such record or information to the Life of the Ozarks or its reinsurers. A reproduced copy of this Acknowledgment and Authorization shall be as valid as the original. This Authorization shall be valid for 24 months from the date signed.

Monies Received with Application \$ _____ For _____ Premium _____

Date and signed at _____ (City) _____ (State) on _____ (Date)

Signature of Spouse (if coverage or **Conversion** applied for) _____ Signature of Applicant _____

Signature of Owner if other than proposed Insured (Give official capacity if signed on behalf of a corporation) _____

Witness or Agent _____ Code No. _____ Agent _____ Code No. _____

Home Office Additions or Corrections

* A A R O S *

CONDITIONAL RECEIPT (DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION)

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY - DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from _____ the sum of _____ (\$ _____) Dollars for the full first premium specified in the application for insurance in Life of the Ozarks which bears the same date as this receipt. The insurance under the policy for which application is made shall be effective on the date of this receipt or the date of completion of the medical examination (if, and when required by the Company), whichever is the later date, if in the opinion of the authorized officers of the Company at its Home Office in Kansas City, Missouri, the Proposed Insured is insurable and acceptable for insurance under the rules and practices of the plan of insurance, for the amount of insurance, and at the premium rate set forth in the application exclusive of any amendments in the space for "Home Office Additions or Corrections." Coverage under this receipt shall expire the earlier of: (i) issuance and delivery of the policy, (ii) rejection of any counter-offer, or (iii) ninety (90) days from the date of this receipt. However, even if the Proposed Insured is so insurable and acceptable, the maximum liability of the Company under this receipt and other insurance in force in this company shall be \$100,000 or the amount of said other insurance, whichever is greater. If the Proposed Insured is not so insurable and acceptable, the Company has no liability under this receipt, and the above payment will be returned by the Company's check, upon surrender of this receipt. This receipt shall be void if given for check or draft which is not honored on presentation.

Agent _____ Date _____

**Agents Report and Special Instructions
THIS SECTION MUST BE COMPLETED WHERE APPLICABLE**

- | | YES | NO |
|--|-----------------------|-----------------------|
| 28. STATEMENT OF AGENT REGARDING REPLACEMENT
Do you have knowledge or reason to believe that replacement of existing insurance or annuities may be involved?
If Yes, refer to special instructions for your state. If no special instructions, give details here. _____ | <input type="radio"/> | <input type="radio"/> |
| <hr/> | | |
| 29. UNDERWRITING REQUIREMENTS
Was the "Your Insurance Application and How it is Handled" form given to applicant? | <input type="radio"/> | <input type="radio"/> |
| 30. If NON-MEDICAL , these questions MUST be answered before the application can be processed.
a. Did you see the proposed insured at time of making application? | <input type="radio"/> | <input type="radio"/> |
| (If not, need examination) | | |
| b. Do you know of any condition which the proposed insured did not indicate under Medical History? | <input type="radio"/> | <input type="radio"/> |
| 31. SETTLEMENT
a. Was full premium for mode collected and submitted with the application? | <input type="radio"/> | <input type="radio"/> |
| b. If so, was Conditional Receipt given to applicant? | <input type="radio"/> | <input type="radio"/> |
| c. Were terms of receipt explained to the applicant? | <input type="radio"/> | <input type="radio"/> |
| 32. ALL APPLICANTS
a. Previous names and dates of name changes? _____ | | |
| <hr/> | | |
| b. If married, how much insurance does spouse carry? _____ | | |
| <hr/> | | |
| 33. CHILD APPLICANTS (under age 15)
a. Amount of insurance on Father _____ Mother _____ | | |
| b. Amount of insurance on brothers and sisters under age 15. _____ | | |

OTHER SPECIAL REQUESTS



Date _____ Agent's Signature _____

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. Life of the Ozarks, or its reinsurers, may, however, make a brief report thereon to MIB, a not-for-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 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 the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. www.mib.com

Life of the Ozarks, or its reinsurers, 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.