

SERFF Tracking Number: AMLC-127962040 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number:
Company Tracking Number: 5MA & 5MB - CRITICAL ILLNESS
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
Limited Benefit
Product Name: 5MA & 5MB - Critical Illness
Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: 5MA & 5MB - Critical Illness SERFF Tr Num: AMLC-127962040 State: Arkansas

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num:

- Limited Benefit Closed

Sub-TOI: H07I.001 Critical Illness Co Tr Num: 5MA & 5MB - State Status: Approved-Closed
CRITICAL ILLNESS

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Pattie Church, Donna
Kennedy

Disposition Date: 01/17/2012

Date Submitted: 01/06/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 5MA & 5MB - Critical Illness

Status of Filing in Domicile: Not Filed

Project Number: 5MA & 5MB - Critical Illness

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: N/A

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/17/2012

State Status Changed: 01/17/2012

Deemer Date:

Created By: Donna Kennedy

Submitted By: Donna Kennedy

Corresponding Filing Tracking Number:

Filing Description:

Re: Form 5MA - Critical Illness Policy

Form 5MB - Critical Illness Policy Excluding Cancer

Form H-158 - Outline of Coverage for 5MA

Form H-159 - Outline of Coverage for 5MB

Form A-600 Ed. 10-05 - Application for Critical Illness Policy

SERFF Tracking Number: AMLC-127962040 State: Arkansas
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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
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Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness

Enclosed for your review and approval are copies of the above referenced forms. These forms are new and will not replace any forms previously approved in your state.

Form 5MA is a Critical Illness policy with cancer coverage and Form 5MB is a Critical Illness policy without cancer coverage. Application form A-600, Ed. 10-05 will be used to apply for the Critical Illness Policy. Form H-158 is the Outline of Coverage for 5MA and Form H-159 is the Outline of Coverage for 5MB. These forms will be marketed through our Branch Agency distribution system.

The Flesh score for Form 5MA is 52, Form 5MB is 55 and A-600 is 51. To the best of our knowledge and belief these forms comply with the laws and regulations of your state. These forms do not contain any language that is unusual in terms of normal company or industry standards.

Included with this filing are actuarial memorandums, premium rates, transmittal documents, or other documents required by your state.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 1-205-325-4919 or by email at regulatory@libnat.com.

Company and Contact

Filing Contact Information

Pattie Church, Compliance Analyst regulatory@libnat.com
100 Concourse Parkway 205-325-4919 [Phone]
Suite 350 205-325-2720 [FAX]
Hoover, AL 35244

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
P.O. Box 2612 Group Code: 290 Company Type: Life and Health
Birmingham, AL 35202 Group Name: Liberty National Life State ID Number:
(205) 325-4307 ext. [Phone] FEIN Number: 63-0124600

Filing Fees

Fee Required? Yes
Fee Amount: \$250.00
Retaliatory? No

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Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness
Fee Explanation: We are filing 3 forms and 2 sets of rates at \$50 each which equals \$250.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| Liberty National Life Insurance Company | \$250.00 | 01/06/2012 | 55097508 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 01/17/2012 | 01/17/2012 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 01/09/2012 | 01/09/2012 | Donna Kennedy | 01/16/2012 | 01/16/2012 |

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Disposition

Disposition Date: 01/17/2012

Implementation Date:

Status: Approved-Closed

Comment:

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|--|-----------------------------------|---------------------------|--|---|---|--|--|
| Liberty National Life Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | Arkansas Compliant Notice | Approved-Closed | Yes |
| Form (revised) | Critical Illness Policy | Approved-Closed | Yes |
| Form | Critical Illness Policy | Replaced | Yes |
| Form (revised) | Critical Illness Policy Excluding Cancer | Approved-Closed | Yes |
| Form | Critical Illness Policy Excluding Cancer | Replaced | Yes |
| Form (revised) | Application for: Critical Illness Policy | Approved-Closed | Yes |
| Form | Application for: Critical Illness Policy | Replaced | Yes |
| Rate | LNL 5MA Rate Page | Approved-Closed | Yes |
| Rate | LNL 5MB Rate Page | Approved-Closed | Yes |

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/09/2012
Submitted Date 01/09/2012

Respond By Date

Dear Pattie Church,

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Policy, 5MA (Form)
- Critical Illness Policy Excluding Cancer, 5MB (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Objection 2

- Application for: Critical Illness Policy, A-600, Ed. 10-05 (Form)

Comment:

The application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulltin 7-97.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/16/2012
Submitted Date 01/16/2012

Dear Rosalind Minor,

Comments:

RE: 5MA & 5MB - Critical Illness

We are responding to your objection letter dated January 9, 2012, concerning the submission of the above referenced filing.

Response 1

Comments: • Pursuant to ACA 23-85-134, we have added a provision for the refund of unearned premium in the event of death of the insured in policy forms 5MA and 5MB.

Related Objection 1

Applies To:

- Critical Illness Policy, 5MA (Form)
- Critical Illness Policy Excluding Cancer, 5MB (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

SERFF Tracking Number: AMLC-127962040 State: Arkansas
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 Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|--|-------------|--------------|---------------------------------------|---------|----------------------|-------------------|-----------------|
| Critical Illness Policy | 5MA | | Policy/Contract/Fraternal Certificate | Initial | | 52.000 | 5MA - AR.pdf |
| Previous Version | | | | | | | |
| Critical Illness Policy | 5MA | | Policy/Contract/Fraternal Certificate | Initial | | 52.000 | 5MA.pdf |
| Critical Illness Policy Excluding Cancer | 5MB | | Policy/Contract/Fraternal Certificate | Initial | | 55.000 | 5MB - AR.pdf |
| Previous Version | | | | | | | |
| Critical Illness Policy Excluding Cancer | 5MB | | Policy/Contract/Fraternal Certificate | Initial | | 55.000 | 5MB.pdf |

No Rate/Rule Schedule items changed.

Response 2

Comments: • Pursuant to ACA 23-66-503 and Bulletin 7-97, we have added a Fraud Statement to application/enrollment form A-600. We have also renamed the form A600AR.

Related Objection 1

Applies To:

- Application for: Critical Illness Policy, A-600, Ed. 10-05 (Form)

Comment:

The application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulltin 7-97.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific | Readability Score | Attach Document |
|-----------|-------------|--------------|-----------|--------|-----------------|-------------------|-----------------|
|-----------|-------------|--------------|-----------|--------|-----------------|-------------------|-----------------|

SERFF Tracking Number: AMLC-127962040 State: Arkansas
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| | | | Data | | |
|--|--------------------------------|---------|--------|-------------------------|--|
| Application for: Critical A-600AR Illness Policy | Application/Enrollment Form | Initial | 51.000 | A600AR.pdf | |
| Previous Version | | | | | |
| Application for: Critical A-600, Ed. Illness Policy | Application/Enrollment Form | Initial | 51.000 | A-600, Ed. 10-05.pdf | |

No Rate/Rule Schedule items changed.

We hope this information will allow you to approve these forms for use in your state. If you have any questions, do not hesitate to contact me at 1-205-325-4919 or by email at regulatory@libnat.com. Thank you for your continued consideration of this filing.

Pattie Church
Compliance Analyst

Sincerely,
Donna Kennedy, Pattie Church

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Form Schedule

Lead Form Number: 5MA & 5MB

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-------------|---------------------------------------|--|---------|----------------------|-------------|--------------|
| Approved-Closed 01/17/2012 | 5MA | Policy/Contract/Fraternal Certificate | Critical Illness Policy | Initial | | 52.000 | 5MA - AR.pdf |
| Approved-Closed 01/17/2012 | 5MB | Policy/Contract/Fraternal Certificate | Critical Illness Policy Excluding Cancer | Initial | | 55.000 | 5MB - AR.pdf |
| Approved-Closed 01/17/2012 | A-600AR | Application/Enrollment Form | Application for: Critical Illness Policy | Initial | | 51.000 | A600AR.pdf |

CRITICAL ILLNESS POLICY

| | | | | |
|----------------|-------------|------------------------|----------------|--------|
| Policy Number | Insured | Premium | Benefit Amount | Plan |
| A123456789 | JOHN DOE | \$18.54 PAYROLL DED | \$10,000.00 | 5MA |
| 02/01/2012 | 40 M | \$206.00 | 01 | 123 |
| MM/DD/YR | Age and Sex | Annual Premium | Agency | Branch |
| Effective Date | | | | |

We will pay you the Benefit Amount as shown in the above schedule when we receive due proof of the Insured's First Diagnosis of a Covered Critical Illness as defined herein while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown above, or after the policy has lapsed. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

Right to Examine Policy

Please examine your policy carefully. Within 20 days after this policy is first received, it may be returned to us or to the agent through whom it was purchased. If returned during this period, the policy will be as though it had never been issued. Any premiums paid will be returned. **THIS IS A LIMITED BENEFIT POLICY.**

THIS IS A LEGAL CONTRACT - READ YOUR POLICY CAREFULLY.

Guaranteed Renewable to Age 65; Premiums Subject to Change

Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies of this form issued by us and in force in the state where you live. If we change the rates, your premium will be determined by your age on the effective date of this policy and the year of issue of this policy. If we change the rates, we will write you 31 days or more before the change at the address shown in our records. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

Signed for Liberty National Life Insurance Company as of its effective date.


Secretary


Chief Executive Officer

Please Read:

The basis for the issuance of this policy is the information on the application. Incorrect information in the application could void the policy or cause an otherwise valid claim to be denied. Advise us immediately if any information on the application is wrong or if any past medical history has been left out. No agent may change this policy or waive any of its provisions.

Critical Illness Policy

Benefits for First Diagnosis of Covered Critical Illness as Defined in the Policy
Guaranteed Renewable to Policy Anniversary
Immediately Following Insured's 65th Birthday
Premium Rates Subject to Change
Initial Premiums as Shown on Page 1
Nonparticipating

TABLE OF CONTENTS

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| Right to Examine Policy | 1 | Limitations and Exclusions | 3 |
| Guaranteed Renewable | 1 | General Provisions | 3 |
| Premiums Subject to Change | 1 | Time Limit on Certain Defenses | 3 |
| Please Read | 1 | Endorsements (If Any) | (Attached to the Policy) |
| Definitions | 2 | Application | (Attached to the Policy) |
| Benefit | 3 | | |

DEFINITIONS

Covered Critical Illness - One of the medical conditions or diseases listed in paragraphs A. through G. below:

A. Cancer - Leukemia, Hodgkin's disease, or any form of malignant growth positively diagnosed as cancer (malignant neoplasm) by a legally licensed doctor of medicine certified by the American Board of Pathology or a certified Osteopathic Pathologist other than yourself or a member of your immediate family or household. Such diagnosis must be based on a bioptic examination. The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology. Pre-malignant conditions or conditions with malignant potential are not to be construed as cancer in interpreting this policy. **The following are not considered cancer for purposes of this policy:**

1. Skin Cancer
2. Carcinoma in Situ
3. Stage I Hodgkin's Disease
4. Stage A Prostate Cancer
5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

B. Heart Attack - An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is not considered a heart attack for purposes of this policy, nor is any other disease or injury involving the cardiovascular system. The diagnosis must include all of the following: (a) chest pain; and (b) associated new electrocardiographic (EKG) changes supporting a diagnosis of acute myocardial infarction; and (c) elevation of cardiac enzymes above standard laboratory levels; and (d) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

C. Stroke - A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing measurable neurological deficit persisting for at least thirty (30) days following the occurrence of such incident. We must receive evidence of permanent neurological damage from confirming neuroimaging studies. **The following conditions are not covered:**

1. Transient Ischemic Attack (TIA)
2. Attacks of vertebrobasilar ischemia

3. Cerebral symptoms due to migraine
4. Cerebral injury resulting from trauma or hypoxia
5. Vascular disease affecting the eye or optic nerve

D. End Stage Renal Failure - The chronic irreversible failure of both kidneys, requiring kidney transplantation or regular renal dialysis (at least weekly) for a period of at least six consecutive weeks.

E. Major Organ Transplant - Undergoing surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to the Insured as a recipient.

F. Total Loss of Hearing - The total and permanent loss of hearing in both ears. The diagnosis of Total Loss of Hearing must be made by a board certified otolaryngologist.

G. Total Loss of Eyesight - The total and permanent loss of sight in both eyes. The diagnosis of Total Loss of Eyesight must be made by a board certified ophthalmologist.

First Diagnosis - The first time you are diagnosed by a physician as having a Covered Critical Illness which is first manifested after the Waiting Period and while this policy is in force.

Physician - A person, other than yourself or a member of your immediate family or household, who is duly licensed to practice, and is practicing, medicine in the United States acting within the scope of his or her license in treating an injury or illness.

Skin Cancer - Any form of malignant growth positively diagnosed as cancer (malignant neoplasms) which is confined to the epidermis, dermis (corium) and/or subcutaneous tissue. Such diagnosis must be based on a bioptic examination performed by a recognized pathologist. **Skin cancer is not covered under this policy.**

Waiting Period - No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown on page one. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

We, Our, Us - Liberty National Life Insurance Company.

You, Your - The person named as the insured under this policy.

BENEFIT

We will pay you the Benefit Amount as shown on page one when we receive due proof satisfactory to us of the Insured's First Diagnosis of a covered Critical Illness as defined above, while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the end of the thirty-day Waiting Period. In such case, you may void the policy from the beginning and receive a full refund of premium, provided you request the refund within 60 days after the end of the Waiting Period. **The Insured is limited to only one First Diagnosis benefit. This policy terminates upon payment of any such benefit.**

LIMITATIONS AND EXCLUSIONS

1. This policy pays a benefit only for First Diagnosis of a Covered Critical Illness while this policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. This policy does not provide benefits for any other disease, sickness, disability or incapacity.
2. This policy contains a thirty-day Waiting Period. No benefit is payable to anyone who has a Covered Critical Illness manifested before the policy has been in force for thirty days from the Effective Date shown on page one.
3. This policy will not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America.
4. This policy does not cover any loss caused or contributed to by: participation in an assault, felony, riot, or insurrection; mental or emotional disorders; self-destruction or an attempt thereat whether sane or insane or injuries intentionally inflicted upon yourself whether sane or insane; war or acts of war (declared or undeclared) whether or not you are in military service; or your ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol or a drug or narcotic is that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred.

GENERAL PROVISIONS

Consideration. The application and the payment of the required premiums are the consideration for the policy.

Premium Payments

When Payable. Premiums are payable in advance beginning on the Effective Date.

Frequency and Mode of Payment. The frequency or mode of premium payments as shown in the schedule on page one, may be changed with our consent by filing a written request on a form satisfactory to and accepted by us. The change in the frequency of premiums will then become effective on the next premium due date. The

payment of any premium will not continue this policy in force beyond the date when the next premium becomes due.

Entire Contract; Changes. This policy, endorsements and riders, if any, and the application constitute the entire contract between you and the Company. No change in this policy will be effective until approved by an officer of the Company. Such approval must be endorsed on and attached to this policy. No agent may change this policy or waive any of its provisions.

Age Limits. Coverage under this policy is provided to you only if you are age sixty or younger on the Effective Date. In the event your coverage would not have become effective, our liability will be limited to a refund. Such refund must be requested by you and will be equal to all premiums paid for this policy.

Time Limit on Certain Defenses. After two years from the effective date, no misstatements, except fraudulent misstatements, made by the applicant in the application for this policy shall be used to void the policy, or to deny an otherwise valid claim resulting from First Diagnosis of a Covered Critical Illness after the expiration of such two-year period.

Grace Period. This policy has a thirty-one day grace period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the grace period. During the grace period, the policy will stay in force.

Reinstatement. If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us without requiring an application for reinstatement will reinstate the policy. If an application is required, you will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless we have previously written you of its disapproval. The reinstated policy will cover only First Diagnosis of a Covered Critical Illness that is manifested more than 10 days after the date of reinstatement. In all other respects your rights and our rights will remain the same, subject to any provision endorsed on or attached to the reinstated policy.

Notice of Claim. Written notice of claim must be given within thirty days after First Diagnosis of a Covered Critical Illness or as soon as reasonably possible. The notice can be given to us at our Home Office or to one of our agents. Notice should include your name and the policy number.

Claim Forms. When we receive a notice of claim, we will send you forms for filing proof of First Diagnosis. If you do not receive these forms within fifteen days, you will meet the proof of First Diagnosis requirements by giving us a statement from the pathologist or physician that describes the occurrence, nature and extent of the diagnosis within the time limit stated in "Proof of First Diagnosis."

Proof of First Diagnosis. Written proof of First Diagnosis must be given to us within ninety days after the date of such First Diagnosis. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. However, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

Time of Payment of Claims. Benefits provided by this policy will be paid as soon as we receive proper written proof of First Diagnosis.

Payment of Claims. If you are 18 years of age or older, all benefits will be paid to you unless you direct otherwise in writing. If you are less than 18 years of age, such benefits will be paid to your custodial parent or guardian, or otherwise as permitted by law. Any benefit unpaid at your death may be paid, at our option, to your surviving spouse or your estate. If the benefits are payable to your estate or if you cannot execute a valid release, we can pay benefits up to \$3,000 to someone related to you by blood or marriage whom we consider to be entitled to such benefits. We will be discharged to the extent of any such payments made in good faith.

Physical Examination. We may have you examined when reasonably necessary for our consideration of your pending claim. This will be done at our expense. We may also have an autopsy made unless prohibited by law.

Legal Action. No legal action may be brought to recover on this policy within sixty days after written proof of First Diagnosis has been given as required by this policy. No such action may be brought after three years from the time written proof of First Diagnosis is required to be given.

Misstatement Of Age. If your age has been misstated the benefits provided by this policy will be those the premium would have purchased at the correct age. For the purpose of this policy, your age will be the age last birthday on the Effective Date of coverage. If your correct age is such that this policy would not have become effective or would have terminated, then our liability will be limited to a refund. Such refund must be requested by you and will be equal to the portion of the premiums paid for the period not covered by this policy.

Conformity With State Statutes. Any provision of this policy which, on its Effective Date, is in conflict with the laws of the state in which you reside on that date, is amended to conform to the minimum requirements of such laws.

Assignment. You may assign benefits under this policy. However, we will not be bound by any assignment unless it is in writing and until it has been acknowledged by us at our Home Office. We will not be responsible for the validity of any assignment. We will pay the benefits of this policy to a state agency (such as Medicaid) when required by state law.

Refund of Unearned Premiums on Death. Upon the death of the Insured under this policy, We will refund any premiums paid in behalf of the Insured, for any period beyond the ending of the policy month the death occurred, within 30 days after We receive proof of death.

**CRITICAL ILLNESS POLICY
Excluding Cancer**

| Policy Number | Insured | Premium | Benefit Amount | Plan |
|--|---------------------|------------------------------|----------------|---------------|
| A123456789 | JOHN DOE | \$9.54 PAYROLL DED | \$10,000.00 | 5MB |
| 02/01/2012 MM/DD/YR Effective Date | 40 M Age and Sex | \$106.00 Annual Premium | 01 Agency | 123 Branch |

We will pay you the Benefit Amount as shown in the above schedule when we receive due proof of the Insured's First Diagnosis of a Covered Critical Illness as defined herein while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown above, or after the policy has lapsed. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

Right to Examine Policy

Please examine your policy carefully. Within 20 days after this policy is first received, it may be returned to us or to the agent through whom it was purchased. If returned during this period, the policy will be as though it had never been issued. Any premiums paid will be returned. **THIS IS A LIMITED BENEFIT POLICY.**

THIS IS A LEGAL CONTRACT - READ YOUR POLICY CAREFULLY.

Guaranteed Renewable to Age 65; Premiums Subject to Change

Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies of this form issued by us and in force in the state where you live. If we change the rates, your premium will be determined by your age on the effective date of this policy and the year of issue of this policy. If we change the rates, we will write you 31 days or more before the change at the address shown in our records. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

Signed for Liberty National Life Insurance Company as of its effective date.


Secretary


Chief Executive Officer

Please Read:

The basis for the issuance of this policy is the information on the application. Incorrect information in the application could void the policy or cause an otherwise valid claim to be denied. Advise us immediately if any information on the application is wrong or if any past medical history has been left out. No agent may change this policy or waive any of its provisions.

**Critical Illness Policy
Excluding Cancer**

Benefits for First Diagnosis of Covered Critical Illness as Defined in the Policy
Guaranteed Renewable to Policy Anniversary
Immediately Following Insured's 65th Birthday
Premium Rates Subject to Change
Initial Premiums as Shown on Page 1
Nonparticipating

TABLE OF CONTENTS

| | Page | | Page |
|--------------------------------------|------|--|--------------------------|
| Right to Examine Policy | 1 | Limitations and Exclusions | 2 |
| Guaranteed Renewable | 1 | General Provisions | 3 |
| Premiums Subject to Change | 1 | Time Limit on Certain Defenses | 3 |
| Please Read | 1 | Endorsements (If Any) | (Attached to the Policy) |
| Definitions | 2 | Application | (Attached to the Policy) |
| Benefit | 2 | | |

DEFINITIONS

Covered Critical Illness - One of the medical conditions or diseases listed in paragraphs A. through F. below:

A. Heart Attack - An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is not considered a heart attack for purposes of this policy, nor is any other disease or injury involving the cardiovascular system. The diagnosis must include all of the following: (a) chest pain; and (b) associated new electrocardiographic (EKG) changes supporting a diagnosis of acute myocardial infarction; and (c) elevation of cardiac enzymes above standard laboratory levels; and (d) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

B. Stroke - A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing measurable neurological deficit persisting for at least thirty (30) days following the occurrence of such incident. We must receive evidence of permanent neurological damage from confirming neuroimaging studies. **The following conditions are not covered:**

1. Transient Ischemic Attack (TIA)
2. Attacks of vertebrobasilar ischemia
3. Cerebral symptoms due to migraine
4. Cerebral injury resulting from trauma or hypoxia
5. Vascular disease affecting the eye or optic nerve

C. End Stage Renal Failure - The chronic irreversible failure of both kidneys, requiring kidney transplantation or regular renal dialysis (at least weekly) for a period of at least six consecutive weeks.

D. Major Organ Transplant - Undergoing surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to the Insured as a recipient.

E. Total Loss of Hearing - The total and permanent loss of hearing in both ears. The diagnosis of Total Loss of Hearing must be made by a board certified otolaryngologist.

F. Total Loss of Eyesight - The total and permanent loss of sight in both eyes. The diagnosis of Total Loss of Eyesight must be made by a board certified ophthalmologist.

First Diagnosis - The first time you are diagnosed by a physician as having a Covered Critical Illness which is first manifested after the Waiting Period and while this policy is in force.

Physician - A person, other than yourself or a member of your immediate family or household, who is duly licensed to practice, and is practicing, medicine in the United States acting within the scope of his or her license in treating an injury or illness.

Waiting Period - No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown on page one. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

We, Our, Us - Liberty National Life Insurance Company.

You, Your - The person named as the insured under this policy.

BENEFIT

We will pay you the Benefit Amount as shown on page one when we receive due proof satisfactory to us of the Insured's First Diagnosis of a covered Critical Illness as defined above, while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the end of the thirty-day Waiting Period. In such case, you may void the policy from the beginning and receive a full refund of premium, provided you request the refund within 60 days after the end of the Waiting Period. **The Insured is limited to only one First Diagnosis benefit. This policy terminates upon payment of any such benefit.**

LIMITATIONS AND EXCLUSIONS

1. This policy pays a benefit only for First Diagnosis of a Covered Critical Illness while this policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. This policy does not provide benefits for any other disease, sickness, disability or incapacity.
2. This policy contains a thirty-day Waiting Period. No benefit is payable to anyone who has a Covered Critical Illness manifested before the policy has been in force for thirty days from the Effective Date shown on page one.
3. This policy will not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America.

4. This policy does not cover any loss caused or contributed to by: participation in an assault, felony, riot, or insurrection; mental or emotional disorders; self-destruction or an attempt thereat whether sane or insane or injuries intentionally inflicted upon yourself whether sane or insane; war or acts of war (declared or undeclared) whether or not you are in military service; or your ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol or a drug or narcotic is that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred.

GENERAL PROVISIONS

Consideration. The application and the payment of the required premiums are the consideration for the policy.

Premium Payments

When Payable. Premiums are payable in advance beginning on the Effective Date.

Frequency and Mode of Payment. The frequency or mode of premium payments as shown in the schedule on page one, may be changed with our consent by filing a written request on a form satisfactory to and accepted by us. The change in the frequency of premiums will then become effective on the next premium due date. The payment of any premium will not continue this policy in force beyond the date when the next premium becomes due.

Entire Contract; Changes. This policy, endorsements and riders, if any, and the application constitute the entire contract between you and the Company. No change in this policy will be effective until approved by an officer of the Company. Such approval must be endorsed on and attached to this policy. No agent may change this policy or waive any of its provisions.

Age Limits. Coverage under this policy is provided to you only if you are age sixty or younger on the Effective Date. In the event your coverage would not have become effective, our liability will be limited to a refund. Such refund must be requested by you and will be equal to all premiums paid for this policy.

Time Limit on Certain Defenses. After two years from the effective date, no misstatements, except fraudulent misstatements, made by the applicant in the application for this policy shall be used to void the policy, or to deny an

otherwise valid claim resulting from First Diagnosis of a Covered Critical Illness after the expiration of such two-year period.

Grace Period. This policy has a thirty-one day grace period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the grace period. During the grace period, the policy will stay in force.

Reinstatement. If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us without requiring an application for reinstatement will reinstate the policy. If an application is required, you will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless we have previously written you of its disapproval. The reinstated policy will cover only First Diagnosis of a Covered Critical Illness that is manifested more than 10 days after the date of reinstatement. In all other respects your rights and our rights will remain the same, subject to any provision endorsed on or attached to the reinstated policy.

Notice of Claim. Written notice of claim must be given within thirty days after First Diagnosis of a Covered Critical Illness or as soon as reasonably possible. The notice can be given to us at our Home Office or to one of our agents. Notice should include your name and the policy number.

Claim Forms. When we receive a notice of claim, we will send you forms for filing proof of First Diagnosis. If you do not receive these forms within fifteen days, you will meet the proof of First Diagnosis requirements by giving us a statement from the pathologist or physician that describes the occurrence, nature and extent of the diagnosis within the time limit stated in "Proof of First Diagnosis."

Proof of First Diagnosis. Written proof of First Diagnosis must be given to us within ninety days after the date of such First Diagnosis. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. However, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

Time of Payment of Claims. Benefits provided by this policy will be paid as soon as we receive proper written proof of First Diagnosis.

Payment of Claims. If you are 18 years of age or older, all benefits will be paid to you unless you direct otherwise in writing. If you are less than 18 years of age, such benefits will be paid to your custodial parent or guardian, or otherwise as permitted by law. Any benefit unpaid at your death may be paid, at our option, to your surviving spouse or your estate. If the benefits are payable to your estate or if you cannot execute a valid release, we can pay benefits up to \$3,000 to someone related to you by blood or marriage whom we consider to be entitled to such benefits. We will be discharged to the extent of any such payments made in good faith.

Physical Examination. We may have you examined when reasonably necessary for our consideration of your pending claim. This will be done at our expense. We may also have an autopsy made unless prohibited by law.

Legal Action. No legal action may be brought to recover on this policy within sixty days after written proof of First Diagnosis has been given as required by this policy. No such action may be brought after three years from the time written proof of First Diagnosis is required to be given.

Misstatement Of Age. If your age has been misstated the benefits provided by this policy will be those the premium would have purchased at the correct age. For the purpose of

this policy, your age will be the age last birthday on the Effective Date of coverage. If your correct age is such that this policy would not have become effective or would have terminated, then our liability will be limited to a refund. Such refund must be requested by you and will be equal to the portion of the premiums paid for the period not covered by this policy.

Conformity With State Statutes. Any provision of this policy which, on its Effective Date, is in conflict with the laws of the state in which you reside on that date, is amended to conform to the minimum requirements of such laws.

Assignment. You may assign benefits under this policy. However, we will not be bound by any assignment unless it is in writing and until it has been acknowledged by us at our Home Office. We will not be responsible for the validity of any assignment. We will pay the benefits of this policy to a state agency (such as Medicaid) when required by state law.

Refund of Unearned Premiums on Death. Upon the death of the Insured under this policy, We will refund any premiums paid in behalf of the Insured, for any period beyond the ending of the policy month the death occurred, within 30 days after We receive proof of death.

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Application for: Critical Illness Policy

MODE: A SA Q GA
 BB (Comp. Auth. & attach voided check) PD (Attach Authorization if required)
 WD LNL Emp.# _____

| IF PD MODE SELECTED, COMPLETE THIS SECTION: | | | |
|---|---|---|--------------------------------------|
| Franchise Number | Employment Date MM YY | Cafeteria Plan <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Effective Date MM DD YY |
| Payroll Deduction Frequency: | 1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Bi-Weekly | 3. <input type="checkbox"/> Semi-Monthly 4. <input type="checkbox"/> Monthly | |

| | | | |
|---------------|-----------------|-----------------------|-------|
| Client Number | Mailing Address | Apt. # | City |
| Branch | Agency | Agent Number | State |
| Zip | | Home Telephone Number | |

| | | | | | |
|---------------------|-------------------|------------------------|---|-------------------|-------------------|
| Proposed Insured A. | First Middle Last | Social Security Number | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth / / | Age Last Birthday |
|---------------------|-------------------|------------------------|---|-------------------|-------------------|

| | | | | |
|----------------|-------------|----------------|--|--|
| Height ft. in. | Weight lbs. | Benefit Amount | Critical Illness Plan Desired 1. With Cancer Coverage <input type="checkbox"/> 1. 2. Without Cancer Coverage <input type="checkbox"/> 2. | Amount Collected with this Application for Proposed Insured A. (Complete on all Modes) \$ |
|----------------|-------------|----------------|--|--|

| | | | | | |
|---------------------|-------------------|------------------------|---|-------------------|-------------------|
| Proposed Insured B. | First Middle Last | Social Security Number | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth / / | Age Last Birthday |
|---------------------|-------------------|------------------------|---|-------------------|-------------------|

| | | | | |
|----------------|-------------|----------------|--|--|
| Height ft. in. | Weight lbs. | Benefit Amount | Critical Illness Plan Desired 1. With Cancer Coverage <input type="checkbox"/> 1. 2. Without Cancer Coverage <input type="checkbox"/> 2. | Amount Collected with this Application for Proposed Insured B. (Complete on all Modes) \$ |
|----------------|-------------|----------------|--|--|

Proposed Insured

- | | A. | | B. | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 1. Is the insurance applied for intended to replace or change any coverage now in force with this or any other company? If "Yes," comply with the applicable Replacement Regulation or Rule. Old LNL Policy# _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the Proposed Insured covered under a State Medicaid Program?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the Proposed Insured covered under Medicare? If "Yes", the Proposed Insured is not eligible for coverage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed as having a disease or disorder involving the heart, kidney (other than stones), pancreas, stroke, transient ischemic attack, diabetes (other than gestational diabetes during pregnancy), emphysema, pulmonary fibrosis, cirrhosis, hepatitis B or C, coronary artery disease, blood clot, loss of hearing, loss of sight, or bone marrow or major organ transplant?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed as having high blood pressure in excess of 150/100 or high cholesterol levels over 250?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the Proposed Insured awaiting medical test results or been advised to have medical tests or surgery which has not yet been performed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the Proposed Insured ever been diagnosed as having an immune deficiency disorder, AIDS, the AIDS-Related Complex (ARC) or test results indicating exposure to the AIDS virus?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. During the past three (3) years has the Proposed Insured received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption, or used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the Proposed Insured presently covered by a Liberty National Cancer Policy?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", the Proposed Insured is eligible only for a Critical Illness policy without cancer coverage. Complete question 10 only for Critical Illness Policy with Cancer Coverage. | | | | |
| 10. Does the Proposed Insured now have, or ever have had, or sought medical advice for any of the following: cancer, leukemia, Hodgkin's disease, melanoma, or any form of malignant growth (except skin cancer)?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. A recorded phone interview may be necessary as part of the underwriting of this application. The most convenient time and place for the phone interview is: | | | | |

Home (Phone# from above will be used) Preferred Time: 8AM-NOON 6PM-9PM
 Office (Phone# _____) NOON-6PM

A600AR 0112

RECEIPT (not to be detached unless premium collected)

We have received from _____ the sum of \$ _____ as a deposit on an application (detached herefrom and bearing the same date as this receipt) for a Critical Illness insurance policy. This payment is made and accepted subject to the conditions set out on the back of this receipt.

PLEASE READ THESE CONDITIONS CAREFULLY. ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

THE HOME OFFICE MAY CALL YOU TO VERIFY APPLICATION INFORMATION

Branch No. _____ Agency No. _____ By (Agent) _____

Dated at _____, State of _____, Date _____, 20____.

Unless you receive a policy or your money is refunded within 60 days from the date of this receipt, please notify the Company, (Liberty National Life, P.O. Box 2612 ,Birmingham, Alabama 35202) giving the amount paid, date of payment, and the name of the Agent shown above.
A600AR 0112

I hereby declare that the statements recorded herein are true and complete to the best of my knowledge and belief with respect to any Proposed Insured. I understand that: (1) no policy will be binding upon the Company unless upon its date of issue and delivery each Proposed Insured is alive and whose health remains as stated in the application; (2) no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements; (3) this policy has a 30-day waiting period. No benefit is payable if the covered Critical Illness first manifests itself before the policy has been in force for 30 days from the effective date of the policy. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the Proposed Insured. I have paid to the agent the sum of \$ _____.

IMPORTANT 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.

A600AR _____ Date _____ Application State _____ Signature of Applicant _____ 0112

AGENT'S STATEMENT

Yes No

- 1. Do you have any reason to believe that any response to the health questions is not accurate?.....
- 2. Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company?.....
- 3. Was the application signed in your presence?.....

Signed _____, Agent

If on the date of application the Proposed Insured(s) are alive and are risks acceptable to the Company under its rules, limits and standards for the plan applied for, then the insurance applied for will take effect on the date of the application. Unless the Company has declined to issue the insurance applied for, the insurance will continue in force until the earlier of: (a) the expiration of the period covered by the payments received for herein; or (b) the expiration of 60 days. If the application is accepted and a policy issued, this sum will be applied toward payment of the premium thereon. If the Company declines to issue any policy applied for, the amount of the application deposit for such policy will be returned to the applicant. No insurance will become effective unless the application to which this receipt is attached is received by the Company at its home office.

No agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements.

This receipt is issued on the condition that any check, draft or other order for payment of money be good and collectable. This receipt is not transferable and will not be valid for any purpose if any erasures or alterations have been made in the printed form.

Only the information which the applicant has given in the answers to the questions on the application, or contained in the Company's records will be used to evaluate the eligibility for this insurance. This information will not be disclosed to any other company or person without written authorization.

SERFF Tracking Number: AMLC-127962040 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number:
 Company Tracking Number: 5MA & 5MB - CRITICAL ILLNESS
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: 5MA & 5MB - Critical Illness
 Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 01/06/2012
Filing Method of Last Filing: 0

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|---|-----------------------------|------------------------|--|--|-----------------------------------|------------------------------------|------------------------------------|
| Liberty National Life Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

SERFF Tracking Number: AMLC-127962040 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number:
 Company Tracking Number: 5MA & 5MB - CRITICAL ILLNESS
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: 5MA & 5MB - Critical Illness
 Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness

Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-------------------------------|-------------------|---|--------------|--------------------------|-----------------------|
| Approved-Closed 01/17/2012 | LNL 5MA Rate Page | 5MA | New | | LNL 5MA Rate Page.pdf |
| Approved-Closed 01/17/2012 | LNL 5MB Rate Page | 5MB | New | | LNL 5MB Rate Page.pdf |

LIBERTY NATIONAL LIFE INSURANCE COMPANY
McKinney, Texas

POLICY FORM 5MA
A CRITICAL ILLNESS POLICY WITH CANCER COVERAGE

NEW PRODUCT FILING

PROPOSED PREMIUM RATES
FOR POLICIES ISSUED WITH ISSUE AGE RATES

| Issue Age | Annual Rate Per \$1,000 Unit Benefit |
|-----------|---|
| 18 - 35 | \$7.10 |
| 36 - 50 | \$19.40 |
| 51 - 60 | \$33.70 |

Annual rate per \$1,000 unit benefit does not include \$12 annual policy fee.

Annual Premium = \$12.00 + (Number of \$1,000 Units x Rate Per \$1,000 Unit Benefit)

Modal Premium Factors:

| | | | | |
|----------------------|---|--------|---|---------|
| Semi-Annual | = | Annual | x | 0.525 |
| Quarterly | = | Annual | x | 0.265 |
| Monthly | = | Annual | x | 0.095 |
| Bank Budget | = | Annual | x | 0.090 |
| Payroll Deduction | = | Annual | x | 0.090 |
| Government Allotment | = | Annual | x | 0.090 |
| Liberty National | | | | |
| Weekly Deduction | = | Annual | x | 0.01923 |

LIBERTY NATIONAL LIFE INSURANCE COMPANY
McKinney, Texas

POLICY FORM 5MB
A CRITICAL ILLNESS POLICY WITHOUT CANCER COVERAGE

NEW PRODUCT FILING

PROPOSED PREMIUM RATES
FOR POLICIES ISSUED WITH ISSUE AGE RATES

| Issue Age | Annual Rate Per \$1,000 Unit Benefit |
|-----------|---|
| 18 - 35 | \$2.90 |
| 36 - 50 | \$9.40 |
| 51 - 60 | \$16.70 |

Annual rate per \$1,000 unit benefit does not include \$12 annual policy fee.

Annual Premium = \$12.00 + (Number of \$1,000 Units x Rate Per \$1,000 Unit Benefit)

Modal Premium Factors:

| | | | | |
|----------------------|---|--------|---|---------|
| Semi-Annual | = | Annual | x | 0.525 |
| Quarterly | = | Annual | x | 0.265 |
| Monthly | = | Annual | x | 0.095 |
| Bank Budget | = | Annual | x | 0.090 |
| Payroll Deduction | = | Annual | x | 0.090 |
| Government Allotment | = | Annual | x | 0.090 |
| Liberty National | | | | |
| Weekly Deduction | = | Annual | x | 0.01923 |

SERFF Tracking Number: AMLC-127962040 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number:
 Company Tracking Number: 5MA & 5MB - CRITICAL ILLNESS
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: 5MA & 5MB - Critical Illness
 Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness

Supporting Document Schedules

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| Satisfied - Item: Flesch Certification | Approved-Closed | 01/17/2012 |
| Comments: See Attached | | |
| Attachment: AR Flesch Certification - 5MA & 5MB et al..pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| Satisfied - Item: Application | Approved-Closed | 01/17/2012 |
| Comments: We are filing this application for approval. | | |
| Attachment: A-600, Ed. 10-05.pdf | | |

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Satisfied - Item: Health - Actuarial Justification | Approved-Closed | 01/17/2012 |
| Comments: Attached are the Actuarial Memos for 5MA & 5MB. | | |
| Attachments: LNL 5MA - AM.pdf LNL 5MB - AM.pdf | | |

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Satisfied - Item: Outline of Coverage | Approved-Closed | 01/17/2012 |
| Comments: Outline of Coverage for 5MA & 5MB | | |
| Attachments: H158.pdf | | |

SERFF Tracking Number: AMLC-127962040 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number:
Company Tracking Number: 5MA & 5MB - CRITICAL ILLNESS
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: 5MA & 5MB - Critical Illness
Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness
H159.pdf

Item Status:

Status

Satisfied - Item: Arkansas Compliant Notice

Approved-Closed

Date:

01/17/2012

Comments:

The compliant notice (ARCMPL) is attached to all policies issued in Arkansas.

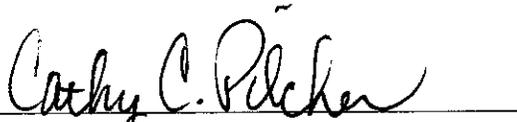
Attachment:

ARCMPL.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

| <u>FORM NO.</u> | <u>DESCRIPTION</u> | <u>SCORE</u> | <u>SCORED SEPARATELY</u> |
|-----------------|---|--------------|--------------------------|
| 5MA | Critical Illness Policy | 52 | X |
| 5MB | Critical Illness Policy Excluding Cancer | 55 | X |
| A-600 Ed, 10-05 | Application for: Critical Illness | 51 | X |

This is to certify that the above listed forms have achieved the Flesch Ease Score indicated, and that to the best of my knowledge and belief comply with the requirements to **Ark. Stat. Ann. Sec. 66-3251** through **66.3258**, cited as the Life and Disability Insurance Policy Language Simplification Act.



Cathy C. Pilcher
Second Vice President, Compliance
Liberty National Life Insurance Company

Date: 01/06/2012

P-123, Rev. 9/97

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Application for: Critical Illness Policy

MODE: A SA Q GA
 BB (Comp. Auth. & attach voided check) PD (Attach Authorization if required)
 WD LNL Emp.# _____

| IF PD MODE SELECTED, COMPLETE THIS SECTION: | | | |
|---|---|---|--------------------------------------|
| Franchise Number | Employment Date MM YY | Cafeteria Plan <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Effective Date MM DD YY |
| Payroll Deduction Frequency: | 1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Bi-Weekly | 3. <input type="checkbox"/> Semi-Monthly 4. <input type="checkbox"/> Monthly | |

| | | | | | |
|---------------|--------|-----------------|-------|--------|-----------------------|
| Client Number | | Mailing Address | | Apt. # | City |
| Branch | Agency | Agent Number | State | Zip | Home Telephone Number |

| | | | | | | | |
|---------------------|-------|--------|------|------------------------|--|----------------------|-------------------|
| Proposed Insured A. | First | Middle | Last | Social Security Number | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth / / | Age Last Birthday |
|---------------------|-------|--------|------|------------------------|--|----------------------|-------------------|

| | | | | |
|-------------------|----------------|----------------|--|--|
| Height ft. in. | Weight lbs. | Benefit Amount | Critical Illness Plan Desired 1. With Cancer Coverage <input type="checkbox"/> 1. 2. Without Cancer Coverage <input type="checkbox"/> 2. | Amount Collected with this Application for Proposed Insured A. (Complete on all Modes) \$ |
|-------------------|----------------|----------------|--|--|

| | | | | | | | |
|---------------------|-------|--------|------|------------------------|--|----------------------|-------------------|
| Proposed Insured B. | First | Middle | Last | Social Security Number | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth / / | Age Last Birthday |
|---------------------|-------|--------|------|------------------------|--|----------------------|-------------------|

| | | | | |
|-------------------|----------------|----------------|--|--|
| Height ft. in. | Weight lbs. | Benefit Amount | Critical Illness Plan Desired 1. With Cancer Coverage <input type="checkbox"/> 1. 2. Without Cancer Coverage <input type="checkbox"/> 2. | Amount Collected with this Application for Proposed Insured B. (Complete on all Modes) \$ |
|-------------------|----------------|----------------|--|--|

| | Proposed Insured A. | | Proposed Insured B. | |
|--|--|--------------------------|--|--------------------------|
| | Yes | No | Yes | No |
| 1. Is the insurance applied for intended to replace or change any coverage now in force with this or any other company? If "Yes," comply with the applicable Replacement Regulation or Rule. Old LNL Policy# _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the Proposed Insured covered under a State Medicaid Program?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the Proposed Insured covered under Medicare? If "Yes", the Proposed Insured is not eligible for coverage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed as having a disease or disorder involving the heart, kidney (other than stones), pancreas, stroke, transient ischemic attack, diabetes (other than gestational diabetes during pregnancy), emphysema, pulmonary fibrosis, cirrhosis, hepatitis B or C, coronary artery disease, blood clot, loss of hearing, loss of sight, or bone marrow or major organ transplant?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed as having high blood pressure in excess of 150/100 or high cholesterol levels over 250?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the Proposed Insured awaiting medical test results or been advised to have medical tests or surgery which has not yet been performed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the Proposed Insured ever been diagnosed as having an immune deficiency disorder, AIDS, the AIDS-Related Complex (ARC) or test results indicating exposure to the AIDS virus?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. During the past three (3) years has the Proposed Insured received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption, or used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the Proposed Insured presently covered by a Liberty National Cancer Policy?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", the Proposed Insured is eligible only for a Critical Illness policy without cancer coverage. Complete question 10 only for Critical Illness Policy with Cancer Coverage. | | | | |
| 10. Does the Proposed Insured now have, or ever have had, or sought medical advice for any of the following: cancer, leukemia, Hodgkin's disease, melanoma, or any form of malignant growth (except skin cancer)?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. A recorded phone interview may be necessary as part of the underwriting of this application. The most convenient time and place for the phone interview is: | | | | |
| | <input type="checkbox"/> Home (Phone# from above will be used) | | Preferred Time: <input type="checkbox"/> 8AM-NOON <input type="checkbox"/> 6PM-9PM | |
| | <input type="checkbox"/> Office (Phone# _____) | | <input type="checkbox"/> NOON-6PM | |

A-600, Ed. 10-05

1109

RECEIPT (not to be detached unless premium collected)

We have received from _____ the sum of \$ _____ as a deposit on an application (detached herefrom and bearing the same date as this receipt) for a Critical Illness insurance policy. This payment is made and accepted subject to the conditions set out on the back of this receipt.

PLEASE READ THESE CONDITIONS CAREFULLY. ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

THE HOME OFFICE MAY CALL YOU TO VERIFY APPLICATION INFORMATION

Branch No. _____ Agency No. _____ By (Agent) _____

Dated at _____, State of _____, Date _____, 20_____.

Unless you receive a policy or your money is refunded within 60 days from the date of this receipt, please notify the Company, (Liberty National Life, P.O. Box 2612, Birmingham, Alabama 35202) giving the amount paid, date of payment, and the name of the Agent shown above.

A-600, Ed. 10-05

1109

I hereby declare that the statements recorded herein are true and complete to the best of my knowledge and belief with respect to any Proposed Insured. I understand that: (1) no policy will be binding upon the Company unless upon its date of issue and delivery each Proposed Insured is alive and whose health remains as stated in the application; (2) no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements; (3) this policy has a 30-day waiting period. No benefit is payable if the covered Critical Illness first manifests itself before the policy has been in force for 30 days from the effective date of the policy. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the Proposed Insured. I have paid to the agent the sum of \$ _____ .

A-600, Ed. 10-05 Date Application State Signature of Applicant 1109

AGENT'S STATEMENT

Yes No

- 1. Do you have any reason to believe that any response to the health questions is not accurate?.....
- 2. Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company?.....
- 3. Was the application signed in your presence?.....

Signed _____ , Agent

If on the date of application the Proposed Insured(s) are alive and are risks acceptable to the Company under its rules, limits and standards for the plan applied for, then the insurance applied for will take effect on the date of the application. Unless the Company has declined to issue the insurance applied for, the insurance will continue in force until the earlier of: (a) the expiration of the period covered by the payments received for herein; or (b) the expiration of 60 days. If the application is accepted and a policy issued, this sum will be applied toward payment of the premium thereon. If the Company declines to issue any policy applied for, the amount of the application deposit for such policy will be returned to the applicant. No insurance will become effective unless the application to which this receipt is attached is received by the Company at its home office.

No agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements.

This receipt is issued on the condition that any check, draft or other order for payment of money be good and collectable. This receipt is not transferable and will not be valid for any purpose if any erasures or alterations have been made in the printed form.

Only the information which the applicant has given in the answers to the questions on the application, or contained in the Company's records will be used to evaluate the eligibility for this insurance. This information will not be disclosed to any other company or person without written authorization.

OUTLINE OF COVERAGE FOR CRITICAL ILLNESS POLICY FORM 5MA

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P.O. Box 2612

Birmingham, AL 35202

Telephone (205) 325-4979

LIMITED BENEFIT INSURANCE

(Please Keep for Your Records)

READ YOUR POLICY CAREFULLY - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Therefore, it is important that you **READ YOUR POLICY CAREFULLY**.

CRITICAL ILLNESS COVERAGE - We will pay you the Benefit Amount as shown on the policy when we receive due proof satisfactory to us of the Insured's First Diagnosis of a Covered Critical Illness as defined below, while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the end of the thirty-day Waiting Period. In such case, you may void the policy from the beginning and receive a full refund of premium, provided you request the refund within 60 days after the end of the Waiting Period. The Insured is limited to only one First Diagnosis benefit. This policy terminates upon payment of any such benefit or at the policy anniversary immediately following the insured's 65th birthday, whichever is earlier.

Covered Critical Illnesses:

- Cancer
- Heart Attack
- Stroke
- End Stage Renal Failure
- Major Organ Transplant
- Total Loss of Eyesight
- Total Loss of Hearing

This policy does NOT cover:

- Skin Cancer
- Carcinoma in Situ
- Stage 1 Hodgkin's Disease
- Stage A Prostate Cancer
- Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.
- Transient Ischemic Attack (TIA)
- Attack of Vertebrobasilar ischemia
- Cerebral symptoms due to migraine
- Cerebral injury resulting from trauma or hypoxia
- Vascular disease affecting the eye or optic nerve

LIMITATIONS AND EXCLUSIONS - (1) This policy pays a benefit only for First Diagnosis of a Covered Critical Illness while this policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. This policy does not provide benefits for any other disease, sickness, disability, or incapacity. (2) This policy contains a thirty-day Waiting Period. No benefit is payable to anyone who has a Covered Critical Illness manifested before the policy has been in force for thirty days from the Effective Date of the policy. (3) This policy will not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America. (4) This policy does not cover any loss caused or contributed to by: participation in an assault, felony, riot, or insurrection; mental or emotional disorders; self-destruction or an attempt thereat whether sane or insane or injuries intentionally inflicted upon yourself whether sane or insane; war or acts of war (declared or undeclared) whether or not you are in military service; or your ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol or a drug or narcotic is that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred.

OUTLINE OF COVERAGE FOR CRITICAL ILLNESS POLICY FORM 5MB

Excluding Cancer

LIBERTY NATIONAL LIFE INSURANCE COMPANY

P.O. Box 2612

Birmingham, AL 35202

Telephone (205) 325-4979

LIMITED BENEFIT INSURANCE

(Please Keep for Your Records)

READ YOUR POLICY CAREFULLY - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Therefore, it is important that you **READ YOUR POLICY CAREFULLY**.

CRITICAL ILLNESS COVERAGE - We will pay you the Benefit Amount as shown on the policy when we receive due proof satisfactory to us of the Insured's First Diagnosis of a Covered Critical Illness as defined below, while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the end of the thirty-day Waiting Period. In such case, you may void the policy from the beginning and receive a full refund of premium, provided you request the refund within 60 days after the end of the Waiting Period. The Insured is limited to only one First Diagnosis benefit. This policy terminates upon payment of any such benefit or at the policy anniversary immediately following the insured's 65th birthday, whichever is earlier.

Covered Critical Illnesses:

- Heart Attack
- Stroke
- End Stage Renal Failure
- Major Organ Transplant
- Total Loss of Eyesight
- Total Loss of Hearing

This policy does NOT cover:

- Transient Ischemic Attack (TIA)
- Attack of Vertebrobasilar ischemia
- Cerebral symptoms due to migraine
- Cerebral injury resulting from trauma or hypoxia
- Vascular disease affecting the eye or optic nerve

LIMITATIONS AND EXCLUSIONS - (1) This policy pays a benefit only for First Diagnosis of a Covered Critical Illness while this policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. This policy does not provide benefits for any other disease, sickness, disability, or incapacity. (2) This policy contains a thirty-day Waiting Period. No benefit is payable to anyone who has a Covered Critical Illness manifested before the policy has been in force for thirty days from the Effective Date of the policy. (3) This policy will not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America. (4) This policy does not cover any loss caused or contributed to by: participation in an assault, felony, riot, or insurrection; mental or emotional disorders; self-destruction or an attempt thereat whether sane or insane or injuries intentionally inflicted upon yourself whether sane or insane; war or acts of war (declared or undeclared) whether or not you are in military service; or your ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol or a drug or narcotic is that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY
P. O. BOX 2612
BIRMINGHAM, AL 35202**

CALL TOLL FREE 1-800-666-2144 OR 205-325-4979

NOTICE TO POLICYHOLDERS

As our policyholder, your satisfaction is very important to us. If you have a question about your policy, if you need assistance with a problem, or if you have a claim, you should first contact your insurance agent. If you have additional questions, you may contact us at the address and telephone number shown above.

If you have been unable to contact or obtain satisfaction from us or your insurance agent, you may contact the Arkansas Insurance Department and seek assistance from the governmental agency that regulates insurance.

To contact the Insurance Department, write or call:

Consumer Services Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

CONSUMER HOT LINE: 1-800-852-5494 or 501-371-2640

SERFF Tracking Number: AMLC-127962040 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number:
 Company Tracking Number: 5MA & 5MB - CRITICAL ILLNESS
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: 5MA & 5MB - Critical Illness
 Project Name/Number: 5MA & 5MB - Critical Illness/5MA & 5MB - Critical Illness

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|----------|--|---------------------------|-----------------------------------|
| 01/06/2012 | Form | Critical Illness Policy | 01/16/2012 | 5MA.pdf (Superceded) |
| 01/06/2012 | Form | Critical Illness Policy Excluding Cancer | 01/16/2012 | 5MB.pdf (Superceded) |
| 01/06/2012 | Form | Application for: Critical Illness Policy | 01/16/2012 | A-600, Ed. 10-05.pdf (Superceded) |

CRITICAL ILLNESS POLICY

| Policy Number | Insured | Premium | Benefit Amount | Plan |
|--|---------------------|----------------------------|----------------|---------------|
| A123456789 | JOHN DOE | \$18.54 PAYROLL DED | \$10,000.00 | 5MA |
| 02/01/2012 MM/DD/YR Effective Date | 40 M Age and Sex | \$206.00 Annual Premium | 01 Agency | 123 Branch |

We will pay you the Benefit Amount as shown in the above schedule when we receive due proof of the Insured's First Diagnosis of a Covered Critical Illness as defined herein while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown above, or after the policy has lapsed. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

Right to Examine Policy

Please examine your policy carefully. Within 20 days after this policy is first received, it may be returned to us or to the agent through whom it was purchased. If returned during this period, the policy will be as though it had never been issued. Any premiums paid will be returned. **THIS IS A LIMITED BENEFIT POLICY.**

THIS IS A LEGAL CONTRACT - READ YOUR POLICY CAREFULLY.

Guaranteed Renewable to Age 65; Premiums Subject to Change

Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies of this form issued by us and in force in the state where you live. If we change the rates, your premium will be determined by your age on the effective date of this policy and the year of issue of this policy. If we change the rates, we will write you 31 days or more before the change at the address shown in our records. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

Signed for Liberty National Life Insurance Company as of its effective date.


Secretary


Chief Executive Officer

Please Read:

The basis for the issuance of this policy is the information on the application. Incorrect information in the application could void the policy or cause an otherwise valid claim to be denied. Advise us immediately if any information on the application is wrong or if any past medical history has been left out. No agent may change this policy or waive any of its provisions.

Critical Illness Policy

Benefits for First Diagnosis of Covered Critical Illness as Defined in the Policy
Guaranteed Renewable to Policy Anniversary
Immediately Following Insured's 65th Birthday
Premium Rates Subject to Change
Initial Premiums as Shown on Page 1
Nonparticipating

TABLE OF CONTENTS

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| Right to Examine Policy | 1 | Limitations and Exclusions | 3 |
| Guaranteed Renewable | 1 | General Provisions | 3 |
| Premiums Subject to Change | 1 | Time Limit on Certain Defenses | 3 |
| Please Read | 1 | Endorsements (If Any) | (Attached to the Policy) |
| Definitions | 2 | Application | (Attached to the Policy) |
| Benefit | 3 | | |

DEFINITIONS

Covered Critical Illness - One of the medical conditions or diseases listed in paragraphs A. through G. below:

A. Cancer - Leukemia, Hodgkin's disease, or any form of malignant growth positively diagnosed as cancer (malignant neoplasm) by a legally licensed doctor of medicine certified by the American Board of Pathology or a certified Osteopathic Pathologist other than yourself or a member of your immediate family or household. Such diagnosis must be based on a bioptic examination. The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology. Pre-malignant conditions or conditions with malignant potential are not to be construed as cancer in interpreting this policy. **The following are not considered cancer for purposes of this policy:**

1. Skin Cancer
2. Carcinoma in Situ
3. Stage I Hodgkin's Disease
4. Stage A Prostate Cancer
5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

B. Heart Attack - An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is not considered a heart attack for purposes of this policy, nor is any other disease or injury involving the cardiovascular system. The diagnosis must include all of the following: (a) chest pain; and (b) associated new electrocardiographic (EKG) changes supporting a diagnosis of acute myocardial infarction; and (c) elevation of cardiac enzymes above standard laboratory levels; and (d) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

C. Stroke - A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing measurable neurological deficit persisting for at least thirty (30) days following the occurrence of such incident. We must receive evidence of permanent neurological damage from confirming neuroimaging studies. **The following conditions are not covered:**

1. Transient Ischemic Attack (TIA)
2. Attacks of vertebrobasilar ischemia

3. Cerebral symptoms due to migraine
4. Cerebral injury resulting from trauma or hypoxia
5. Vascular disease affecting the eye or optic nerve

D. End Stage Renal Failure - The chronic irreversible failure of both kidneys, requiring kidney transplantation or regular renal dialysis (at least weekly) for a period of at least six consecutive weeks.

E. Major Organ Transplant - Undergoing surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to the Insured as a recipient.

F. Total Loss of Hearing - The total and permanent loss of hearing in both ears. The diagnosis of Total Loss of Hearing must be made by a board certified otolaryngologist.

G. Total Loss of Eyesight - The total and permanent loss of sight in both eyes. The diagnosis of Total Loss of Eyesight must be made by a board certified ophthalmologist.

First Diagnosis - The first time you are diagnosed by a physician as having a Covered Critical Illness which is first manifested after the Waiting Period and while this policy is in force.

Physician - A person, other than yourself or a member of your immediate family or household, who is duly licensed to practice, and is practicing, medicine in the United States acting within the scope of his or her license in treating an injury or illness.

Skin Cancer - Any form of malignant growth positively diagnosed as cancer (malignant neoplasms) which is confined to the epidermis, dermis (corium) and/or subcutaneous tissue. Such diagnosis must be based on a bioptic examination performed by a recognized pathologist. **Skin cancer is not covered under this policy.**

Waiting Period - No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown on page one. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

We, Our, Us - Liberty National Life Insurance Company.

You, Your - The person named as the insured under this policy.

BENEFIT

We will pay you the Benefit Amount as shown on page one when we receive due proof satisfactory to us of the Insured's First Diagnosis of a covered Critical Illness as defined above, while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the end of the thirty-day Waiting Period. In such case, you may void the policy from the beginning and receive a full refund of premium, provided you request the refund within 60 days after the end of the Waiting Period. **The Insured is limited to only one First Diagnosis benefit. This policy terminates upon payment of any such benefit.**

LIMITATIONS AND EXCLUSIONS

1. This policy pays a benefit only for First Diagnosis of a Covered Critical Illness while this policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. This policy does not provide benefits for any other disease, sickness, disability or incapacity.
2. This policy contains a thirty-day Waiting Period. No benefit is payable to anyone who has a Covered Critical Illness manifested before the policy has been in force for thirty days from the Effective Date shown on page one.
3. This policy will not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America.
4. This policy does not cover any loss caused or contributed to by: participation in an assault, felony, riot, or insurrection; mental or emotional disorders; self-destruction or an attempt thereat whether sane or insane or injuries intentionally inflicted upon yourself whether sane or insane; war or acts of war (declared or undeclared) whether or not you are in military service; or your ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol or a drug or narcotic is that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred.

GENERAL PROVISIONS

Consideration. The application and the payment of the required premiums are the consideration for the policy.

Premium Payments

When Payable. Premiums are payable in advance beginning on the Effective Date.

Frequency and Mode of Payment. The frequency or mode of premium payments as shown in the schedule on page one, may be changed with our consent by filing a written request on a form satisfactory to and accepted by us. The change in the frequency of premiums will then become effective on the next premium due date. The

payment of any premium will not continue this policy in force beyond the date when the next premium becomes due.

Entire Contract; Changes. This policy, endorsements and riders, if any, and the application constitute the entire contract between you and the Company. No change in this policy will be effective until approved by an officer of the Company. Such approval must be endorsed on and attached to this policy. No agent may change this policy or waive any of its provisions.

Age Limits. Coverage under this policy is provided to you only if you are age sixty or younger on the Effective Date. In the event your coverage would not have become effective, our liability will be limited to a refund. Such refund must be requested by you and will be equal to all premiums paid for this policy.

Time Limit on Certain Defenses. After two years from the effective date, no misstatements, except fraudulent misstatements, made by the applicant in the application for this policy shall be used to void the policy, or to deny an otherwise valid claim resulting from First Diagnosis of a Covered Critical Illness after the expiration of such two-year period.

Grace Period. This policy has a thirty-one day grace period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the grace period. During the grace period, the policy will stay in force.

Reinstatement. If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us without requiring an application for reinstatement will reinstate the policy. If an application is required, you will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless we have previously written you of its disapproval. The reinstated policy will cover only First Diagnosis of a Covered Critical Illness that is manifested more than 10 days after the date of reinstatement. In all other respects your rights and our rights will remain the same, subject to any provision endorsed on or attached to the reinstated policy.

Notice of Claim. Written notice of claim must be given within thirty days after First Diagnosis of a Covered Critical Illness or as soon as reasonably possible. The notice can be given to us at our Home Office or to one of our agents. Notice should include your name and the policy number.

Claim Forms. When we receive a notice of claim, we will send you forms for filing proof of First Diagnosis. If you do not receive these forms within fifteen days, you will meet the proof of First Diagnosis requirements by giving us a statement from the pathologist or physician that describes the occurrence, nature and extent of the diagnosis within the time limit stated in "Proof of First Diagnosis."

Proof of First Diagnosis. Written proof of First Diagnosis must be given to us within ninety days after the date of such First Diagnosis. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. However, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

Time of Payment of Claims. Benefits provided by this policy will be paid as soon as we receive proper written proof of First Diagnosis.

Payment of Claims. If you are 18 years of age or older, all benefits will be paid to you unless you direct otherwise in writing. If you are less than 18 years of age, such benefits will be paid to your custodial parent or guardian, or otherwise as permitted by law. Any benefit unpaid at your death may be paid, at our option, to your surviving spouse or your estate. If the benefits are payable to your estate or if you cannot execute a valid release, we can pay benefits up to \$3,000 to someone related to you by blood or marriage whom we consider to be entitled to such benefits. We will be discharged to the extent of any such payments made in good faith.

Physical Examination. We may have you examined when reasonably necessary for our consideration of your pending claim. This will be done at our expense. We may also have an autopsy made unless prohibited by law.

Legal Action. No legal action may be brought to recover on this policy within sixty days after written proof of First Diagnosis has been given as required by this policy. No such action may be brought after three years from the time written proof of First Diagnosis is required to be given.

Misstatement Of Age. If your age has been misstated the benefits provided by this policy will be those the premium would have purchased at the correct age. For the purpose of this policy, your age will be the age last birthday on the Effective Date of coverage. If your correct age is such that this policy would not have become effective or would have terminated, then our liability will be limited to a refund. Such refund must be requested by you and will be equal to the portion of the premiums paid for the period not covered by this policy.

Conformity With State Statutes. Any provision of this policy which, on its Effective Date, is in conflict with the laws of the state in which you reside on that date, is amended to conform to the minimum requirements of such laws.

Assignment. You may assign benefits under this policy. However, we will not be bound by any assignment unless it is in writing and until it has been acknowledged by us at our Home Office. We will not be responsible for the validity of any assignment. We will pay the benefits of this policy to a state agency (such as Medicaid) when required by state law.

**CRITICAL ILLNESS POLICY
Excluding Cancer**

| Policy Number | Insured | Premium | Benefit Amount | Plan |
|--|---------------------|------------------------------|----------------|---------------|
| A123456789 | JOHN DOE | \$9.54 PAYROLL DED | \$10,000.00 | 5MB |
| 02/01/2012 MM/DD/YR Effective Date | 40 M Age and Sex | \$106.00 Annual Premium | 01 Agency | 123 Branch |

We will pay you the Benefit Amount as shown in the above schedule when we receive due proof of the Insured's First Diagnosis of a Covered Critical Illness as defined herein while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown above, or after the policy has lapsed. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

Right to Examine Policy

Please examine your policy carefully. Within 20 days after this policy is first received, it may be returned to us or to the agent through whom it was purchased. If returned during this period, the policy will be as though it had never been issued. Any premiums paid will be returned. **THIS IS A LIMITED BENEFIT POLICY.**

THIS IS A LEGAL CONTRACT - READ YOUR POLICY CAREFULLY.

Guaranteed Renewable to Age 65; Premiums Subject to Change

Your policy is guaranteed renewable until the policy anniversary immediately following your 65th birthday. Until such date and subject to the conditions of this policy we cannot cancel or refuse to renew your policy. On such date this policy will terminate and cease to be in force. You may renew this contract before such date by paying each renewal premium as it falls due or during the grace period. Should we accept a premium for any period after this policy is to terminate, coverage will continue until the end of the period for which the premium has been accepted. We reserve the right to change premium rates. A change in the rates will apply to all policies of this form issued by us and in force in the state where you live. If we change the rates, your premium will be determined by your age on the effective date of this policy and the year of issue of this policy. If we change the rates, we will write you 31 days or more before the change at the address shown in our records. Subject to the terms and conditions of this policy, we will not restrict or limit your policy in any other way while it is in force.

Signed for Liberty National Life Insurance Company as of its effective date.


Secretary


Chief Executive Officer

Please Read:

The basis for the issuance of this policy is the information on the application. Incorrect information in the application could void the policy or cause an otherwise valid claim to be denied. Advise us immediately if any information on the application is wrong or if any past medical history has been left out. No agent may change this policy or waive any of its provisions.

**Critical Illness Policy
Excluding Cancer**

Benefits for First Diagnosis of Covered Critical Illness as Defined in the Policy
Guaranteed Renewable to Policy Anniversary
Immediately Following Insured's 65th Birthday
Premium Rates Subject to Change
Initial Premiums as Shown on Page 1
Nonparticipating

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DEFINITIONS

Covered Critical Illness - One of the medical conditions or diseases listed in paragraphs A. through F. below:

A. Heart Attack - An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is not considered a heart attack for purposes of this policy, nor is any other disease or injury involving the cardiovascular system. The diagnosis must include all of the following: (a) chest pain; and (b) associated new electrocardiographic (EKG) changes supporting a diagnosis of acute myocardial infarction; and (c) elevation of cardiac enzymes above standard laboratory levels; and (d) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

B. Stroke - A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing measurable neurological deficit persisting for at least thirty (30) days following the occurrence of such incident. We must receive evidence of permanent neurological damage from confirming neuroimaging studies. **The following conditions are not covered:**

1. Transient Ischemic Attack (TIA)
2. Attacks of vertebrobasilar ischemia
3. Cerebral symptoms due to migraine
4. Cerebral injury resulting from trauma or hypoxia
5. Vascular disease affecting the eye or optic nerve

C. End Stage Renal Failure - The chronic irreversible failure of both kidneys, requiring kidney transplantation or regular renal dialysis (at least weekly) for a period of at least six consecutive weeks.

D. Major Organ Transplant - Undergoing surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to the Insured as a recipient.

E. Total Loss of Hearing - The total and permanent loss of hearing in both ears. The diagnosis of Total Loss of Hearing must be made by a board certified otolaryngologist.

F. Total Loss of Eyesight - The total and permanent loss of sight in both eyes. The diagnosis of Total Loss of Eyesight must be made by a board certified ophthalmologist.

First Diagnosis - The first time you are diagnosed by a physician as having a Covered Critical Illness which is first manifested after the Waiting Period and while this policy is in force.

Physician - A person, other than yourself or a member of your immediate family or household, who is duly licensed to practice, and is practicing, medicine in the United States acting within the scope of his or her license in treating an injury or illness.

Waiting Period - No benefit is payable if the Covered Critical Illness first manifests itself before the policy has been in force for 30 days from the Effective Date as shown on page one. An illness is manifested when symptoms exist which relate to a Covered Critical Illness and which would cause an ordinary prudent person to seek diagnosis, care, or treatment.

We, Our, Us - Liberty National Life Insurance Company.

You, Your - The person named as the insured under this policy.

BENEFIT

We will pay you the Benefit Amount as shown on page one when we receive due proof satisfactory to us of the Insured's First Diagnosis of a covered Critical Illness as defined above, while this policy is in force. No benefit is payable if the Covered Critical Illness first manifests itself before the end of the thirty-day Waiting Period. In such case, you may void the policy from the beginning and receive a full refund of premium, provided you request the refund within 60 days after the end of the Waiting Period. **The Insured is limited to only one First Diagnosis benefit. This policy terminates upon payment of any such benefit.**

LIMITATIONS AND EXCLUSIONS

1. This policy pays a benefit only for First Diagnosis of a Covered Critical Illness while this policy is in force. Proof of First Diagnosis of a Covered Critical Illness must be provided. This policy does not provide benefits for any other disease, sickness, disability or incapacity.
2. This policy contains a thirty-day Waiting Period. No benefit is payable to anyone who has a Covered Critical Illness manifested before the policy has been in force for thirty days from the Effective Date shown on page one.
3. This policy will not pay benefits if the First Diagnosis of a Covered Critical Illness is made outside the United States of America.

4. This policy does not cover any loss caused or contributed to by: participation in an assault, felony, riot, or insurrection; mental or emotional disorders; self-destruction or an attempt thereat whether sane or insane or injuries intentionally inflicted upon yourself whether sane or insane; war or acts of war (declared or undeclared) whether or not you are in military service; or your ingesting or being under the influence of alcohol or other intoxicant, or taking or being under the influence of any drug or narcotic unless taken on the advice of a physician. Being under the influence of alcohol or a drug or narcotic is that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred.

GENERAL PROVISIONS

Consideration. The application and the payment of the required premiums are the consideration for the policy.

Premium Payments

When Payable. Premiums are payable in advance beginning on the Effective Date.

Frequency and Mode of Payment. The frequency or mode of premium payments as shown in the schedule on page one, may be changed with our consent by filing a written request on a form satisfactory to and accepted by us. The change in the frequency of premiums will then become effective on the next premium due date. The payment of any premium will not continue this policy in force beyond the date when the next premium becomes due.

Entire Contract; Changes. This policy, endorsements and riders, if any, and the application constitute the entire contract between you and the Company. No change in this policy will be effective until approved by an officer of the Company. Such approval must be endorsed on and attached to this policy. No agent may change this policy or waive any of its provisions.

Age Limits. Coverage under this policy is provided to you only if you are age sixty or younger on the Effective Date. In the event your coverage would not have become effective, our liability will be limited to a refund. Such refund must be requested by you and will be equal to all premiums paid for this policy.

Time Limit on Certain Defenses. After two years from the effective date, no misstatements, except fraudulent misstatements, made by the applicant in the application for this policy shall be used to void the policy, or to deny an

otherwise valid claim resulting from First Diagnosis of a Covered Critical Illness after the expiration of such two-year period.

Grace Period. This policy has a thirty-one day grace period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the grace period. During the grace period, the policy will stay in force.

Reinstatement. If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by us without requiring an application for reinstatement will reinstate the policy. If an application is required, you will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless we have previously written you of its disapproval. The reinstated policy will cover only First Diagnosis of a Covered Critical Illness that is manifested more than 10 days after the date of reinstatement. In all other respects your rights and our rights will remain the same, subject to any provision endorsed on or attached to the reinstated policy.

Notice of Claim. Written notice of claim must be given within thirty days after First Diagnosis of a Covered Critical Illness or as soon as reasonably possible. The notice can be given to us at our Home Office or to one of our agents. Notice should include your name and the policy number.

Claim Forms. When we receive a notice of claim, we will send you forms for filing proof of First Diagnosis. If you do not receive these forms within fifteen days, you will meet the proof of First Diagnosis requirements by giving us a statement from the pathologist or physician that describes the occurrence, nature and extent of the diagnosis within the time limit stated in "Proof of First Diagnosis."

Proof of First Diagnosis. Written proof of First Diagnosis must be given to us within ninety days after the date of such First Diagnosis. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. However, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

Time of Payment of Claims. Benefits provided by this policy will be paid as soon as we receive proper written proof of First Diagnosis.

Payment of Claims. If you are 18 years of age or older, all benefits will be paid to you unless you direct otherwise in writing. If you are less than 18 years of age, such benefits will be paid to your custodial parent or guardian, or otherwise as permitted by law. Any benefit unpaid at your death may be paid, at our option, to your surviving spouse or your estate. If the benefits are payable to your estate or if you cannot execute a valid release, we can pay benefits up to \$3,000 to someone related to you by blood or marriage whom we consider to be entitled to such benefits. We will be discharged to the extent of any such payments made in good faith.

Physical Examination. We may have you examined when reasonably necessary for our consideration of your pending claim. This will be done at our expense. We may also have an autopsy made unless prohibited by law.

Legal Action. No legal action may be brought to recover on this policy within sixty days after written proof of First Diagnosis has been given as required by this policy. No such action may be brought after three years from the time written proof of First Diagnosis is required to be given.

Misstatement Of Age. If your age has been misstated the benefits provided by this policy will be those the premium would have purchased at the correct age. For the purpose of this policy, your age will be the age last birthday on the Effective Date of coverage. If your correct age is such that this policy would not have become effective or would have terminated, then our liability will be limited to a refund. Such refund must be requested by you and will be equal to the portion of the premiums paid for the period not covered by this policy.

Conformity With State Statutes. Any provision of this policy which, on its Effective Date, is in conflict with the laws of the state in which you reside on that date, is amended to conform to the minimum requirements of such laws.

Assignment. You may assign benefits under this policy. However, we will not be bound by any assignment unless it is in writing and until it has been acknowledged by us at our Home Office. We will not be responsible for the validity of any assignment. We will pay the benefits of this policy to a state agency (such as Medicaid) when required by state law.

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Application for: Critical Illness Policy

MODE: A SA Q GA
 BB (Comp. Auth. & attach voided check) PD (Attach Authorization if required)
 WD LNL Emp.# _____

| IF PD MODE SELECTED, COMPLETE THIS SECTION: | | | |
|---|---|---|--------------------------------------|
| Franchise Number | Employment Date MM YY | Cafeteria Plan <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Effective Date MM DD YY |
| Payroll Deduction Frequency: | 1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Bi-Weekly | 3. <input type="checkbox"/> Semi-Monthly 4. <input type="checkbox"/> Monthly | |

| | | | | | |
|---------------|--------|-----------------|-------|--------|-----------------------|
| Client Number | | Mailing Address | | Apt. # | City |
| Branch | Agency | Agent Number | State | Zip | Home Telephone Number |

| | | | | | | | |
|----------------------------|-------|--------|------|------------------------|--|-------------------|-------------------|
| Proposed Insured A. | First | Middle | Last | Social Security Number | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth / / | Age Last Birthday |
|----------------------------|-------|--------|------|------------------------|--|-------------------|-------------------|

| | | | | |
|-------------------|----------------|----------------|--|---|
| Height ft. in. | Weight lbs. | Benefit Amount | Critical Illness Plan Desired 1. With Cancer Coverage <input type="checkbox"/> 1. 2. Without Cancer Coverage <input type="checkbox"/> 2. | Amount Collected with this Application for Proposed Insured A. (Complete on all Modes) \$ |
|-------------------|----------------|----------------|--|---|

| | | | | | | | |
|----------------------------|-------|--------|------|------------------------|--|-------------------|-------------------|
| Proposed Insured B. | First | Middle | Last | Social Security Number | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth / / | Age Last Birthday |
|----------------------------|-------|--------|------|------------------------|--|-------------------|-------------------|

| | | | | |
|-------------------|----------------|----------------|--|---|
| Height ft. in. | Weight lbs. | Benefit Amount | Critical Illness Plan Desired 1. With Cancer Coverage <input type="checkbox"/> 1. 2. Without Cancer Coverage <input type="checkbox"/> 2. | Amount Collected with this Application for Proposed Insured B. (Complete on all Modes) \$ |
|-------------------|----------------|----------------|--|---|

Proposed Insured

- | | A. | | B. | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 1. Is the insurance applied for intended to replace or change any coverage now in force with this or any other company? If "Yes," comply with the applicable Replacement Regulation or Rule. Old LNL Policy# _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the Proposed Insured covered under a State Medicaid Program?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the Proposed Insured covered under Medicare? If "Yes", the Proposed Insured is not eligible for coverage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed as having a disease or disorder involving the heart, kidney (other than stones), pancreas, stroke, transient ischemic attack, diabetes (other than gestational diabetes during pregnancy), emphysema, pulmonary fibrosis, cirrhosis, hepatitis B or C, coronary artery disease, blood clot, loss of hearing, loss of sight, or bone marrow or major organ transplant?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed as having high blood pressure in excess of 150/100 or high cholesterol levels over 250?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the Proposed Insured awaiting medical test results or been advised to have medical tests or surgery which has not yet been performed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the Proposed Insured ever been diagnosed as having an immune deficiency disorder, AIDS, the AIDS-Related Complex (ARC) or test results indicating exposure to the AIDS virus?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. During the past three (3) years has the Proposed Insured received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption, or used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the Proposed Insured presently covered by a Liberty National Cancer Policy?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes", the Proposed Insured is eligible only for a Critical Illness policy without cancer coverage. Complete question 10 only for Critical Illness Policy with Cancer Coverage. | | | | |
| 10. Does the Proposed Insured now have, or ever have had, or sought medical advice for any of the following: cancer, leukemia, Hodgkin's disease, melanoma, or any form of malignant growth (except skin cancer)?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. A recorded phone interview may be necessary as part of the underwriting of this application. The most convenient time and place for the phone interview is: | | | | |

Home (Phone# from above will be used) Preferred Time: 8AM-NOON 6PM-9PM
 Office (Phone#) NOON-6PM

RECEIPT (not to be detached unless premium collected)

We have received from _____ the sum of \$ _____ as a deposit on an application (detached herefrom and bearing the same date as this receipt) for a Critical Illness insurance policy. This payment is made and accepted subject to the conditions set out on the back of this receipt.

PLEASE READ THESE CONDITIONS CAREFULLY. ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

THE HOME OFFICE MAY CALL YOU TO VERIFY APPLICATION INFORMATION

Branch No. _____ Agency No. _____ By (Agent) _____

Dated at _____, State of _____, Date _____, 20_____.

Unless you receive a policy or your money is refunded within 60 days from the date of this receipt, please notify the Company, (Liberty National Life, P.O. Box 2612, Birmingham, Alabama 35202) giving the amount paid, date of payment, and the name of the Agent shown above.

I hereby declare that the statements recorded herein are true and complete to the best of my knowledge and belief with respect to any Proposed Insured. I understand that: (1) no policy will be binding upon the Company unless upon its date of issue and delivery each Proposed Insured is alive and whose health remains as stated in the application; (2) no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements; (3) this policy has a 30-day waiting period. No benefit is payable if the covered Critical Illness first manifests itself before the policy has been in force for 30 days from the effective date of the policy. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the Proposed Insured. I have paid to the agent the sum of \$ _____ .

A-600, Ed. 10-05 _____ Date _____ Application State _____ Signature of Applicant 1109

AGENT'S STATEMENT

Yes No

- 1. Do you have any reason to believe that any response to the health questions is not accurate?.....
- 2. Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company?.....
- 3. Was the application signed in your presence?.....

Signed _____ , Agent

If on the date of application the Proposed Insured(s) are alive and are risks acceptable to the Company under its rules, limits and standards for the plan applied for, then the insurance applied for will take effect on the date of the application. Unless the Company has declined to issue the insurance applied for, the insurance will continue in force until the earlier of: (a) the expiration of the period covered by the payments received for herein; or (b) the expiration of 60 days. If the application is accepted and a policy issued, this sum will be applied toward payment of the premium thereon. If the Company declines to issue any policy applied for, the amount of the application deposit for such policy will be returned to the applicant. No insurance will become effective unless the application to which this receipt is attached is received by the Company at its home office.

No agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements.

This receipt is issued on the condition that any check, draft or other order for payment of money be good and collectable. This receipt is not transferable and will not be valid for any purpose if any erasures or alterations have been made in the printed form.

Only the information which the applicant has given in the answers to the questions on the application, or contained in the Company's records will be used to evaluate the eligibility for this insurance. This information will not be disclosed to any other company or person without written authorization.