

SERFF Tracking Number: PLIG-127952126 State: Arkansas  
Filing Company: Plateau Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium  
Product Name: AR SP GCLD 1011  
Project Name/Number: AR SP GCLD 1011/AR SP GCLD 1011

## Filing at a Glance

Company: Plateau Insurance Company

Product Name: AR SP GCLD 1011

TOI: CR04G Group Credit - Life

Sub-TOI: CR04G.003 Single Premium

Filing Type: Form

SERFF Tr Num: PLIG-127952126 State: Arkansas

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

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Deedy Adams, Mary Franc  
Graham Disposition Date: 01/09/2012

Date Submitted: 01/04/2012

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: AR SP GCLD 1011

Project Number: AR SP GCLD 1011

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 01/09/2012

State Status Changed: 01/09/2012

Created By: Deedy Adams

Corresponding Filing Tracking Number:

Filing Description:

This is an informational filing to amend Form #AR-GCLD-MPA(10-11) approved on 09/27/2011, PLIG-127644389. See below for items to be amended:

- 1) Add Zip Code to Header
- 2) Add check boxes under Disability Insurance Plans
- 3) Correct Notice mailing address under REFUNDING section

The requested changes have been highlighted on the attached Amended Master Policy Application #AR-GCLD-MPA(10-11).

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Deedy Adams

SERFF Tracking Number: PLIG-127952126 State: Arkansas  
 Filing Company: Plateau Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium  
 Product Name: AR SP GCLD 1011  
 Project Name/Number: AR SP GCLD 1011/AR SP GCLD 1011

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

-----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: One Amended Form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Plateau Insurance Company	\$50.00	01/04/2012	55014538

SERFF Tracking Number: *PLIG-127952126* State: *Arkansas*  
Filing Company: *Plateau Insurance Company* State Tracking Number:  
Company Tracking Number:  
TOI: *CR04G Group Credit - Life* Sub-TOI: *CR04G.003 Single Premium*  
Product Name: *AR SP GCLD 1011*  
Project Name/Number: *AR SP GCLD 1011/AR SP GCLD 1011*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	01/09/2012	01/09/2012

*SERFF Tracking Number:*      *PLIG-127952126*                      *State:*                      *Arkansas*  
*Filing Company:*              *Plateau Insurance Company*                      *State Tracking Number:*  
*Company Tracking Number:*  
*TOI:*                      *CR04G Group Credit - Life*                      *Sub-TOI:*                      *CR04G.003 Single Premium*  
*Product Name:*              *AR SP GCLD 1011*  
*Project Name/Number:*      *AR SP GCLD 1011/AR SP GCLD 1011*

## **Disposition**

Disposition Date: 01/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: *PLIG-127952126* State: *Arkansas*  
 Filing Company: *Plateau Insurance Company* State Tracking Number:  
 Company Tracking Number:  
 TOI: *CR04G Group Credit - Life* Sub-TOI: *CR04G.003 Single Premium*  
 Product Name: *AR SP GCLD 1011*  
 Project Name/Number: *AR SP GCLD 1011/AR SP GCLD 1011*

## Form Schedule

### Lead Form Number: AR-GCLD-MPA (10-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AR-GCLD-MPA (10-11)	Application/Enrollment Form	Master Policy Application	Revised	Replaced Form #: AR-GCLD-MPA (10-11) Previous Filing #: PLIG-127644389	45.000	AR Master Policy APP New.pdf

APPLICATION is Hereby Made to  
**Plateau Insurance Company**

P.O. Box 7001, Crossville, Tennessee 38557-7001 • [800.752.8328]  
(Herein Called the "Company", "We", "Us", or "Our") by

[ABC Account] \_\_\_\_\_ [6789 Lender Road, Any City, Arkansas 00000] \_\_\_\_\_  
(Herein called the Creditor) (Address)

for a group policy (called Policy) to provide insurance for persons who are or who will become indebted to the Creditor.  
**CLASSES TO BE INSURED.** The classes of indebtedness to be insured are as follows:

**INSURANCE PROVIDED.** The Company will provide the type(s) of insurance indicated below, subject to the terms and limitations of the Policy:

<b>Life Insurance (check plans desired)</b>		<b>Premium rates (per 12 months)</b>
<input type="checkbox"/>	Single Gross Reducing	\$ [0.65] per \$100
<input type="checkbox"/>	Joint Gross Reducing	\$ [1.10] per \$100
<input type="checkbox"/>	Single Level	\$ [1.20] per \$100
<input type="checkbox"/>	Joint Level	\$ [2.04] per \$100

**Disability Insurance (check plans desired)**

<b>Plan</b>	<b>Premiums Rates</b>
<input type="checkbox"/> 7 day Retroactive	See Attached Rate Sheet
<input type="checkbox"/> 14 day Retroactive	See Attached Rate Sheet
<input type="checkbox"/> 30 Day Retroactive	See Attached Rate Sheet
<input type="checkbox"/> 14 day Non-Retroactive	See Attached Rate Sheet
<input type="checkbox"/> 30 day Non-Retroactive	See Attached Rate Sheet

**LIMITATIONS OF LIFE INSURANCE:** See attached Underwriting guidelines.

**LIMITATIONS OF DISABILITY INSURANCE:** See attached Underwriting guidelines

**COLLECTION OF PREMIUMS:** Premiums are to be collected by the Creditor from the Debtors as a Single Premium collected in advance for the full term of insurance.

**REMITTING OF PREMIUMS.** The Creditor shall remit premiums collected from the Debtors to the Company on a Single Premium basis collected in advance for the full term of insurance.

**ELIGIBILITY & TERMINATION AGE:** See attached Underwriting guidelines.

**REFUNDING:** Refunds will be computed as of the date the insurance stops: (i) by the Rule of 78 for Decreasing Life and Total Disability Insurance; and (ii) by the Pro-rata method for Level Life Insurance. For the purposes of determining months expired, no charge will be made for the first 15 days of a loan. To receive a refund or credit of any unearned premium that may be due, the Insured Debtor must give us written notice of the early termination of his loan. Notice should be mailed to us at P.O. Box 7001, Crossville, TN 38557-7001, or to You as the agent that sold the insurance. We have the right to require proof of the date of termination of the loan. A full month will be charged for 16 days or more of a loan month. Refunds of less than \$2.00 will not be made.

**EFFECTIVE DATE.** If this application is accepted by the Company, the Policy shall be effective from 12:01 AM, Standard Time, at the Creditor's address, on the [1<sup>st</sup>] day of [October], 20[11], for the term of one year and unless discontinued as provided herein, this Policy shall be automatically renewed from year to year upon payment of premiums as provided herein.

Dated at: [Any City, Arkansas] this [1st] day of [October], [2011]

[I.B. Agent] \_\_\_\_\_  
Witness

[ABC Account, Any City, Arkansas]  
Creditor

[Agent] \_\_\_\_\_  
Title

[/s/Thomas Jones], Vice President]  
Title

**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.**

SERFF Tracking Number: *PLIG-127952126* State: *Arkansas*  
Filing Company: *Plateau Insurance Company* State Tracking Number:  
Company Tracking Number:  
TOI: *CR04G Group Credit - Life* Sub-TOI: *CR04G.003 Single Premium*  
Product Name: *AR SP GCLD 1011*  
Project Name/Number: *AR SP GCLD 1011/AR SP GCLD 1011*

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Informational Filing for previously approved PLIG-127644389.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Informational Filing for previously approved PLIG-127644389.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Informational Filing for previously approved PLIG-127644389.		
<b>Comments:</b>		