

SERFF Tracking Number: LFST-127348656 State: Arkansas
Filing Company: American Republic Insurance Company State Tracking Number: 49436
Company Tracking Number: A-3497-AR (8/11) / 72000/73000/45000/48000
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium
Product Name: Single Premium Group Credit Life & Disability
Project Name/Number: CLAH-CERTIFICATE FORM REVISION /A-3497-AR (8/11)

Filing at a Glance

Company: American Republic Insurance Company

Product Name: Single Premium Group Credit Life & Disability SERFF Tr Num: LFST-127348656 State: Arkansas

TOI: CR04G Group Credit - Life SERFF Status: Closed-Approved-Closed State Tr Num: 49436

Sub-TOI: CR04G.003 Single Premium Co Tr Num: A-3497-AR (8/11) / 72000/73000/45000/48000 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
Author: Sabrina Smith Disposition Date: 08/08/2011
Date Submitted: 08/01/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: CLAH-CERTIFICATE FORM REVISION

Project Number: A-3497-AR (8/11)

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Group Market Type: Other

Overall Rate Impact:

Deemer Date:

Submitted By: Sabrina Smith

Filing Description:

American Republic Insurance Company hereby submits for review and approval its Group Credit Life & Disability Single Premium Program. This filing is revising the Certificate. In error we need to correct / revised the Suicide Exclusion on page 2 to read:

SUICIDE EXCLUSION : If the Insured Debtor or the Joint Insured Debtor die as a result of suicide while sane or insane within [two (2) year(s)] after the effective date of coverage, our liability will be limited to the refund of premiums paid for single coverage, or if joint coverage is applicable, forty percent (40%) of the premium paid.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/02/2003

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Explanation for Other Group Market Type:

Other (Banks and other Financial Institutions.)

Filing Status Changed: 08/08/2011

State Status Changed: 08/08/2011

Created By: Sabrina Smith

Corresponding Filing Tracking Number:

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The revised provision has been highlighted for your review. The revised Certificate will replace the previously approved Certificate. All other previously approved Forms will remain the same.
The previous filing was approved by the Department on June 2, 2011.

Sections within brackets are variable and may change according to the agreement with the Creditor Policyholder. However, they will never be more restrictive to the Insured than allowed by law. Unless otherwise advised by your Department's final approval. This change may become necessary in order to accommodate the data processing system of the creditor.

If you have any questions or if additional information is needed, please feel free to contact me at (800)-888-2738 ext. 7269 or e-mail me at : sasmith@life-south.com.

Your earliest review and approval of this filing will be appreciated.

Sincerely,
Sabrina Smith

Company and Contact

Filing Contact Information

Sabrina Smith, Compliance Specialist sasmith@life-south.com
10151 Deerwood Park Blvd., Building 100, Suite 800-888-2738 [Phone] 7269 [Ext]
330
Jacksonville, FL 32256 904-350-1069 [FAX]

Filing Company Information

American Republic Insurance Company CoCode: 60836 State of Domicile: Iowa
10151 Deerwood Park Boulevard Group Code: 3527 Company Type: Life
Building 100, Suite 330 Group Name: State ID Number:
Jacksonville, FL 32256 FEIN Number: 42-0113630
(800) 888-2738 ext. 7265[Phone]

Filing Fees

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

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Fee Explanation: \$ 50 per Form (1 Form Filing)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Insurance Company	\$50.00	08/01/2011	50227369

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/08/2011	08/08/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revision to Certificate	Note To Reviewer	Sabrina Smith	08/01/2011	08/01/2011

SERFF Tracking Number: LFST-127348656 *State:* Arkansas
Filing Company: American Republic Insurance Company *State Tracking Number:* 49436
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Disposition

Disposition Date: 08/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Third Party Authorization Letter		Yes
Form	Certificate		Yes

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Note To Reviewer

Created By:

Sabrina Smith on 08/01/2011 01:26 PM

Last Edited By:

Linda Bird

Submitted On:

08/08/2011 10:04 AM

Subject:

Revision to Certificate

Comments:

Note: We added brackets and revised to read [two (2) year(s)] instead of two (2) months.

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Form Schedule

Lead Form Number: A-3497-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A-3497-AR	Certificate	Certificate	Initial		45.200	A-3497-AR Certificate 8.11.pdf

RIGHT TO RESCIND [FREE LOOK] - Within the first [10] days after this certificate is received, you may surrender it and receive a full refund of premiums paid. Please return the Certificate to us or your creditor if you wish to rescind coverage.

LIFE INSURANCE BENEFIT

WHO IS INSURED: The Insured Debtor is the Primary Debtor. The Insured Debtor may be insured for both life and disability insurance. The Joint Insured Debtor may [also] be insured for life [and disability] insurance [only].

WHAT YOU GET: We certify that if we have been paid the premium shown in the schedule you are insured for the coverage shown in the Schedule, subject to the terms of the Group Policy issued to the Policyholder and this Certificate.

WHO GETS PAID: Immediately upon proof of your death or disability, we will pay the benefits provided under this Certificate to the Creditor. The Creditor will apply such payment(s) to pay off or reduce your debt. If the amount of insurance exceeds the balance of your debt, the excess will be paid to the second beneficiary named in the Schedule, or if no second beneficiary is named, then to your estate.

SINGLE LIFE INSURANCE BENEFIT: If you die while you are insured for single life coverage, we will pay the amount of life insurance in force at the time of your death.

JOINT LIFE INSURANCE BENEFIT: If you or the Joint Insured Debtor dies while insured for joint life coverage, we will pay the amount of insurance in force at the time you or the Joint Insured Debtor dies. Only one death benefit is payable under this Certificate. Should you and the Joint Insured Debtor die at the same time, or under such circumstances that it is impossible to determine who died first, then one death benefit will be based on the death of the primary Insured Debtor.

AMOUNT OF LIFE INSURANCE:

Decreasing Life - The amount of insurance decreases each month throughout the term of the coverage. On the effective date, the amount of insurance is equal to the Original Amount of Insurance shown on the Schedule. Thereafter, the amount of insurance decreases each month by an amount equal to the initial amount divided by the number of months in the term of the coverage.

Net Balance - If the insurance shown in the Schedule is Net Balance, the proceeds we will pay consist of:

- (a) the unpaid debt on the date of death; plus
- (b) any payments made that were not scheduled until after the date of death.

The proceeds determined above will be reduced if the Original Debt exceeds the Original Amount of Life Insurance. The proceeds payable will be the Original Amount of Life Insurance divided by the Original Debt multiplied by the unpaid balance as described above.

Level Life - The amount of insurance in force will be the Original Amount of Life Insurance, without decreasing during the term of coverage.

SUICIDE EXCLUSION : If the Insured Debtor or the Joint Insured Debtor die as a result of suicide while sane or insane within [two (2) year(s)] after the effective date of coverage, our liability will be limited to the refund of premiums paid for single coverage, or if joint coverage is applicable, forty percent (40%) of the premium paid.

Single life coverage on the surviving Insured Debtor will continue unless cancellation is requested in writing.

TOTAL DISABILITY INSURANCE BENEFIT

THIS BENEFIT IS AVAILABLE ONLY IF YOUR INSTALLMENTS ARE PAID ON A MONTHLY BASIS.

Single Disability Insurance Benefit: If you become totally disabled during the term of coverage and continue to be totally disabled for more than the number of days as stated in the Waiting Period, then you will become eligible for benefits under this Certificate.

Full Disability Coverage – If you become totally disabled within the term of coverage and such total disability continues uninterrupted for more than the number of days as stated in the Waiting Period, we will pay a disability benefit equal to 1/30th of your **MONTHLY DISABILITY BENEFIT** for each day of continuous total disability during your benefit period, but not more than your installment payment then due.

CRITICAL PERIOD COVERAGE: If an Insured Debtor becomes totally disabled while insured under this Rider and such total disability continues uninterrupted for more than the number of days in the applicable Waiting Period, we will pay you or the Creditor, as its interest may appear, the amount of the **MONTHLY DISABILITY BENEFIT** equal to 1/30th of the Insured Debtor's **MONTHLY DISABILITY PAYMENT** on the date disability begins, for each day of continuous total disability during the Insured Debtor's benefit period, subject to a maximum of [24] times the Monthly Disability Benefit for each benefit period. Each benefit period begins on the incurred date of disability and expires on the earliest of the following: (1) you return to work; (2) no longer under the care of a licensed physician; (3) you received the maximum number of benefits; (4) you received the maximum amount of insurance; (5) any date subject to **SECTION 8.0 – TERMINATION OF INDIVIDUAL COVERAGE**; or (6) no longer disabled as required in **SECTION R 4.0 – TOTAL DISABILITY**.

SUBSEQUENT BENEFIT PERIODS: A later disability will be considered a separate disability from an earlier one if: (1) both disabilities are from entirely unrelated cases; or (2) both are from related causes but you are employed and working for at least ninety (90) days between the two. A disability commencing prior to the end of this ninety (90) day period from a cause related to the prior disability will be considered the same period of disability.

Benefit Basis: Any disability benefits payable under this Certificate will be calculated based on one of the following methods which is indicated in your Certificate Schedule.

(a) Retroactive Coverage: This plan provides benefits after the Waiting Period has been satisfied, retroactive to the first day.

(b) Non Retroactive Coverage: This plan is also known as Elimination Coverage and provides benefits beginning with the first day after the Waiting period. Benefits are not retroactive to the first day.

Benefit Limitations: The following items are benefit limitations which apply under this Certificate. Regardless of the specific limitation which may apply, you will be responsible for the payment of all installment payments and/or deficiency amounts required to keep the insured debt from becoming delinquent.

(a) After the first benefit month, each subsequent benefit month will begin on the same day as the first benefit month. If the last day of total disability for which benefits are payable falls on a date which does not equal a full benefit month, we will pay to the Creditor, a daily benefit of 1/30th of the **MONTHLY DISABILITY BENEFIT** for each day. In no event will we pay a benefit for an amount greater than the **MONTHLY DISABILITY BENEFIT** shown in the Schedule.

(b) In the months when your loan payment exceeds the **MONTHLY DISABILITY BENEFIT** shown in the Schedule, you will be insured only for an amount equal to the **MONTHLY DISABILITY BENEFIT** shown in the Schedule.

(c) If the term of disability coverage is less than the term of your debt, no disability benefit will be paid for any payment after the term of coverage for disability coverage has expired.

(d) If your debt includes a balloon payment (a scheduled payment that is larger than the others) and the term of disability coverage is the same as the term of the debt, the balloon payment will only be insured up to an amount equal to the Monthly Disability Benefit as shown in the Schedule.

(e) Benefits will end when you are no longer totally disabled, or the insurance expires or terminates, whichever ever occurs first. We reserve the right to require evidence of total disability from a licensed doctor of medicine or osteopathy other than yourself, at monthly or at reasonable intervals as determined by us in order to justify the continuing payment of benefits. We will cease to pay benefits if the required proof is not given to us at our [Administrative Office]. If the amount of insurance qualified and payable under the terms and conditions exceeds the unpaid indebtedness, such excess will be paid to you, if living, otherwise to the second beneficiary named in this Certificate, or to the estate.

Total Disability is disability which: (1) begins while you are covered by this Certificate; (2) results directly from accidental bodily injury or sickness as defined below; (3) continues uninterrupted for more than the number of days of the Waiting Period shown in the Certificate Schedule; and (4) prevents you from performing any occupation for which you are qualified by education, training or experience. Injury means accidental bodily injury that occurs while this Certificate is in force and which causes you to become totally disabled. Sickness means illness or disease, and which first manifests itself while this Certificate is in force and which causes you to become totally disabled.

RULES FOR FILING A DISABILITY CLAIM

NOTICE OF CLAIM : You must write to us or our agent about your total disability claim within [thirty (30)] days after such disability begins or as soon after that as you can.

CLAIM FORMS: Upon receipt of written notice of claim, by the [Administrative Office], we will send you claim forms within [fifteen (15)] days. If we do not send you the claim forms within [fifteen (15)] days you may simply send us written proof of your disability. The proof must show the date and the cause of the total disability, how serious it is, and must be signed by a licensed doctor of medicine or osteopathy other than yourself.

TIMELY PAYMENT OF CLAIMS: Benefits payable under this Certificate for any loss other than the loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

PHYSICAL EXAMINATION: We, at our own expense, will have the right and opportunity to have you examined when and as often as we reasonably require during the pendency of a claim hereunder.

EXCEPTIONS OF DISABILITY COVERAGE: We do not cover disabilities resulting 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; and (6) a preexisting condition as defined below.

PREEXISTING EXCLUSION: A preexisting condition is a disease, injury or condition of health for which you were hospitalized or received medical treatment (including medication), consultation or advice within the [six (6)] months preceding the effective date of the Certificate and which caused disability within the [six (6)] months following the effective date of this Certificate. If the original term of coverage is less than [six (6)] months, this time period is equal to the term of coverage. Disability commencing after the preexisting period will be covered.

GENERAL PROVISIONS

The amount charged by the Policyholder for this coverage will not exceed the premium paid by the Policyholder to us.

WHO WE PAY: Immediately upon proof of death or disability of you or the Joint Insured Debtor, if applicable, we will pay benefits provided under this Certificate to the Creditor. The Creditor will apply such payment(s) to pay off or reduce the debt. If the amount of insurance exceeds the balance of the debt, the excess will be paid to you, if living, or to the Second Beneficiary named in the Schedule, if living, otherwise to the estate.

LIMITS OF COVERAGE: At no time will the amount of coverage issued under this Certificate be afforded to anyone for a term, an original amount of life insurance or original amount of disability insurance (sum of all monthly disability benefits payable), or a monthly benefit in excess of the maximum indicated in this Certificate or permitted by law. If you have more than one Certificate in effect, then the total aggregate of insurance coverage under all Certificates will not exceed, at any time, the amount permitted under the Group Policy as defined in the Limits of Coverage. If the maximum limits are exceeded, we will terminate the excess coverage as outlined below under EXCESS COVERAGE.

EXCESS COVERAGE: All premiums paid for excess coverage will be returned when we discover it. We will return the excess premium for refund or credit to your account. Termination of the excess coverage shall be without prejudice to any claim originating prior to such termination.

ELIGIBILITY: You are eligible for life coverage if: (a) you are a natural person (not a partnership, corporation or association); (b) you do not exceed the maximum age requirement for life coverage as stated in the Group Policy; (c) you provide satisfactory evidence of insurability if required. You are eligible for disability coverage if: (a) you meet the requirement for life coverage; (b) you do not exceed the maximum age requirement for disability coverage stated in the Group Policy; (c) you are gainfully employed working at least thirty (30) hours per week on the effective date of coverage; and (d) you are the [Primary] Insured Debtor [(the Primary Debtor is the one who signed the note first)]. If you are ineligible for coverage and a Certificate is issued to you in error, we will terminate the coverage as soon as we discover it and refund or credit the entire premium charged to your account. If you are ineligible, and we do not terminate the coverage and refund the premium paid within [ninety (90)] days of the [Administrative Office] receipt of the Certificate, then the insurance will remain in force. Nothing in this provision will preclude the incontestability Clause or the Misstatement of Age Provision.

MISSTATEMENT OF AGE: If you misstated your age when applying for this insurance, then no coverage will be provided under this Certificate for a period longer or an amount greater than if you stated your age correctly. If your true age would render you ineligible for coverage under this Certificate, then our liability will be limited to a return of premium paid for such coverage, if any. In the event of a claim, if it is determined you were ineligible for coverage and your true age was correctly stated on the application or Certificate, then we cannot deny or change the benefit or the amount of insurance.

RENEWAL OR REFINANCED INDEBTEDNESS: If the indebtedness issued under this Certificate is discharged prior to the scheduled maturity date due to renewal or refinancing, the effective date for the renewed or refinanced indebtedness will be the first date on which you became insured under the Group Policy. Liability for the renewed or refinanced indebtedness is limited to the remaining term and conditions of the original indebtedness outstanding at the time of renewal or refinancing. Any period of exclusion will be reduced by any period that insurance was in force in connection with the prior indebtedness which was renewed or refinanced. Any portion of the new debt which was not renewed or refinanced is not covered by this renewal and refinancing provision. Nothing in this provision shall preclude the Incontestability Clause. Any claim for benefits occurring prior to the debt being paid off, renewed or refinanced shall not be prejudiced by the termination of coverage.

INCONTESTABILITY: All statements made by you or the Joint Insured Debtor are, in the absence of fraud, representations and not warranties. In the absence of fraud, we cannot contest the insurance evidenced by the Certificate after it has been in force [two (2)] years during your or the Joint Insured Debtor's lifetime and prior to the date on which the claim thereunder arose. This does not prevent us from legally terminating the insurance under this Certificate if premiums are not paid.

ENTIRE CONTRACT: This Certificate together with the application, endorsements if any, and Group Policy make up the entire contract between the parties. Only an Officer of the [Administrative Office] may waive or otherwise change any provision of the Group Policy or our rights thereunder. No action, statement or agreement by any person or persons other than an Officer of the [Administrative Office] in writing shall in any way bind or estop us from enforcing the provisions of the Group Policy or our rights thereunder. No agreement in conflict with, modifying or extending the Group Policy shall be valid unless in writing signed by an Officer of the [Administrative Office] and made part of the Group Policy.

PROOF OF LOSS DISABILITY: Written proof of disability must be sent to us no later than [ninety (90)] days after your total disability ends. If you cannot file proof within [ninety (90)] days, you must file as soon as possible. No claim will be reduced or denied if you file as soon as possible. In no event, except in the absence of legal capacity, can proof be filed later than [one (1)] year from the time proof is normally required.

PROOF OF DEATH: Upon the death of an Insured Debtor, we must receive proof of death satisfactory to the Company within [ninety (90)] days after death occurs, or as soon as reasonably possible. Such proof may include, but is not limited to, a death certificate and a valid completed claim form.

LEGAL ACTION: No action at law or equity shall be brought to recover on this Certificate sooner than [sixty (60)] days after written proof of loss has been furnished in accordance with the requirements of the Certificate and Group Policy. No such action shall be brought later than [three (3)] years after the date of death or after [three (3)] years from the date the cause of action accrues, whichever occurs first.

AUTOPSY: We have the right to have an autopsy performed, at our expense, unless forbidden by law.

REPRESENTATIONS: In the absence of fraud, all statements made by you or the Joint Insured Debtor, are representations and not warranties. In the absence of fraud, no statement made for the purpose of effecting insurance shall void or reduce benefits unless contained in a written instrument signed by you or the Joint Insured Debtor, a copy of which has been furnished to you or the Joint Insured Debtor, or your beneficiary.

MISREPRESENTATIONS AND COMPANY'S RIGHT TO RESCIND: If, at time of claim, we determine that you have concealed or misrepresented your health or any material fact in the application for insurance or proof of loss, or are guilty of attempted fraud. Our liability will be limited to a return of premiums, less benefits paid for such coverage.

TERMINATION OF INDIVIDUAL COVERAGE: Your insurance will terminate on the earliest of the following dates: (1) the date the debt is discharged by renewal or refinancing; (2) the scheduled maturity date of the debt; (3) the date the debt is transferred to another Debtor; (4) the date the debt has been in default for more than [ninety (90)] days; (5) the date you attain the maximum age as stated in limits of coverage in the Group Policy; (6) the date that the collateral, if any, which is security for the debt, or upon which the debt is based, has been repossessed; (7) the date the debt becomes the subject of a judicial proceeding for collection, bankruptcy or a court judgment; (8) the date the benefit becomes due under the Group Policy; (9) the date we receive written request to the end of the coverage; (10) the date the debt is discharged by prepayment; or (11) the end of the term of coverage shown in the Schedule.

In the event of a life or disability claim originating prior to such termination, the claim will be processed as if such termination had not occurred. Any refund may be withheld or if previously credited or paid, it must be returned to reinstate the coverage.

In the event of a continuing accident and health claim prior to the termination date of coverage, the refund may be withheld until you are no longer considered to be totally disabled. This statement will apply provided it does not conflict with any state law. However, if you are no longer considered totally disabled as required, you will be entitled to a refund of unearned premiums as of the date you are no longer disabled. You retain the right to cancel coverage as of any date upon receipt of written notice of the request by the [Administrative Office]. If you elect to cancel the coverage, benefits will cease.

WHEN INSURANCE STOPS - REFUNDS: If your insurance stops before the end of the term of coverage shown in the Schedule, you will be given a refund or credit to your account of the unearned premiums. If termination is due to death, the life premium will be considered fully earned where allowed by law, and no refund will be made. The unearned premium is computed by subtracting the premium earned from the original premium charged. This refund will be calculated using the Rule of 78's for Decreasing coverage for terms of sixty-one (61) months or less. For Net Balance and Disability Coverage, the Actuarial Method will be used. The Pro-Rata method will be used for Level Coverage. The period between the effective date of coverage and the premature termination date will be computed in whole months using the [15/16] day rule. Refunds of less than [\$2.00] will not be made.

CONSUMER SERVICES INFORMATION: Questions about this Certificate or the governing group master policy may be directed to American Republic Insurance Company at the address listed on page one of this policy, or to the:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: (501) 371-2600
Consumer: (800) 852-5494

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Please see the attached Certificate of Compliance and Readability Certification. Attachments: CERTIFICATE OF COMPLIANCE.pdf Certificate of Readability.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: N/A Comments:</p>		
<p>Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A Comments:</p>		
<p>Satisfied - Item: Third Party Authorization Letter Comments: Please see the attached Letter of Authorization. Attachment: Third Party Auth Letter .pdf</p>		

CERTIFICATE OF COMPLIANCE

CREDIT LIFE & DISABILITY INSURANCE

CERTIFICATION:

I, the undersigned officer of American Republic Insurance Company, am knowledgeable of Credit Insurance and;

Have carefully reviewed the contents of the policy forms identified on the attached cover letter, which is hereby filed with the Arkansas Department of Insurance;

Have read and understand the applicable Arkansas Laws, Rules, Regulations and Bulletins; and

Certify that the policy forms identified on the attached cover letter, which is hereby filed with the Arkansas Department of Insurance, are in full compliance with all relevant Arkansas Insurance Laws and Regulations.



(Original Signature of Officer)

AVP Compliance

(Title of Officer)

Frank Gottuso

(Printed Name of Officer)

August 1, 2011

(Date)

CERTIFICATION

AMERICAN REPUBLIC INSURANCE COMPANY NAIC#: 60836

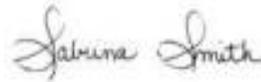
I, Sabrina Smith, hereby certify that the following form has the readability score as calculated by the Flesch Test and that this form meet the reading ease requirements of Arkansas Statutes and Regulations.

Form(s)

A-3497-AR

Readability Score

45.2



August 1, 2011
(Date)

Sabrina Smith Compliance Specialist
Regulatory & Compliance Administrator
(Signature & Title)



August 1,2011

Re: American Republic Insurance Company **NAIC# 60836**
Single Premium Gross Credit Life and Disability Program

Please be advised that Sabrina Smith from Life of the South Insurance Company has authority to represent American Republic Insurance Company before the Arkansas Insurance Administration concerning the attached filing.

Thank you for your time and consideration. Please feel free to contact me at 800-987-8988, by e-mail at chris.aasland@americanenterprise.com, or by fax at 515-245-2225

Sincerely,

A handwritten signature in blue ink that reads "Christopher A. Aasland".

Christopher Aasland
Assistant Vice President
Actuary