

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Filing at a Glance

Company: Reserve National Insurance Company
Product Name: MWL Policy
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Filing Type: Form
Date Submitted: 11/02/2012
SERFF Tr Num: FRCS-128752984
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5820

Implementation: On Approval
Date Requested:
Author(s): Marilyn Odell
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/19/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy
Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

General Information

Project Name: RESERVE/68 Status of Filing in Domicile: Pending
Project Number: 68 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: This filing is being submitted to the
domicile state (OK) on or about this same date through IIPRC
filing.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/19/2012
State Status Changed: 12/19/2012
Deemer Date: Created By: Marilyn Odell
Submitted By: Exselsa Cartwright Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Reserve National Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$100 has been sent by EFT on this same date.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

Policy MWL-97-2 is an individual, non-participating, modified death benefit whole life policy. During the first two policy years, the face amount is payable for accidental death or 120% of premiums paid is payable for non-accidental death. After two policy years, the face amount is payable regardless of the cause of death. Premiums are payable for life.

The policy is guaranteed issue, and it will not be illustrated. It will initially be sold in \$5,000 increments from \$5,000 to \$25,000. Other increments and amounts may be made available in the future.

The policy will not be issued or marketed to replace any other coverage.

Application L-SS-0912 may be taken on paper. It may also be taken over the telephone in a scenario outlined as follows: Interested consumers are asked in advertisements to either contact a telephone call center or return a response requesting that the call center contact them if they wish to apply over the telephone or need additional information. If the consumer decides to apply over the telephone, the application will be taken over the telephone by a licensed representative and the telephone call will be digitally recorded. Information identical to that on the paper application will be asked of the applicant. Responses to questions will be entered on the application. During the telephone phone call, the answers given are read back to the applicant. The applicant then will confirm or correct all answers. The applicant is then asked "Do I have your permission to submit this application to Reserve National Insurance Company for an individual life insurance policy?" If the answer is "yes", the applicant is asked to state his or her mother's maiden name or other individually-identifiable information, which becomes part of the recording. In addition to the applicant's voice signature being captured, it is time-stamped and stored as a part of the application record. This process serves as an electronic signature. The applicant will see the answers to the recorded questions when the policy is delivered with the facsimile of the application.

These forms are new and will not replace any previously approved forms on file.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

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Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Marilyn Odell, Compliance Specialist marilyn.odell@firstconsulting.com
 1020 Central 800-927-2730 [Phone] 2835 [Ext]
 Suite 201 816-391-2755 [FAX]
 Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
601 East Britton Road	Group Code: 215	Company Type:
Oklahoma City, OK 73114	Group Name: Unitrin, Inc	State ID Number:
(405) 848-7931 ext. [Phone]	FEIN Number: 73-0661453	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 PER FORM x 2 = \$100
 Per Company: No

Company	Amount	Date Processed	Transaction #
Reserve National Insurance Company	\$100.00	11/02/2012	64535794

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/19/2012	12/19/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/26/2012	11/26/2012
Pending Industry Response	Linda Bird	11/15/2012	11/15/2012
Pending Industry Response	Linda Bird	11/07/2012	11/07/2012

Response Letters

Responded By	Created On	Date Submitted
Alexis Beecham	12/14/2012	12/19/2012
Exselsa Cartwright	11/15/2012	11/15/2012
Marilyn Odell	11/15/2012	11/15/2012

State: Arkansas **Filing Company:** Reserve National Insurance Company
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Product Name: MWL Policy
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Disposition

Disposition Date: 12/19/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form (revised)	Modified Whole Life Policy		Yes
Form	Modified Whole Life Policy	Replaced	Yes
Form	Modified Whole Life Policy	Replaced	Yes
Form	Modified Whole Life Policy	Replaced	Yes
Form	Application for Life Insurance		Yes

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy
Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/26/2012
Submitted Date	11/26/2012
Respond By Date	12/26/2012

Dear Marilyn Odell,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Your reply to our 11/15/12 objection letter has been received. The revisions continue to be in violation of Bulletin 8-85 Guideline Two.

Accidental death benefits, appropriately rated, may be added by rider in the same manner as they are with other life insurance policies. In order for the submission to be approved the accidental death benefit will need to be removed from the reduced death benefits in early years policy.

Conclusion:

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,
Linda Bird

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy
Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/15/2012
Submitted Date	11/15/2012
Respond By Date	11/15/2012

Dear Marilyn Odell,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

We have received your reply to the 11/07/12 objection letter. The submission continues to be violation of both Guidelines One and Two of Bulletin 8-85.

Please refer to the face of the policy which states "Whole Life. During First Two Policy Years: Face amount payable for accidental death, or one hundred twenty percent of the premium paid for non-accidental death." This is in violation of both Guideline One and Two. Guideline One states "No policy will be approved which purports to "return" premiums, with or without "interest," during the period of reduced benefits." Guideline Two states " the inclusion of an accidental death benefit in such amount as to increase the total benefit to that payable after the period of reduced benefits is misleading and such provisions will not be approved."

Conclusion:

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,
Linda Bird*

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy
Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/07/2012
Submitted Date	11/07/2012
Respond By Date	12/07/2012

Dear Marilyn Odell,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contract is in violation of both Guideline One and Two of this bulletin.

Conclusion:

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,
Linda Bird*

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/14/2012
Submitted Date	12/19/2012

Dear Linda Bird,

Introduction:

In response to your objection letter dated 11-26-12, on behalf of Reserve National Insurance Company, we offer the following for your consideration.

Response 1

Comments:

Reference to accidental death benefit was removed from the policy. Specially, the description on the front and back covers was revised, the Death Benefit on page 2 of the Schedule was revised, and the definition of Accidental Death was deleted from the definitions on page 3. A revised policy is attached.

Reference to accidental death benefit was also removed from the Statement of Variability and actuarial memo, and a revised statement and memo are also attached.

Related Objection 1

Comments:

Your reply to our 11/15/12 objection letter has been received. The revisions continue to be in violation of Bulletin 8-85 Guideline Two.

Accidental death benefits, appropriately rated, may be added by rider in the same manner as they are with other life insurance policies. In order for the submission to be approved the accidental death benefit will need to be removed from the reduced death benefits in early years policy.

Changed Items:

SERFF Tracking #:

FRCS-128752984

State Tracking #:

Company Tracking #:

5820

State: Arkansas

Filing Company: Reserve National Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: MWL Policy

Project Name/Number: RESERVE/68/68

Supporting Document Schedule Item Changes

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachment(s):

AR MWL-97-2 Act Memo.pdf

Previous Version

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachment(s):

AR MWL-97-2 Act Memo.pdf

Previous Version

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachment(s):

AR MWL-97-2 Act Memo.pdf

Satisfied - Item: Statement of Variability

Comments:

Attachment(s):

SOV for MWL-97-2 for AR.pdf

Previous Version

Satisfied - Item: Statement of Variability

Comments:

Attachment(s):

SOV for MWL-97-2 for AR.pdf

SERFF Tracking #:

FRCS-128752984

State Tracking #:

Company Tracking #:

5820

State: Arkansas **Filing Company:** Reserve National Insurance Company
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Product Name: MWL Policy
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Supporting Document Schedule Item Changes

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Comments:

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AR MWL-97-2 Act Memo.pdf

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Comments:

Attachment(s):

SOV for MWL-97-2 for AR.pdf

Previous Version

Satisfied - Item: Statement of Variability

Comments:

Attachment(s):

SOV for MWL-97-2 for AR.pdf

State: Arkansas

Filing Company: Reserve National Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: MWL Policy

Project Name/Number: RESERVE/68/68

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Modified Whole Life Policy	MWL-97-2	POL	Initial		50.200	MWL-97-2 for AR.pdf	Date Submitted: 12/19/2012 By: Exselsa Cartwright
<i>Previous Version</i>								
1	<i>Modified Whole Life Policy</i>	<i>MWL-97-2</i>	<i>POL</i>	<i>Initial</i>		<i>50.200</i>	<i>MWL-97-2 for AR.pdf</i>	<i>Date Submitted: 11/15/2012 By: Exselsa Cartwright</i>
<i>Previous Version</i>								
1	<i>Modified Whole Life Policy</i>	<i>MWL-97-2</i>	<i>POL</i>	<i>Initial</i>		<i>50.200</i>	<i>MWL-97-2 for AR.pdf</i>	<i>Date Submitted: 11/15/2012 By: Marilyn Odell</i>
<i>Previous Version</i>								
1	<i>Modified Whole Life Policy</i>	<i>MWL-97-2</i>	<i>POL</i>	<i>Initial</i>		<i>50.200</i>	<i>MWL-97-2 for AR.pdf</i>	<i>Date Submitted: 11/02/2012 By: Exselsa Cartwright</i>

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730.

Thank you for your assistance.

Sincerely,

Exselsa Cartwright

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/15/2012
Submitted Date	11/15/2012

Dear Linda Bird,

Introduction:

In response to your objection letter dated 11-15-12, on behalf of Reserve National Insurance Company, we offer the following for your consideration.

Response 1

Comments:

The front and back cover pages of the policy have been corrected.

The brief description now reads:

Whole Life. Limited Benefit During The First Two Policy Years For Accidental Death.

After The Second Policy Year: Face Amount Payable Regardless of The Cause of Death.

Non-Participating

Related Objection 1

Comments:

We have received your reply to the 11/07/12 objection letter. The submission continues to be violation of both Guidelines One and Two of Bulletin 8-85.

Please refer to the face of the policy which states "Whole Life. During First Two Policy Years: Face amount payable for accidental death, or one hundred twenty percent of the premium paid for non-accidental death." This is in violation of both Guideline One and Two. Guideline One states "No policy will be approved which purports to "return" premiums, with or without "interest," during the period of reduced benefits." Guideline Two states " the inclusion of an accidental death benefit in such amount as to increase the total benefit to that payable after the period of reduced benefits is misleading and such provisions will not be approved."

Changed Items:

No Supporting Documents changed.

State: Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: MWL Policy

Project Name/Number: RESERVE/68/68

Form Schedule Item Changes:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Modified Whole Life Policy	MWL-97-2	POL	Initial		50.200	MWL-97-2 for AR.pdf	Date Submitted: 11/15/2012 By: Exselsa Cartwright
<i>Previous Version</i>								
1	<i>Modified Whole Life Policy</i>	<i>MWL-97-2</i>	<i>POL</i>	<i>Initial</i>		<i>50.200</i>	<i>MWL-97-2 for AR.pdf</i>	<i>Date Submitted: 11/15/2012 By: Marilyn Odell</i>
<i>Previous Version</i>								
1	<i>Modified Whole Life Policy</i>	<i>MWL-97-2</i>	<i>POL</i>	<i>Initial</i>		<i>50.200</i>	<i>MWL-97-2 for AR.pdf</i>	<i>Date Submitted: 11/02/2012 By: Exselsa Cartwright</i>

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730.

Thank you for your assistance.

Sincerely,

Exselsa Cartwright

SERFF Tracking #:

FRCS-128752984

State Tracking #:

Company Tracking #:

5820

State:

Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name:

MWL Policy

Project Name/Number:

RESERVE/68/68

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/15/2012
Submitted Date	11/15/2012

Dear Linda Bird,

Introduction:

In response to your objection letter dated 11-7-12, on behalf of Reserve National Insurance Company, we offer the following for your consideration.

Response 1

Comments:

In order to comply with Bulletin 8-5, the values for the Death Benefit on page 2 were revised to reflect dollar values. These are John Doe variables, and will be based on the actual insured.

A statement of variability is attached to reflect the new variables. The actuarial memo was also revised.

Related Objection 1

Comments:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The contract is in violation of both Guideline One and Two of this bulletin.

Changed Items:

SERFF Tracking #:

FRCS-128752984

State Tracking #:

Company Tracking #:

5820

State:

Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name:

MWL Policy

Project Name/Number:

RESERVE/68/68

Supporting Document Schedule Item Changes

Satisfied - Item:

Life & Annuity - Acturial Memo

Comments:

Attachment(s):

AR MWL-97-2 Act Memo.pdf

Previous Version

Satisfied - Item:

Life & Annuity - Acturial Memo

Comments:

Attachment(s):

AR MWL-97-2 Act Memo.pdf

Satisfied - Item:

Statement of Variability

Comments:

Attachment(s):

SOV for MWL-97-2 for AR.pdf

SERFF Tracking #:

FRCS-128752984

State Tracking #:

Company Tracking #:

5820

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Supporting Document Schedule Item Changes

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachment(s):

AR MWL-97-2 Act Memo.pdf

Previous Version

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachment(s):

AR MWL-97-2 Act Memo.pdf

Satisfied - Item: Statement of Variability

Comments:

Attachment(s):

SOV for MWL-97-2 for AR.pdf

Form Schedule Item Changes:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Modified Whole Life Policy	MWL-97-2	POL	Initial		50.200	MWL-97-2 for AR.pdf	Date Submitted: 11/15/2012 By: Marilyn Odell
<i>Previous Version</i>								
1	Modified Whole Life Policy	MWL-97-2	POL	Initial		50.200	MWL-97-2 for AR.pdf	Date Submitted: 11/02/2012 By: Exselsa Cartwright

No Rate/Rule Schedule items changed.

SERFF Tracking #:

FRCS-128752984

State Tracking #:

Company Tracking #:

5820

State:

Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name:

MWL Policy

Project Name/Number:

RESERVE/68/68

Conclusion:

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,

Marilyn Odell

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

Form Schedule

Lead Form Number: MWL-97-2

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Modified Whole Life Policy	MWL-97-2	POL	Initial		50.200	MWL-97-2 for AR.pdf
2		Application for Life Insurance	L-SS-0912-AR	AEF	Initial		50.000	L-SS-0912-AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



RESERVE NATIONAL

Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

In this policy "you", "your" and "yours" refer to the Owner of this policy and the "Company", "us", "we" and "our" refer to Reserve National Insurance Company.

INSURING AGREEMENT

WE WILL PAY the benefits provided in this policy, subject to the provisions on this and the following pages, all of which are part of this policy.

In consideration of the payment of the premium in advance and in reliance upon the statements in your application, a copy of which is attached to and made a part of this policy, we hereby insure the person named in the Insured Schedule, commencing at 12:01 A.M., Standard Time, at the place where you reside, on the Effective Date shown in the Insured Schedule.

READ YOUR POLICY CAREFULLY. IF YOU ARE NOT SATISFIED, RETURN THE POLICY WITHIN THIRTY (30) DAYS OF ITS RECEIPT FOR A FULL PREMIUM REFUND.

You are granted a period of thirty days from the date of delivery of this policy to examine it, and if not satisfied for any reason, this policy may be returned within said thirty days to us at our Home Office or to the writing agent. Then we shall refund the premium paid, and the policy shall be void from its beginning, and you and the Company shall be in the same position as if it had never been issued.

IMPORTANT NOTICE

Please read the copy of the application attached to this policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at [601 East Britton Road, Oklahoma City, Oklahoma 73114-7710], within 30 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of the policy, which was issued on the basis that the answers to all questions and the information shown are correct and complete.

If you have any question or complaints about this policy, you may contact the Company at the address shown above or at the following toll-free phone number: [1-800-654-9106].

IN WITNESS WHEREOF, the Company has caused this policy to be issued as of the effective date, and to be executed by its President and Secretary at its Home Office at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].


Secretary


President

This policy has a limited graded death benefit. Please read your contract carefully.

**Whole Life. Limited Benefit During The First Two Policy Years
After The Second Policy Year: Face Amount Payable
Non-Participating**

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INSURED SCHEDULE

Death Benefit:

During Policy Years 1 and 2:

Policy Year 1: \$[1,000]

Policy Year 2: \$[2,000]

During Policy Years 3 & After:

\$[10,000]

Policy Number: [1234567]

Effective Date: [09/15/2012]

The Insured: [John Doe]

Age At Issue: [50]

Sex: [M]

The Owner: [John Doe]

**Face Amount
Of Insurance:** \$[10,000]

The Beneficiary: [Jane Doe]

Additional Benefits: [None]

Frequency and Amount of Premiums:	Annual	Monthly Bank Draft
	\$[669.12]	\$[55.76]

Premium Payable: For the Insured's Lifetime

Jurisdiction of Issue: [Home State]

Dept. Telephone Number: [1-888-123-4567]

CONTRACT. This policy, the application, a copy of which is made a part of the policy, and any riders and endorsements constitute the complete agreement between you and the Company. We have issued this policy in consideration of the information provided in the application and payment of the first premium. All of the statements in the application, in the absence of fraud, are considered representations and not warranties. This policy cannot be changed or any of its provisions waived except by a written agreement signed by our President or a Vice-President.

INCONTESTABILITY. This policy shall be incontestable after it has been in force, while the Insured is living, for two years after the Effective Date. However, we can contest the policy anytime if you do not pay all of the premiums due.

PREMIUMS. The first premium is due on the Effective Date of this policy. Subsequent premiums are due and payable during the Insured's lifetime for the period specified on **Page 2**. The due date of each subsequent premium is the starting date of its premium interval.

Premiums after the first premium are payable at our Home Office or to an authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the person receiving the payment.

Premiums may be made payable at one-month, three-month, six-month or twelve-month intervals at our rates in effect on the Effective Date. A change in premium interval will take effect when we accept the premium for the new interval.

POLICY DATES. Policy months, years and anniversaries are measured from the Effective Date shown on **Page 2**.

GRACE PERIOD. A grace period of thirty-one days will be allowed for the payment without interest of any premium after the first premium. During the grace period the policy will remain in force. However, if the Insured dies on a premium due date or during the grace period we will deduct any unpaid premium due from any payment we make.

If the premium is not paid during its grace period we will use the cash value to pay the premium if (i) there is enough net cash value to pay the premium due, and (ii) the Automatic Premium Loans provision is in effect. If there is not enough cash value or if the Automatic Premium Loans provision is not in effect we will apply the Nonforfeiture Provision. If there is no cash value the policy will cease to be in force effective on the due date of the unpaid premium.

You cannot pay an unpaid premium after the end of the grace period except as the Reinstatement provision or the Automatic Premium Loans provision may allow.

REINSTATEMENT. You may reinstate the policy anytime within three years after a grace period ends if it has not been surrendered for its cash value. To reinstate the policy you must:

- (i) give us a written application for reinstatement;
- (ii) give us satisfactory evidence the Insured is still insurable;
- (iii) repay or reinstate any policy debt which was in effect when the policy ceased to be in force with 6% interest compounded annually; and
- (iv) pay all overdue premiums and compound interest at 6% per year from their due dates.

OWNERSHIP. The owner of this policy on the Effective Date is shown on **Page 2**. You can transfer ownership to a new owner by filing a written request for change with the Company. Unless otherwise specified by the owner, the change of ownership will take effect as of the date the request was signed but without any liability to us on account of any payment we made or action we took before the request was received by us at our Home Office.

We are not responsible for the validity of a transfer of ownership.

A new owner takes the policy subject to all existing policy debt, interest accruing after the date of transfer and the interest of any assignee of record.

While the Insured is living, the owner may exercise any rights and receive all benefits described in the policy. If the owner has given up the right to change a beneficiary, any such irrevocable beneficiary must give consent in the exercise of any of the owner's rights.

The owner may designate a survivor owner to whom ownership will be transferred automatically at the death of the owner if the Insured is living at that time.

While the owner is living, a survivor owner has no rights or entitlement to benefits as owner.

If at the death of the owner there is no survivor owner and the Insured is not named owner, the Insured shall become the owner of the policy.

DEATH BENEFIT

The death benefit of this policy is equal to the death benefit shown on **Page 2** less any policy debt and any unpaid premium. If death occurs during a period for which premium has been paid, we will add a refund of any premium actually paid for any period beyond the end of the policy month of death.

PAYMENT OF DEATH BENEFIT

The death benefit of this policy will be paid, in accordance with its terms, upon our receipt of proof that the Insured has died. Satisfactory Proof of the Insured's Death will consist of a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information. We may also require proof of the claimant's interest in the proceeds.

If the Death Benefit has not been paid within 30 days after due proof of death is received, interest will be added to this amount at a rate of 8% per year.

BENEFICIARY. The name of the beneficiary is shown on **Page 2** unless it has been changed.

CHANGE OF BENEFICIARY. If you have not given up the right to do so, you may change the beneficiary while the Insured is living by filing a written request for change with the Company. The Company may require the return of the policy for endorsement. Unless otherwise specified by the owner, the change will take effect as of the date the request was signed, subject to any payment we made or action we took before receipt of the request.

CLAIMS OF CREDITORS. Any amount payable to a beneficiary will be free from the claims of creditors to the extent allowed by law.

SUICIDE. Notwithstanding any other provision, if the Insured's death is caused by suicide within two years after the Effective Date of the policy, the amount payable because of such death shall be an amount equal to the premiums paid.

INCORRECT AGE OR SEX. If the age or sex of the Insured is not correct, any amount we pay will be adjusted based upon what the most recent premium paid would have purchased at the correct age and sex. If the correct age is outside the issue age range of the policy, a premium and benefit will be extrapolated.

ASSIGNMENT. You may assign the policy as collateral security by filing a written notice of assignment with the Company. Unless otherwise specified by the owner, an assignment shall take effect on the date the notice of assignment is signed by the owner, subject to any payments made or action taken by the Company prior to receipt of the notice. We assume no responsibility as to the validity or effect of any assignment. A collateral assignment is not a change of ownership and the assignee does not have ownership rights. However, your right to the cash value and the rights of any beneficiary to receive benefits will be subject to the interest of any assignee.

CASH VALUE. The cash value is determined from the Table Of Values. Any cash value and paid up nonforfeiture benefit due at any time other than a policy anniversary will be calculated with allowance for lapse of time and the payment of fractional premiums from the preceding policy anniversary. You may receive the net cash value if you surrender this policy any time after the policy first has a cash value and while the Insured is living. The net cash value is the cash value less any policy debt plus any premium actually paid for any period beyond the end of the policy month of surrender. All the insurance will cease when you, surrender the policy. We may defer payment up to six months after a request for surrender is received at our Home Office.

NONFORFEITURE PROVISION. If any premium is unpaid at the end of the grace period and there is no cash value, the policy will cease to be in force effective on the due date of that premium. If there is a cash value and the Automatic Premium Loans provision is in effect, we will make a loan to pay the premium according to the terms of that provision.

If any premium is unpaid at the end of the grace period and there is a cash value but the Automatic Premium Loans provision is not in effect, then within sixty days from the due date of the unpaid premium, you may select one of the following nonforfeiture options:

Cash. You may surrender the policy according to the terms of the Cash Value provision. If the policy is surrendered within sixty days after the due date of the unpaid premium, the cash value will not be less than the cash value on the due date.

Extended Term Insurance. The net cash value on the due date of the unpaid premium is used as a net single premium to purchase extended term insurance for a limited period for the Insured. The amount of extended term insurance is the amount of insurance which would have been in force during each policy year if no premium due were unpaid, less the amount of any policy loan. No further premiums are payable.

If you do not select one of the nonforfeiture options within sixty days from the due date of an unpaid premium, we will automatically continue the insurance under the Extended Term Insurance option.

If the policy is continued under the nonforfeiture option you may surrender it at any time for its remaining net cash value. The net cash value is the net single premium for all remaining benefits at the Insured's attained age less any policy debt continued, If the surrender is made within thirty days after a policy anniversary, the cash value will not be less than the cash value on that anniversary.

BASIS OF OUR CALCULATIONS. All cash values and paid-up nonforfeiture benefits are not less than the minimum values and benefits required by or pursuant to the Standard Nonforfeiture Law for Life Insurance.

A detailed statement of our computation method for all values and reserves has been filed with the insurance department of the state where this policy is delivered. All values and reserves are equal to or greater than those required by the laws of that state.

The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate cash values. The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate single premiums for extended term insurance. All deaths under these tables during a policy year are assumed to occur at the end of that year. All cash values and single premiums are based on the interest rate shown at the bottom of the Table of Values.

POLICY LOANS. While the policy is in force, except with regard to any insurance continued as extended term insurance, and after the policy year for which cash values are first shown in the Table of Values, we will make cash loans to you with the policy as sole security upon your written request. We may defer making a loan, other than a loan to pay premiums, for up to six months.

When a loan is made, interest for a period not beyond the end of the policy year must be paid in advance. For each policy year the loan continues, interest for a period not beyond the end of that policy year is due in advance. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

"Policy debt" means the total outstanding loans with interest. Policy debt must not exceed the cash value of the policy. If policy debt ever equals or exceeds the cash value, the policy will cease thirty-one days after we have mailed written notice to your last known address and to the address of any collateral assignee of the policy as shown by our records.

The interest rate charged on policy debt is 6% per year compounded annually.

A policy loan may be for any amount which does not exceed the cash value on the next premium due date or the next policy anniversary, if sooner, minus interest in advance to the end of the current policy year, any premium due that is unpaid and any policy debt.

You may repay all or any part of policy debt at any time. Any policy debt will be deducted from the amount payable if you surrender the policy, from any amount applied to a settlement option or from the amount payable by reason of the Insured's death.

AUTOMATIC PREMIUM LOANS. If this provision is in effect either by selection in the application or later by written request, we will automatically loan enough to pay any monthly premium unpaid at the end of a grace period if the limit on policy debt is not exceeded. If making a loan for the entire premium due causes the limit on policy debt to be exceeded, we will make a loan only for the premium for as many days as the limit on policy debt will permit. You may revoke this provision with respect to future premiums becoming due by written request.

TABLE OF VALUES

This table shows cash values and other values as of the end of the policy years shown with respect to the insurance for the Insured named on **Page 2**.

No cash value or other value is provided by this policy before the end of a policy year for which a cash value is first shown.

The values in this table assume there is no policy debt and that premiums have been paid to the end of the policy year.

Values during a policy year will reflect the portion of the year for which the premium has been paid.

Values not shown in the table below will be furnished on request.

End Of Policy Year	Cash Value	Extended Term Insurance	
		Years	Days
1	\$[0.00	0	0
2	\$10.00	2	55
3	\$28.00	4	357
4	\$46.00	7	31
5	\$64.00	8	224
6	\$83.00	9	306
7	\$102.00	10	292
8	\$121.00	11	208
9	\$141.00	12	89
10	\$162.00	12	295
11	\$182.00	13	57
12	\$203.00	13	167
13	\$224.00	13	244
14	\$245.00	13	291
15	\$266.00	13	309
16	\$287.00	13	302
17	\$309.00	13	287
18	\$330.00	13	235
19	\$352.00	13	182
20	\$375.00	13	126]

BASIS OF COMPUTATION Cash values are based on the sex of the Insured (age at last birthday) 2001 Commissioners Standard Ordinary mortality tables at 4.5% interest.

SETTLEMENT OPTION PROVISION. While the Insured is living, you may choose the settlement option under which to apply any amount becoming payable because of the surrender of the policy. While the Insured is living you may choose the settlement option under which the beneficiary will receive any amount payable by reason of the death of the Insured. If no settlement option has been chosen when an amount is payable because of the death of the Insured, the beneficiary may choose a settlement option.

***Option 1.** We will pay the amount payable in one sum to the beneficiary.

***Option 2.** We will pay the annual, semi-annual, quarterly or monthly installments specified by the person making the choice until the amount payable together with interest is exhausted. The interest rate will be a rate declared by the Company but not less than 3 1/2% per year compounded annually.

***Option 3.** We will pay the amount payable in equal installments for a period not longer than thirty years as specified by the person making the choice from the following table:

MONTHLY INSTALLMENTS PER \$1,000 OF AMOUNT PAYABLE					
No. of Years	Monthly Installment	No. of Years	Monthly Installment	No. of Years	Monthly Installment
1	\$84.65	11	\$9.09	21	\$5.56
2	\$43.05	12	\$8.46	22	\$5.39
3	\$29.19	13	\$7.94	23	\$5.24
4	\$22.27	14	\$7.49	24	\$5.09
5	\$18.12	15	\$7.10	25	\$4.96
6	\$15.35	16	\$6.76	26	\$4.84
7	\$13.38	17	\$6.47	27	\$4.73
8	\$11.90	18	\$6.20	28	\$4.63
9	\$10.75	19	\$5.97	29	\$4.53
10	\$9.83	20	\$5.75	30	\$4.45

If the recipient dies before receiving the number of installments specified, the remaining installments will be computed and paid in one sum to the estate of the recipient. The interest rate used in computing the installments will be 3 1/2% per year compounded annually.

***Option 4.** We will pay the amount payable in monthly installments for the remaining lifetime of the recipient but for not less than 120, 180 or 240 monthly installments.

MONTHLY INSTALLMENTS FOR LIFETIME OF RECIPIENT PER \$1,000 OF AMOUNT PAYABLE

M	F	120	180	240	M	F	120	180	240	M	F	120	180	240
		Mos	Mos	Mos			Mos	Mos	Mos			Mos	Mos	Mos
	45	4.34	4.29	4.21	55	60	5.57	5.31	5.00	70	75	7.58	6.53	5.63
	46	4.40	4.34	4.26	56	61	5.67	5.39	5.05	71	76	7.73	6.60	5.65
	47	4.47	4.40	4.30	57	62	5.79	5.47	5.10	72	77	7.88	6.66	5.67
	48	4.53	4.46	4.35	58	63	5.91	5.56	5.16	73	78	8.03	6.72	5.69
	49	4.60	4.52	4.40	59	64	6.03	5.64	5.32	74	79	8.18	6.77	5.70
45	50	4.67	4.58	4.45	60	65	6.15	5.73	5.26	75	80	8.33	6.82	5.71
46	51	4.75	4.64	4.51	61	66	6.28	5.81	5.31	76		8.47	6.86	5.72
47	52	4.82	4.71	4.56	62	67	6.41	5.90	5.35	77		8.60	6.90	5.73
48	53	4.90	4.78	4.61	63	68	6.55	5.98	5.40	78		8.73	6.94	5.74
49	54	4.99	4.85	4.67	64	69	6.69	6.07	5.44	79		8.86	6.97	5.74
50	55	5.07	4.92	4.72	65	70	6.83	6.15	5.48	80		8.98	6.99	5.75
51	56	5.17	4.99	4.78	66	71	6.98	6.23	5.51					
52	57	5.26	5.07	4.83	67	72	7.13	6.31	5.55					
53	58	5.36	5.15	4.89	68	73	7.28	6.39	5.58					
54	59	5.46	5.23	4.94	69	74	7.43	6.46	5.60					

The ages appearing in the table above headed "M" (Male) or "F" (Female) refer to the age of the recipient on the date of first payment under **Option 4.**

***Option 5.** We will hold the amount payable for the lifetime of the recipient or for a specified period. We will pay interest on the amount held at a rate we will determine but not less than 3 1/2% per year compounded annually. Interest payments may be made each month, each three months, each six months or each twelve months. At the death of the recipient or the end of the specified period we will pay the amount held together with any accrued interest to the recipient, if living, otherwise to the estate of the recipient.

We pay all amounts payable under this policy at our Home Office in Oklahoma City, Oklahoma.

Before making any payments we may ask for the return of this policy.

We will make payments under settlement **options 2, 3, 4 or 5** only to a natural person in that person's own right.

Payments under **options 2, 3 and 4** are made at the beginning of each period they are to cover. Interest payments under **option 5** are made at the end of each period over which the interest is earned.

If any installment under a settlement option would be less than \$25, we reserve the right to change the frequency of payments or to pay the entire balance we hold in one sum.

The election of a settlement option, except **option 1**, must have our consent if the policy is assigned or if the amount applied for the benefit of any one payee would be less than \$2,500.

**ENDORSEMENTS, IF ANY, AND PHOTOSTAT OF APPLICATION ATTACHED
HERETO CONSTITUTE PART OF THE CONTRACT**



RESERVE NATIONAL

Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

**Whole Life. Limited Benefit During The First Two Policy Years
After The Second Policy Year: Face Amount Payable.**

-Non-Participating-

MWL-97-2



Application for Individual Life Insurance Insurance Benefits Provided by Reserve National Insurance Company

[601 East Britton Road, Oklahoma City, OK 73114]

APPLICANT	Full Legal Name of Proposed Insured _____
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security No. _____ / _____ / _____ Date of Birth _____ / _____ / _____
	Legal Residence Address _____ Street _____ City _____ State _____ Zip _____
	Mailing Address _____ Street _____ City _____ State _____ Zip _____
	Phone No. _____ / _____ / _____ E-mail _____
	Alternate Addressee Name and Address (if we are otherwise unable to contact you):
Name _____	
Mailing Address _____ Street _____ City _____ State _____ Zip _____	

MODIFIED WHOLE LIFE POLICY	<i>HOME OFFICE USE: Policy Number(s)</i>
-----------------------------------	--

GUARANTEE ISSUE	Policy Amount: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 [<input type="checkbox"/> Other \$ _____]
	1. Do you have existing life insurance or annuity contracts in force?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Will this insurance replace in whole or in part any other insurance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This policy will not be issued to replace other coverages)</i>
	3. Do you elect to pay delinquent premiums pursuant to the Automatic Premium Loan Provision?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Do you understand that a reduced death benefit amount may be payable during the first two policy years according to the terms of the policy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Agent Statement:</i> To the best of my knowledge the proposed insured <input type="checkbox"/> does <input type="checkbox"/> does not have any existing life insurance or annuity contracts.	

Payment Mode: [<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Monthly (Automated Bank Account Withdrawal)]	Initial Premium \$ _____
--	---------------------------------

Primary Beneficiary <i>(If more space is needed, list on a separate sheet.)</i>		
Name _____	Relationship to Insured _____	Date of Birth _____
Mailing Address _____ Street _____ City _____ State _____ Zip _____		

AGREEMENTS & SIGNATURES

IT IS REPRESENTED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND CORRECTLY RECORDED AND THAT: 1. I understand that I have the right to designate a secondary addressee. If I choose not to designate a secondary addressee at this time, I am aware that I may do so at any time the policy is in force, by submitting a written notice to Reserve National Insurance Company containing the name and address of the secondary addressee. 2. This application and any supplements thereto will be the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 3. The insurance applied for in this application will not be considered in force until issued by the Company and the first premium paid during the insured's lifetime. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. For purposes of insurability and underwriting determinations by Reserve National Insurance Company, I hereby authorize any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, pharmacy related service organization, or other medical or medically-related facility, insurance company or MIB, Inc. ("MIB"), that has any health or medical records or knowledge concerning me or any members of my family named in this application, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. I, or my authorized representative, am/is entitled to receive a copy of this authorization upon request. This authorization shall remain valid for a period of 24 months from the date hereof. I understand that I may revoke this authorization at any time by mailing written notice thereof to the Company at [601 East Britton Road, Oklahoma City, OK 73114].

AGREEMENTS & SIGNATURES - CONTINUED

If accepted by the Company, the applicant requests coverage to be effective:

Date of Application Date of Issue Other _____

Policy to be Delivered to:

Applicant Agent

The sum of \$ _____, which is the [Quarterly Semi-Annual Annual Monthly] initial premium for the policy(ies) applied for, has been [Paid to Authorized as a draft on my account by] ["Kemper Senior Solutions."]

If other than Proposed Insured:

Full Legal Name of Owner Payor _____

Gender Male Female Social Security No. _____ / _____ / _____ Date of Birth _____ / _____ / _____

Legal Residence Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone No. _____ / _____ / _____ E-mail _____

[TELEPHONIC ACCESS

As Owner, the undersigned agrees that Reserve National Insurance Company may accept telephonic instructions as to this application and any policy issued. I agree to provide identification and to hold Reserve National Insurance Company harmless for any claim, liability, loss or cost when it has used reasonable procedures to confirm any instructions are authorized and genuine and those procedures have been followed. I may revoke this authorization at any time by telephonic instruction or written instruction mail to Reserve National Insurance Company.

As Owner, the undersigned rejects Reserve National Insurance Company accepting telephonic instructions.]

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.

Signed at: _____
City State

Signature of Proposed Insured _____ Date: _____

Signature of Applicant/Owner/Trustee (if Other than Proposed Insured) _____ Date: _____

Agent: I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon.

Signature of Producer #1 _____ Producer Number _____ Date _____

[Signature of Producer #2 _____ Producer Number _____ Date _____]

Print Producer #1 Name _____ [Print Producer #2 Name _____] [Agency Name] [Manager Code]

BANK DRAFT AUTHORIZATION

Sign the authorization below and provide a voided check **or** provide the information below from the account you would like to use for our bank draft. Your premium will be paid by your bank and will be reflected in your bank statement.

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to [Kemper Senior Solutions], Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Bank Name _____ Bank Routing/ABA # _____ Account # Checking Savings

Signature EXACTLY as it appears on Bank Records _____ Date _____ [Quarterly Semi-Annual

Annual Monthly]

SERFF Tracking #:

FRCS-128752984

State Tracking #:**Company Tracking #:**

5820

State:

Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name:

MWL Policy

Project Name/Number:

RESERVE/68/68

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	This filing includes the application to be used.		

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization		
Comments:			
Attachment(s):			
Authorization_3-29-2012.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
AR COC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
SOV for MWL-97-2 for AR.pdf			

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Reserve National Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
MWL-97-2	50.2
L-SS-0912-AR	*

*When combined with the policy, this form achieves a score of 50+



Kyle D. Conrad
Sr. Vice President and Associate
Corporate Counsel

October 27, 2012

Date



Reserve National Insurance Company
601 East Britton Road
Oklahoma City, OK 73114-7710
reservenational.com

Date: March 29, 2012

To: The Insurance Commissioner

Authorization

This Authorization, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters related to forms and rates before the Insurance Department.

This Authorization shall be valid for a period of one year and renewable for a like period at the end of each term until terminated by the Company.

Company Name: Reserve National Insurance Company

Signature: 

Name: Kyle D. Conrad

Title: Sr. Vice President and Assoc. Corp. Counsel

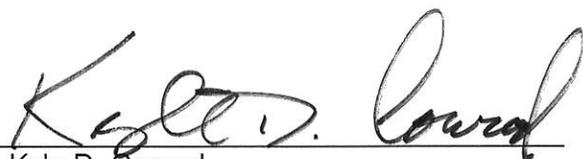
**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Reserve National Insurance Company

Form Title(s): Modified Whole Life Policy
Application for Life Insurance

Form Number(s): MWL-97-2
L-SS-0912-AR

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Kyle D. Conrad
Sr. Vice President and Associate
Corporate Counsel

October 27, 2012

Date

RESERVE NATIONAL INSURANCE COMPANY

Statement of Variability

December 13, 2012

Form MWL-97-2 and Application L-SS-0912

Form MWL-97-2

Page 1:

1. Company logo, address, phone numbers and website are bracketed to allow for change if the company moves or changes the logo, phone number or website address.
2. Company officer signatures are bracketed to allow for change of officers.

Page 2:

3. Policy Number, Effective Date, The Insured, The Owner, and The Beneficiary are "John Doe" information that will vary by individual insured.
4. The Death Benefit amounts in Years 1 and 2, and Death Benefit for policy years 3 and after are John Doe values.
5. Age at Issue will reflect Insured's Issue age and shall be between ages 40 and 80.
6. Sex will show "M" if Insured is Male or "F" if Insured is Female.
7. Face Amount of Insurance will show face amount elected by policyowner and may be in amounts from \$5,000 to \$25,000.
8. Additional Benefits will show any riders elected by the Owner. At present, there are none, but this allows the flexibility to add riders as they may be approved by your Department for use with this contract.
9. Amount of premiums shall vary based on age, gender, and face amount.
10. Jurisdiction and Department Telephone Number will reflect the name and phone number of the jurisdiction where the policy is issued.
11. [10,000-M-50] is used internally in assembling policies as part of the Company's new business process.

Page 7

12. Table of Values showing Cash Value and Extended Term Years and Days is bracketed. The values in the table will vary by the sex of the insured and by increments of \$5,000 from \$5,000 to \$25,000.
13. [10,000-M-50] is used internally in assembling policies as part of the Company's new business process.

Page 11:

14. Company address, phone number and website are bracketed to allow for change if the company moves or changes phone number or website address.

Application L-SS-0912

Page 1:

1. Marketing logo and name are bracketed to allow for future changes.
2. Company address is bracketed to allow for change if the company moves.
3. "Other" in Guarantee Issue: This will be removed if amounts accepted are only in \$5,000 increments.
4. Payment Mode is bracketed to allow for flexibility to add or remove options.

5. Company address in Agreements & Signatures is bracketed to allow for change if the company move.

Page 2

6. Payment Mode in Agreements & Signatures (continued) and Bank Draft Authorization is bracketed to allow for flexibility to match that on page 1 (See Page 1, item 3 of the application.)
7. "Paid to" or "Authorized as a draft on my account" is bracketed to allow for flexibility in the manner in which the initial premium will be paid.
8. Marketing name in Agreements & Signatures (continued) and Bank Draft Authorization is bracketed to allow for future changes.
9. Telephonic Access section has been bracketed. This will appear if telephonic access is allowed.
10. Signature of Producer #2 and Print Producer #2 allows for flexibility in identifying a second producer.
11. Agency Name and Manager Code may or may not be required.

State: Arkansas **Filing Company:** Reserve National Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: MWL Policy
Project Name/Number: RESERVE/68/68

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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/15/2012	Replaced 12/19/2012	Form	Modified Whole Life Policy	12/14/2012	MWL-97-2 for AR.pdf (Superseded)
11/15/2012	Replaced 12/19/2012	Supporting Document	Statement of Variability	12/14/2012	SOV for MWL-97-2 for AR.pdf (Superseded)
11/15/2012	Replaced 12/19/2012	Form	Modified Whole Life Policy	11/15/2012	MWL-97-2 for AR.pdf (Superseded)
11/01/2012	Replaced 12/19/2012	Form	Modified Whole Life Policy	11/15/2012	MWL-97-2 for AR.pdf (Superseded)



RESERVE NATIONAL

Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

In this policy "you", "your" and "yours" refer to the Owner of this policy and the "Company", "us", "we" and "our" refer to Reserve National Insurance Company.

INSURING AGREEMENT

WE WILL PAY the benefits provided in this policy, subject to the provisions on this and the following pages, all of which are part of this policy.

In consideration of the payment of the premium in advance and in reliance upon the statements in your application, a copy of which is attached to and made a part of this policy, we hereby insure the person named in the Insured Schedule, commencing at 12:01 A.M., Standard Time, at the place where you reside, on the Effective Date shown in the Insured Schedule.

READ YOUR POLICY CAREFULLY. IF YOU ARE NOT SATISFIED, RETURN THE POLICY WITHIN THIRTY (30) DAYS OF ITS RECEIPT FOR A FULL PREMIUM REFUND.

You are granted a period of thirty days from the date of delivery of this policy to examine it, and if not satisfied for any reason, this policy may be returned within said thirty days to us at our Home Office or to the writing agent. Then we shall refund the premium paid, and the policy shall be void from its beginning, and you and the Company shall be in the same position as if it had never been issued.

IMPORTANT NOTICE

Please read the copy of the application attached to this policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at [601 East Britton Road, Oklahoma City, Oklahoma 73114-7710], within 30 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of the policy, which was issued on the basis that the answers to all questions and the information shown are correct and complete.

If you have any question or complaints about this policy, you may contact the Company at the address shown above or at the following toll-free phone number: [1-800-654-9106].

IN WITNESS WHEREOF, the Company has caused this policy to be issued as of the effective date, and to be executed by its President and Secretary at its Home Office at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].


Secretary


President

This policy has a limited graded death benefit. Please read your contract carefully.

**Whole Life. Limited Benefit During The First Two Policy Years For Accidental Death.
After The Second Policy Year: Face Amount Payable Regardless of The Cause of Death.**

Non-Participating

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INSURED SCHEDULE

Death Benefit:

During Policy Years 1 and 2:

For Accidental Death:	[\$10,000]
For Non-Accidental Death:	Policy Year 1: [\$1,000]
	Policy Year 2: [\$2,000]

During Policy Years 3 & After: [\$10,000]

Policy Number: [1234567]

Effective Date: [09/15/2012]

The Insured: [John Doe]

Age At Issue: [50]
Sex: [M]

The Owner: [John Doe]

**Face Amount
Of Insurance:** [\$10,000]

The Beneficiary: [Jane Doe]

Additional Benefits: [None]

Frequency and Amount of Premiums:	Annual	Monthly Bank Draft
	[\$669.12]	[\$55.76]

Premium Payable: For the Insured's Lifetime

Jurisdiction of Issue: [Home State]

Dept. Telephone Number: [1-888-123-4567]

ACCIDENTAL DEATH. Accidental Death is death resulting directly and independently of disease from a bodily injury due to an accident occurring after the policy Effective Date and within one hundred eighty (180) days of your death.

CONTRACT. This policy, the application, a copy of which is made a part of the policy, and any riders and endorsements constitute the complete agreement between you and the Company. We have issued this policy in consideration of the information provided in the application and payment of the first premium. All of the statements in the application, in the absence of fraud, are considered representations and not warranties. This policy cannot be changed or any of its provisions waived except by a written agreement signed by our President or a Vice-President.

INCONTESTABILITY. This policy shall be incontestable after it has been in force, while the Insured is living, for two years after the Effective Date. However, we can contest the policy anytime if you do not pay all of the premiums due.

PREMIUMS. The first premium is due on the Effective Date of this policy. Subsequent premiums are due and payable during the Insured's lifetime for the period specified on **Page 2**. The due date of each subsequent premium is the starting date of its premium interval.

Premiums after the first premium are payable at our Home Office or to an authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the person receiving the payment.

Premiums may be made payable at one-month, three-month, six-month or twelve-month intervals at our rates in effect on the Effective Date. A change in premium interval will take effect when we accept the premium for the new interval.

POLICY DATES. Policy months, years and anniversaries are measured from the Effective Date shown on **Page 2**.

GRACE PERIOD. A grace period of thirty-one days will be allowed for the payment without interest of any premium after the first premium. During the grace period the policy will remain in force. However, if the Insured dies on a premium due date or during the grace period we will deduct any unpaid premium due from any payment we make.

If the premium is not paid during its grace period we will use the cash value to pay the premium if (i) there is enough net cash value to pay the premium due, and (ii) the Automatic Premium Loans provision is in effect. If there is not enough cash value or if the Automatic Premium Loans provision is not in effect we will apply the Nonforfeiture Provision. If there is no cash value the policy will cease to be in force effective on the due date of the unpaid premium.

You cannot pay an unpaid premium after the end of the grace period except as the Reinstatement provision or the Automatic Premium Loans provision may allow.

REINSTATEMENT. You may reinstate the policy anytime within three years after a grace period ends if it has not been surrendered for its cash value. To reinstate the policy you must:

- (i) give us a written application for reinstatement;
- (ii) give us satisfactory evidence the Insured is still insurable;
- (iii) repay or reinstate any policy debt which was in effect when the policy ceased to be in force with 6% interest compounded annually; and
- (iv) pay all overdue premiums and compound interest at 6% per year from their due dates.

OWNERSHIP. The owner of this policy on the Effective Date is shown on **Page 2**. You can transfer ownership to a new owner by filing a written request for change with the Company. Unless otherwise specified by the owner, the change of ownership will take effect as of the date the request was signed but without any liability to us on account of any payment we made or action we took before the request was received by us at our Home Office.

We are not responsible for the validity of a transfer of ownership.

A new owner takes the policy subject to all existing policy debt, interest accruing after the date of transfer and the interest of any assignee of record.

While the Insured is living, the owner may exercise any rights and receive all benefits described in the policy. If the owner has given up the right to change a beneficiary, any such irrevocable beneficiary must give consent in the exercise of any of the owner's rights.

The owner may designate a survivor owner to whom ownership will be transferred automatically at the death of the owner if the Insured is living at that time.

While the owner is living, a survivor owner has no rights or entitlement to benefits as owner.

If at the death of the owner there is no survivor owner and the Insured is not named owner, the Insured shall become the owner of the policy.

DEATH BENEFIT

The death benefit of this policy is equal to the death benefit shown on **Page 2** less any policy debt and any unpaid premium. If death occurs during a period for which premium has been paid, we will add a refund of any premium actually paid for any period beyond the end of the policy month of death.

PAYMENT OF DEATH BENEFIT

The death benefit of this policy will be paid, in accordance with its terms, upon our receipt of proof that the Insured has died. Satisfactory Proof of the Insured's Death will consist of a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information. We may also require proof of the claimant's interest in the proceeds.

If the Death Benefit has not been paid within 30 days after due proof of death is received, interest will be added to this amount at a rate of 8% per year.

BENEFICIARY. The name of the beneficiary is shown on **Page 2** unless it has been changed.

CHANGE OF BENEFICIARY. If you have not given up the right to do so, you may change the beneficiary while the Insured is living by filing a written request for change with the Company. The Company may require the return of the policy for endorsement. Unless otherwise specified by the owner, the change will take effect as of the date the request was signed, subject to any payment we made or action we took before receipt of the request.

CLAIMS OF CREDITORS. Any amount payable to a beneficiary will be free from the claims of creditors to the extent allowed by law.

SUICIDE. Notwithstanding any other provision, if the Insured's death is caused by suicide within two years after the Effective Date of the policy, the amount payable because of such death shall be an amount equal to the premiums paid.

INCORRECT AGE OR SEX. If the age or sex of the Insured is not correct, any amount we pay will be adjusted based upon what the most recent premium paid would have purchased at the correct age and sex. If the correct age is outside the issue age range of the policy, a premium and benefit will be extrapolated.

ASSIGNMENT. You may assign the policy as collateral security by filing a written notice of assignment with the Company. Unless otherwise specified by the owner, an assignment shall take effect on the date the notice of assignment is signed by the owner, subject to any payments made or action taken by the Company prior to receipt of the notice. We assume no responsibility as to the validity or effect of any assignment. A collateral assignment is not a change of ownership and the assignee does not have ownership rights. However, your right to the cash value and the rights of any beneficiary to receive benefits will be subject to the interest of any assignee.

CASH VALUE. The cash value is determined from the Table Of Values. Any cash value and paid up nonforfeiture benefit due at any time other than a policy anniversary will be calculated with allowance for lapse of time and the payment of fractional premiums from the preceding policy anniversary. You may receive the net cash value if you surrender this policy any time after the policy first has a cash value and while the Insured is living. The net cash value is the cash value less any policy debt plus any premium actually paid for any period beyond the end of the policy month of surrender. All the insurance will cease when you, surrender the policy. We may defer payment up to six months after a request for surrender is received at our Home Office.

NONFORFEITURE PROVISION. If any premium is unpaid at the end of the grace period and there is no cash value, the policy will cease to be in force effective on the due date of that premium. If there is a cash value and the Automatic Premium Loans provision is in effect, we will make a loan to pay the premium according to the terms of that provision.

If any premium is unpaid at the end of the grace period and there is a cash value but the Automatic Premium Loans provision is not in effect, then within sixty days from the due date of the unpaid premium, you may select one of the following nonforfeiture options:

Cash. You may surrender the policy according to the terms of the Cash Value provision. If the policy is surrendered within sixty days after the due date of the unpaid premium, the cash value will not be less than the cash value on the due date.

Extended Term Insurance. The net cash value on the due date of the unpaid premium is used as a net single premium to purchase extended term insurance for a limited period for the Insured. The amount of extended term insurance is the amount of insurance which would have been in force during each policy year if no premium due were unpaid, less the amount of any policy loan. No further premiums are payable.

If you do not select one of the nonforfeiture options within sixty days from the due date of an unpaid premium, we will automatically continue the insurance under the Extended Term Insurance option.

If the policy is continued under the nonforfeiture option you may surrender it at any time for its remaining net cash value. The net cash value is the net single premium for all remaining benefits at the Insured's attained age less any policy debt continued, If the surrender is made within thirty days after a policy anniversary, the cash value will not be less than the cash value on that anniversary.

BASIS OF OUR CALCULATIONS. All cash values and paid-up nonforfeiture benefits are not less than the minimum values and benefits required by or pursuant to the Standard Nonforfeiture Law for Life Insurance.

A detailed statement of our computation method for all values and reserves has been filed with the insurance department of the state where this policy is delivered. All values and reserves are equal to or greater than those required by the laws of that state.

The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate cash values. The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate single premiums for extended term insurance. All deaths under these tables during a policy year are assumed to occur at the end of that year. All cash values and single premiums are based on the interest rate shown at the bottom of the Table of Values.

POLICY LOANS. While the policy is in force, except with regard to any insurance continued as extended term insurance, and after the policy year for which cash values are first shown in the Table of Values, we will make cash loans to you with the policy as sole security upon your written request. We may defer making a loan, other than a loan to pay premiums, for up to six months.

When a loan is made, interest for a period not beyond the end of the policy year must be paid in advance. For each policy year the loan continues, interest for a period not beyond the end of that policy year is due in advance. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

"Policy debt" means the total outstanding loans with interest. Policy debt must not exceed the cash value of the policy. If policy debt ever equals or exceeds the cash value, the policy will cease thirty-one days after we have mailed written notice to your last known address and to the address of any collateral assignee of the policy as shown by our records.

The interest rate charged on policy debt is 6% per year compounded annually.

A policy loan may be for any amount which does not exceed the cash value on the next premium due date or the next policy anniversary, if sooner, minus interest in advance to the end of the current policy year, any premium due that is unpaid and any policy debt.

You may repay all or any part of policy debt at any time. Any policy debt will be deducted from the amount payable if you surrender the policy, from any amount applied to a settlement option or from the amount payable by reason of the Insured's death.

AUTOMATIC PREMIUM LOANS. If this provision is in effect either by selection in the application or later by written request, we will automatically loan enough to pay any monthly premium unpaid at the end of a grace period if the limit on policy debt is not exceeded. If making a loan for the entire premium due causes the limit on policy debt to be exceeded, we will make a loan only for the premium for as many days as the limit on policy debt will permit. You may revoke this provision with respect to future premiums becoming due by written request.

TABLE OF VALUES

This table shows cash values and other values as of the end of the policy years shown with respect to the insurance for the Insured named on **Page 2**.

No cash value or other value is provided by this policy before the end of a policy year for which a cash value is first shown.

The values in this table assume there is no policy debt and that premiums have been paid to the end of the policy year.

Values during a policy year will reflect the portion of the year for which the premium has been paid.

Values not shown in the table below will be furnished on request.

End Of Policy Year	Cash Value	Extended Term Insurance	
		Years	Days
1	\$[0.00	0	0
2	\$10.00	2	55
3	\$28.00	4	357
4	\$46.00	7	31
5	\$64.00	8	224
6	\$83.00	9	306
7	\$102.00	10	292
8	\$121.00	11	208
9	\$141.00	12	89
10	\$162.00	12	295
11	\$182.00	13	57
12	\$203.00	13	167
13	\$224.00	13	244
14	\$245.00	13	291
15	\$266.00	13	309
16	\$287.00	13	302
17	\$309.00	13	287
18	\$330.00	13	235
19	\$352.00	13	182
20	\$375.00	13	126]

BASIS OF COMPUTATION Cash values are based on the sex of the Insured (age at last birthday) 2001 Commissioners Standard Ordinary mortality tables at 4.5% interest.

SETTLEMENT OPTION PROVISION. While the Insured is living, you may choose the settlement option under which to apply any amount becoming payable because of the surrender of the policy. While the Insured is living you may choose the settlement option under which the beneficiary will receive any amount payable by reason of the death of the Insured. If no settlement option has been chosen when an amount is payable because of the death of the Insured, the beneficiary may choose a settlement option.

***Option 1.** We will pay the amount payable in one sum to the beneficiary.

***Option 2.** We will pay the annual, semi-annual, quarterly or monthly installments specified by the person making the choice until the amount payable together with interest is exhausted. The interest rate will be a rate declared by the Company but not less than 3 1/2% per year compounded annually.

***Option 3.** We will pay the amount payable in equal installments for a period not longer than thirty years as specified by the person making the choice from the following table:

MONTHLY INSTALLMENTS PER \$1,000 OF AMOUNT PAYABLE					
No. of Years	Monthly Installment	No. of Years	Monthly Installment	No. of Years	Monthly Installment
1	\$84.65	11	\$9.09	21	\$5.56
2	\$43.05	12	\$8.46	22	\$5.39
3	\$29.19	13	\$7.94	23	\$5.24
4	\$22.27	14	\$7.49	24	\$5.09
5	\$18.12	15	\$7.10	25	\$4.96
6	\$15.35	16	\$6.76	26	\$4.84
7	\$13.38	17	\$6.47	27	\$4.73
8	\$11.90	18	\$6.20	28	\$4.63
9	\$10.75	19	\$5.97	29	\$4.53
10	\$9.83	20	\$5.75	30	\$4.45

If the recipient dies before receiving the number of installments specified, the remaining installments will be computed and paid in one sum to the estate of the recipient. The interest rate used in computing the installments will be 3 1/2% per year compounded annually.

***Option 4.** We will pay the amount payable in monthly installments for the remaining lifetime of the recipient but for not less than 120, 180 or 240 monthly installments.

MONTHLY INSTALLMENTS FOR LIFETIME OF RECIPIENT PER \$1,000 OF AMOUNT PAYABLE

		120	180	240			120	180	240			120	180	240
M	F	Mos	Mos	Mos	M	F	Mos	Mos	Mos	M	F	Mos	Mos	Mos
	45	4.34	4.29	4.21	55	60	5.57	5.31	5.00	70	75	7.58	6.53	5.63
	46	4.40	4.34	4.26	56	61	5.67	5.39	5.05	71	76	7.73	6.60	5.65
	47	4.47	4.40	4.30	57	62	5.79	5.47	5.10	72	77	7.88	6.66	5.67
	48	4.53	4.46	4.35	58	63	5.91	5.56	5.16	73	78	8.03	6.72	5.69
	49	4.60	4.52	4.40	59	64	6.03	5.64	5.32	74	79	8.18	6.77	5.70
45	50	4.67	4.58	4.45	60	65	6.15	5.73	5.26	75	80	8.33	6.82	5.71
46	51	4.75	4.64	4.51	61	66	6.28	5.81	5.31	76		8.47	6.86	5.72
47	52	4.82	4.71	4.56	62	67	6.41	5.90	5.35	77		8.60	6.90	5.73
48	53	4.90	4.78	4.61	63	68	6.55	5.98	5.40	78		8.73	6.94	5.74
49	54	4.99	4.85	4.67	64	69	6.69	6.07	5.44	79		8.86	6.97	5.74
50	55	5.07	4.92	4.72	65	70	6.83	6.15	5.48	80		8.98	6.99	5.75
51	56	5.17	4.99	4.78	66	71	6.98	6.23	5.51					
52	57	5.26	5.07	4.83	67	72	7.13	6.31	5.55					
53	58	5.36	5.15	4.89	68	73	7.28	6.39	5.58					
54	59	5.46	5.23	4.94	69	74	7.43	6.46	5.60					

The ages appearing in the table above headed "M" (Male) or "F" (Female) refer to the age of the recipient on the date of first payment under **Option 4.**

***Option 5.** We will hold the amount payable for the lifetime of the recipient or for a specified period. We will pay interest on the amount held at a rate we will determine but not less than 3 1/2% per year compounded annually. Interest payments may be made each month, each three months, each six months or each twelve months. At the death of the recipient or the end of the specified period we will pay the amount held together with any accrued interest to the recipient, if living, otherwise to the estate of the recipient.

We pay all amounts payable under this policy at our Home Office in Oklahoma City, Oklahoma.

Before making any payments we may ask for the return of this policy.

We will make payments under settlement **options 2, 3, 4 or 5** only to a natural person in that person's own right.

Payments under **options 2, 3 and 4** are made at the beginning of each period they are to cover. Interest payments under **option 5** are made at the end of each period over which the interest is earned.

If any installment under a settlement option would be less than \$25, we reserve the right to change the frequency of payments or to pay the entire balance we hold in one sum.

The election of a settlement option, except **option 1**, must have our consent if the policy is assigned or if the amount applied for the benefit of any one payee would be less than \$2,500.

**ENDORSEMENTS, IF ANY, AND PHOTOSTAT OF APPLICATION ATTACHED
HERETO CONSTITUTE PART OF THE CONTRACT**



RESERVE NATIONAL

Reserve National Insurance Company

[601 East Britton Road, Oklahoma City, OK 73114-7710]

[1-800-654-9106 www.reservenational.com]

**Whole Life. Limited Benefit During The First Two Policy Years For Accidental Death.
After The Second Policy Year: Face Amount Payable Regardless of The Cause of Death.**

-Non-Participating-

MWL-97-2

RESERVE NATIONAL INSURANCE COMPANY

Statement of Variability

November 8, 2012

Form MWL-97-2 and Application L-SS-0912

Form MWL-97-2

Page 1:

1. Company logo, address, phone numbers and website are bracketed to allow for change if the company moves or changes the logo, phone number or website address.
2. Company officer signatures are bracketed to allow for change of officers.

Page 2:

3. Policy Number, Effective Date, The Insured, The Owner, and The Beneficiary are "John Doe" information that will vary by individual insured.
4. The Death Benefit amounts for Accidental Death in Years 1 and 2, Non-Accidental Death in Policy Year 1 and Policy Year 2, and Death Benefit for policy years 3 and after are John Doe values.
5. Age at Issue will reflect Insured's Issue age and shall be between ages 40 and 80.
6. Sex will show "M" if Insured is Male or "F" if Insured is Female.
7. Face Amount of Insurance will show face amount elected by policyowner and may be in amounts from \$5,000 to \$25,000.
8. Additional Benefits will show any riders elected by the Owner. At present, there are none, but this allows the flexibility to add riders as they may be approved by your Department for use with this contract.
9. Amount of premiums shall vary based on age, gender, and face amount.
10. Jurisdiction and Department Telephone Number will reflect the name and phone number of the jurisdiction where the policy is issued.
11. [10,000-M-50] is used internally in assembling policies as part of the Company's new business process.

Page 7

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Application L-SS-0912

Page 1:

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10. Signature of Producer #2 and Print Producer #2 allows for flexibility in identifying a second producer.
11. Agency Name and Manager Code may or may not be required.



RESERVE NATIONAL

Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

In this policy "you", "your" and "yours" refer to the Owner of this policy and the "Company", "us", "we" and "our" refer to Reserve National Insurance Company.

INSURING AGREEMENT

WE WILL PAY the benefits provided in this policy, subject to the provisions on this and the following pages, all of which are part of this policy.

In consideration of the payment of the premium in advance and in reliance upon the statements in your application, a copy of which is attached to and made a part of this policy, we hereby insure the person named in the Insured Schedule, commencing at 12:01 A.M., Standard Time, at the place where you reside, on the Effective Date shown in the Insured Schedule.

READ YOUR POLICY CAREFULLY. IF YOU ARE NOT SATISFIED, RETURN THE POLICY WITHIN THIRTY (30) DAYS OF ITS RECEIPT FOR A FULL PREMIUM REFUND.

You are granted a period of thirty days from the date of delivery of this policy to examine it, and if not satisfied for any reason, this policy may be returned within said thirty days to us at our Home Office or to the writing agent. Then we shall refund the premium paid, and the policy shall be void from its beginning, and you and the Company shall be in the same position as if it had never been issued.

IMPORTANT NOTICE

Please read the copy of the application attached to this policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at [601 East Britton Road, Oklahoma City, Oklahoma 73114-7710], within 30 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of the policy, which was issued on the basis that the answers to all questions and the information shown are correct and complete.

If you have any question or complaints about this policy, you may contact the Company at the address shown above or at the following toll-free phone number: [1-800-654-9106].

IN WITNESS WHEREOF, the Company has caused this policy to be issued as of the effective date, and to be executed by its President and Secretary at its Home Office at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].


Secretary


President

This policy has a limited graded death benefit. Please read your contract carefully.

Whole Life. During The First Two Policy Years: Face Amount Payable For Accidental Death, or One Hundred Twenty Percent of The Premiums Paid For Non-Accidental Death. After The Second Policy Year: Face Amount Payable Regardless of The Cause of Death.

Non-Participating

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INSURED SCHEDULE

Death Benefit:

During Policy Years 1 and 2:

For Accidental Death:	[\$10,000]
For Non-Accidental Death:	Policy Year 1: [\$1,000]
	Policy Year 2: [\$2,000]

During Policy Years 3 & After: [\$10,000]

Policy Number: [1234567]

Effective Date: [09/15/2012]

The Insured: [John Doe]

Age At Issue: [50]
Sex: [M]

The Owner: [John Doe]

**Face Amount
Of Insurance:** [\$10,000]

The Beneficiary: [Jane Doe]

Additional Benefits: [None]

Frequency and Amount of Premiums:	Annual	Monthly Bank Draft
	[\$669.12]	[\$55.76]

Premium Payable: For the Insured's Lifetime

Jurisdiction of Issue: [Home State]

Dept. Telephone Number: [1-888-123-4567]

ACCIDENTAL DEATH. Accidental Death is death resulting directly and independently of disease from a bodily injury due to an accident occurring after the policy Effective Date and within one hundred eighty (180) days of your death.

CONTRACT. This policy, the application, a copy of which is made a part of the policy, and any riders and endorsements constitute the complete agreement between you and the Company. We have issued this policy in consideration of the information provided in the application and payment of the first premium. All of the statements in the application, in the absence of fraud, are considered representations and not warranties. This policy cannot be changed or any of its provisions waived except by a written agreement signed by our President or a Vice-President.

INCONTESTABILITY. This policy shall be incontestable after it has been in force, while the Insured is living, for two years after the Effective Date. However, we can contest the policy anytime if you do not pay all of the premiums due.

PREMIUMS. The first premium is due on the Effective Date of this policy. Subsequent premiums are due and payable during the Insured's lifetime for the period specified on **Page 2**. The due date of each subsequent premium is the starting date of its premium interval.

Premiums after the first premium are payable at our Home Office or to an authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the person receiving the payment.

Premiums may be made payable at one-month, three-month, six-month or twelve-month intervals at our rates in effect on the Effective Date. A change in premium interval will take effect when we accept the premium for the new interval.

POLICY DATES. Policy months, years and anniversaries are measured from the Effective Date shown on **Page 2**.

GRACE PERIOD. A grace period of thirty-one days will be allowed for the payment without interest of any premium after the first premium. During the grace period the policy will remain in force. However, if the Insured dies on a premium due date or during the grace period we will deduct any unpaid premium due from any payment we make.

If the premium is not paid during its grace period we will use the cash value to pay the premium if (i) there is enough net cash value to pay the premium due, and (ii) the Automatic Premium Loans provision is in effect. If there is not enough cash value or if the Automatic Premium Loans provision is not in effect we will apply the Nonforfeiture Provision. If there is no cash value the policy will cease to be in force effective on the due date of the unpaid premium.

You cannot pay an unpaid premium after the end of the grace period except as the Reinstatement provision or the Automatic Premium Loans provision may allow.

REINSTATEMENT. You may reinstate the policy anytime within three years after a grace period ends if it has not been surrendered for its cash value. To reinstate the policy you must:

- (i) give us a written application for reinstatement;
- (ii) give us satisfactory evidence the Insured is still insurable;
- (iii) repay or reinstate any policy debt which was in effect when the policy ceased to be in force with 6% interest compounded annually; and
- (iv) pay all overdue premiums and compound interest at 6% per year from their due dates.

OWNERSHIP. The owner of this policy on the Effective Date is shown on **Page 2**. You can transfer ownership to a new owner by filing a written request for change with the Company. Unless otherwise specified by the owner, the change of ownership will take effect as of the date the request was signed but without any liability to us on account of any payment we made or action we took before the request was received by us at our Home Office.

We are not responsible for the validity of a transfer of ownership.

A new owner takes the policy subject to all existing policy debt, interest accruing after the date of transfer and the interest of any assignee of record.

While the Insured is living, the owner may exercise any rights and receive all benefits described in the policy. If the owner has given up the right to change a beneficiary, any such irrevocable beneficiary must give consent in the exercise of any of the owner's rights.

The owner may designate a survivor owner to whom ownership will be transferred automatically at the death of the owner if the Insured is living at that time.

While the owner is living, a survivor owner has no rights or entitlement to benefits as owner.

If at the death of the owner there is no survivor owner and the Insured is not named owner, the Insured shall become the owner of the policy.

DEATH BENEFIT

The death benefit of this policy is equal to the death benefit shown on **Page 2** less any policy debt and any unpaid premium. If death occurs during a period for which premium has been paid, we will add a refund of any premium actually paid for any period beyond the end of the policy month of death.

PAYMENT OF DEATH BENEFIT

The death benefit of this policy will be paid, in accordance with its terms, upon our receipt of proof that the Insured has died. Satisfactory Proof of the Insured's Death will consist of a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information. We may also require proof of the claimant's interest in the proceeds.

If the Death Benefit has not been paid within 30 days after due proof of death is received, interest will be added to this amount at a rate of 8% per year.

BENEFICIARY. The name of the beneficiary is shown on **Page 2** unless it has been changed.

CHANGE OF BENEFICIARY. If you have not given up the right to do so, you may change the beneficiary while the Insured is living by filing a written request for change with the Company. The Company may require the return of the policy for endorsement. Unless otherwise specified by the owner, the change will take effect as of the date the request was signed, subject to any payment we made or action we took before receipt of the request.

CLAIMS OF CREDITORS. Any amount payable to a beneficiary will be free from the claims of creditors to the extent allowed by law.

SUICIDE. Notwithstanding any other provision, if the Insured's death is caused by suicide within two years after the Effective Date of the policy, the amount payable because of such death shall be an amount equal to the premiums paid.

INCORRECT AGE OR SEX. If the age or sex of the Insured is not correct, any amount we pay will be adjusted based upon what the most recent premium paid would have purchased at the correct age and sex. If the correct age is outside the issue age range of the policy, a premium and benefit will be extrapolated.

ASSIGNMENT. You may assign the policy as collateral security by filing a written notice of assignment with the Company. Unless otherwise specified by the owner, an assignment shall take effect on the date the notice of assignment is signed by the owner, subject to any payments made or action taken by the Company prior to receipt of the notice. We assume no responsibility as to the validity or effect of any assignment. A collateral assignment is not a change of ownership and the assignee does not have ownership rights. However, your right to the cash value and the rights of any beneficiary to receive benefits will be subject to the interest of any assignee.

CASH VALUE. The cash value is determined from the Table Of Values. Any cash value and paid up nonforfeiture benefit due at any time other than a policy anniversary will be calculated with allowance for lapse of time and the payment of fractional premiums from the preceding policy anniversary. You may receive the net cash value if you surrender this policy any time after the policy first has a cash value and while the Insured is living. The net cash value is the cash value less any policy debt plus any premium actually paid for any period beyond the end of the policy month of surrender. All the insurance will cease when you, surrender the policy. We may defer payment up to six months after a request for surrender is received at our Home Office.

NONFORFEITURE PROVISION. If any premium is unpaid at the end of the grace period and there is no cash value, the policy will cease to be in force effective on the due date of that premium. If there is a cash value and the Automatic Premium Loans provision is in effect, we will make a loan to pay the premium according to the terms of that provision.

If any premium is unpaid at the end of the grace period and there is a cash value but the Automatic Premium Loans provision is not in effect, then within sixty days from the due date of the unpaid premium, you may select one of the following nonforfeiture options:

Cash. You may surrender the policy according to the terms of the Cash Value provision. If the policy is surrendered within sixty days after the due date of the unpaid premium, the cash value will not be less than the cash value on the due date.

Extended Term Insurance. The net cash value on the due date of the unpaid premium is used as a net single premium to purchase extended term insurance for a limited period for the Insured. The amount of extended term insurance is the amount of insurance which would have been in force during each policy year if no premium due were unpaid, less the amount of any policy loan. No further premiums are payable.

If you do not select one of the nonforfeiture options within sixty days from the due date of an unpaid premium, we will automatically continue the insurance under the Extended Term Insurance option.

If the policy is continued under the nonforfeiture option you may surrender it at any time for its remaining net cash value. The net cash value is the net single premium for all remaining benefits at the Insured's attained age less any policy debt continued, If the surrender is made within thirty days after a policy anniversary, the cash value will not be less than the cash value on that anniversary.

BASIS OF OUR CALCULATIONS. All cash values and paid-up nonforfeiture benefits are not less than the minimum values and benefits required by or pursuant to the Standard Nonforfeiture Law for Life Insurance.

A detailed statement of our computation method for all values and reserves has been filed with the insurance department of the state where this policy is delivered. All values and reserves are equal to or greater than those required by the laws of that state.

The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate cash values. The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate single premiums for extended term insurance. All deaths under these tables during a policy year are assumed to occur at the end of that year. All cash values and single premiums are based on the interest rate shown at the bottom of the Table of Values.

POLICY LOANS. While the policy is in force, except with regard to any insurance continued as extended term insurance, and after the policy year for which cash values are first shown in the Table of Values, we will make cash loans to you with the policy as sole security upon your written request. We may defer making a loan, other than a loan to pay premiums, for up to six months.

When a loan is made, interest for a period not beyond the end of the policy year must be paid in advance. For each policy year the loan continues, interest for a period not beyond the end of that policy year is due in advance. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

"Policy debt" means the total outstanding loans with interest. Policy debt must not exceed the cash value of the policy. If policy debt ever equals or exceeds the cash value, the policy will cease thirty-one days after we have mailed written notice to your last known address and to the address of any collateral assignee of the policy as shown by our records.

The interest rate charged on policy debt is 6% per year compounded annually.

A policy loan may be for any amount which does not exceed the cash value on the next premium due date or the next policy anniversary, if sooner, minus interest in advance to the end of the current policy year, any premium due that is unpaid and any policy debt.

You may repay all or any part of policy debt at any time. Any policy debt will be deducted from the amount payable if you surrender the policy, from any amount applied to a settlement option or from the amount payable by reason of the Insured's death.

AUTOMATIC PREMIUM LOANS. If this provision is in effect either by selection in the application or later by written request, we will automatically loan enough to pay any monthly premium unpaid at the end of a grace period if the limit on policy debt is not exceeded. If making a loan for the entire premium due causes the limit on policy debt to be exceeded, we will make a loan only for the premium for as many days as the limit on policy debt will permit. You may revoke this provision with respect to future premiums becoming due by written request.

TABLE OF VALUES

This table shows cash values and other values as of the end of the policy years shown with respect to the insurance for the Insured named on **Page 2**.

No cash value or other value is provided by this policy before the end of a policy year for which a cash value is first shown.

The values in this table assume there is no policy debt and that premiums have been paid to the end of the policy year.

Values during a policy year will reflect the portion of the year for which the premium has been paid.

Values not shown in the table below will be furnished on request.

End Of Policy Year	Cash Value	Extended Term Insurance	
		Years	Days
1	\$[0.00	0	0
2	\$10.00	2	55
3	\$28.00	4	357
4	\$46.00	7	31
5	\$64.00	8	224
6	\$83.00	9	306
7	\$102.00	10	292
8	\$121.00	11	208
9	\$141.00	12	89
10	\$162.00	12	295
11	\$182.00	13	57
12	\$203.00	13	167
13	\$224.00	13	244
14	\$245.00	13	291
15	\$266.00	13	309
16	\$287.00	13	302
17	\$309.00	13	287
18	\$330.00	13	235
19	\$352.00	13	182
20	\$375.00	13	126]

BASIS OF COMPUTATION Cash values are based on the sex of the Insured (age at last birthday) 2001 Commissioners Standard Ordinary mortality tables at 4.5% interest.

SETTLEMENT OPTION PROVISION. While the Insured is living, you may choose the settlement option under which to apply any amount becoming payable because of the surrender of the policy. While the Insured is living you may choose the settlement option under which the beneficiary will receive any amount payable by reason of the death of the Insured. If no settlement option has been chosen when an amount is payable because of the death of the Insured, the beneficiary may choose a settlement option.

***Option 1.** We will pay the amount payable in one sum to the beneficiary.

***Option 2.** We will pay the annual, semi-annual, quarterly or monthly installments specified by the person making the choice until the amount payable together with interest is exhausted. The interest rate will be a rate declared by the Company but not less than 3 1/2% per year compounded annually.

***Option 3.** We will pay the amount payable in equal installments for a period not longer than thirty years as specified by the person making the choice from the following table:

MONTHLY INSTALLMENTS PER \$1,000 OF AMOUNT PAYABLE					
No. of Years	Monthly Installment	No. of Years	Monthly Installment	No. of Years	Monthly Installment
1	\$84.65	11	\$9.09	21	\$5.56
2	\$43.05	12	\$8.46	22	\$5.39
3	\$29.19	13	\$7.94	23	\$5.24
4	\$22.27	14	\$7.49	24	\$5.09
5	\$18.12	15	\$7.10	25	\$4.96
6	\$15.35	16	\$6.76	26	\$4.84
7	\$13.38	17	\$6.47	27	\$4.73
8	\$11.90	18	\$6.20	28	\$4.63
9	\$10.75	19	\$5.97	29	\$4.53
10	\$9.83	20	\$5.75	30	\$4.45

If the recipient dies before receiving the number of installments specified, the remaining installments will be computed and paid in one sum to the estate of the recipient. The interest rate used in computing the installments will be 3 1/2% per year compounded annually.

***Option 4.** We will pay the amount payable in monthly installments for the remaining lifetime of the recipient but for not less than 120, 180 or 240 monthly installments.

MONTHLY INSTALLMENTS FOR LIFETIME OF RECIPIENT PER \$1,000 OF AMOUNT PAYABLE

M	F	120	180	240	M	F	120	180	240	M	F	120	180	240
		Mos	Mos	Mos			Mos	Mos	Mos			Mos	Mos	Mos
	45	4.34	4.29	4.21	55	60	5.57	5.31	5.00	70	75	7.58	6.53	5.63
	46	4.40	4.34	4.26	56	61	5.67	5.39	5.05	71	76	7.73	6.60	5.65
	47	4.47	4.40	4.30	57	62	5.79	5.47	5.10	72	77	7.88	6.66	5.67
	48	4.53	4.46	4.35	58	63	5.91	5.56	5.16	73	78	8.03	6.72	5.69
	49	4.60	4.52	4.40	59	64	6.03	5.64	5.32	74	79	8.18	6.77	5.70
45	50	4.67	4.58	4.45	60	65	6.15	5.73	5.26	75	80	8.33	6.82	5.71
46	51	4.75	4.64	4.51	61	66	6.28	5.81	5.31	76		8.47	6.86	5.72
47	52	4.82	4.71	4.56	62	67	6.41	5.90	5.35	77		8.60	6.90	5.73
48	53	4.90	4.78	4.61	63	68	6.55	5.98	5.40	78		8.73	6.94	5.74
49	54	4.99	4.85	4.67	64	69	6.69	6.07	5.44	79		8.86	6.97	5.74
50	55	5.07	4.92	4.72	65	70	6.83	6.15	5.48	80		8.98	6.99	5.75
51	56	5.17	4.99	4.78	66	71	6.98	6.23	5.51					
52	57	5.26	5.07	4.83	67	72	7.13	6.31	5.55					
53	58	5.36	5.15	4.89	68	73	7.28	6.39	5.58					
54	59	5.46	5.23	4.94	69	74	7.43	6.46	5.60					

The ages appearing in the table above headed "M" (Male) or "F" (Female) refer to the age of the recipient on the date of first payment under **Option 4.**

***Option 5.** We will hold the amount payable for the lifetime of the recipient or for a specified period. We will pay interest on the amount held at a rate we will determine but not less than 3 1/2% per year compounded annually. Interest payments may be made each month, each three months, each six months or each twelve months. At the death of the recipient or the end of the specified period we will pay the amount held together with any accrued interest to the recipient, if living, otherwise to the estate of the recipient.

We pay all amounts payable under this policy at our Home Office in Oklahoma City, Oklahoma.

Before making any payments we may ask for the return of this policy.

We will make payments under settlement **options 2, 3, 4 or 5** only to a natural person in that person's own right.

Payments under **options 2, 3 and 4** are made at the beginning of each period they are to cover. Interest payments under **option 5** are made at the end of each period over which the interest is earned.

If any installment under a settlement option would be less than \$25, we reserve the right to change the frequency of payments or to pay the entire balance we hold in one sum.

The election of a settlement option, except **option 1**, must have our consent if the policy is assigned or if the amount applied for the benefit of any one payee would be less than \$2,500.

**ENDORSEMENTS, IF ANY, AND PHOTOSTAT OF APPLICATION ATTACHED
HERETO CONSTITUTE PART OF THE CONTRACT**



RESERVE NATIONAL

Reserve National Insurance Company

[601 East Britton Road, Oklahoma City, OK 73114-7710]

[1-800-654-9106 www.reservenational.com]

Whole Life. During The First Two Policy Years: Face Amount Payable For Accidental Death, or One Hundred Twenty Percent of The Premiums Paid For Non-Accidental Death. After The Second Policy Year: Face Amount Payable Regardless of the Cause of Death.

-Non-Participating-

MWL-97-2



RESERVE NATIONAL

Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

In this policy "you", "your" and "yours" refer to the Owner of this policy and the "Company", "us", "we" and "our" refer to Reserve National Insurance Company.

INSURING AGREEMENT

WE WILL PAY the benefits provided in this policy, subject to the provisions on this and the following pages, all of which are part of this policy.

In consideration of the payment of the premium in advance and in reliance upon the statements in your application, a copy of which is attached to and made a part of this policy, we hereby insure the person named in the Insured Schedule, commencing at 12:01 A.M., Standard Time, at the place where you reside, on the Effective Date shown in the Insured Schedule.

READ YOUR POLICY CAREFULLY. IF YOU ARE NOT SATISFIED, RETURN THE POLICY WITHIN THIRTY (30) DAYS OF ITS RECEIPT FOR A FULL PREMIUM REFUND.

You are granted a period of thirty days from the date of delivery of this policy to examine it, and if not satisfied for any reason, this policy may be returned within said thirty days to us at our Home Office or to the writing agent. Then we shall refund the premium paid, and the policy shall be void from its beginning, and you and the Company shall be in the same position as if it had never been issued.

IMPORTANT NOTICE

Please read the copy of the application attached to this policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at [601 East Britton Road, Oklahoma City, Oklahoma 73114-7710], within 30 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of the policy, which was issued on the basis that the answers to all questions and the information shown are correct and complete.

If you have any question or complaints about this policy, you may contact the Company at the address shown above or at the following toll-free phone number: [1-800-654-9106].

IN WITNESS WHEREOF, the Company has caused this policy to be issued as of the effective date, and to be executed by its President and Secretary at its Home Office at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].


Secretary


President

This policy has a limited graded death benefit. Please read your contract carefully.

Whole Life. During The First Two Policy Years: Face Amount Payable For Accidental Death, or One Hundred Twenty Percent of The Premiums Paid For Non-Accidental Death. After The Second Policy Year: Face Amount Payable Regardless of The Cause of Death.

Non-Participating

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INSURED SCHEDULE

Death Benefit:

During Policy Years 1 and 2:

For Accidental Death:	50% of Face Amount
For Non-Accidental Death:	Policy Year 1: 10% of Face Amount
	Policy Year 2: 20% of Face Amount

During Policy Years 3 & After: Face Amount

Policy Number: [1234567]

Effective Date: [09/15/2012]

The Insured: [John Doe]

Age At Issue: [50]
Sex: [M]

The Owner: [John Doe]

**Face Amount
Of Insurance:** \$[10,000]

The Beneficiary: [Jane Doe]

Additional Benefits: [None]

Frequency and Amount of Premiums:	Annual	Monthly Bank Draft
	[\$669.12]	[\$55.76]

Premium Payable: For the Insured's Lifetime

Jurisdiction of Issue: [Home State]

Dept. Telephone Number: [1-888-123-4567]

ACCIDENTAL DEATH. Accidental Death is death resulting directly and independently of disease from a bodily injury due to an accident occurring after the policy Effective Date and within one hundred eighty (180) days of your death.

CONTRACT. This policy, the application, a copy of which is made a part of the policy, and any riders and endorsements constitute the complete agreement between you and the Company. We have issued this policy in consideration of the information provided in the application and payment of the first premium. All of the statements in the application, in the absence of fraud, are considered representations and not warranties. This policy cannot be changed or any of its provisions waived except by a written agreement signed by our President or a Vice-President.

INCONTESTABILITY. This policy shall be incontestable after it has been in force, while the Insured is living, for two years after the Effective Date. However, we can contest the policy anytime if you do not pay all of the premiums due.

PREMIUMS. The first premium is due on the Effective Date of this policy. Subsequent premiums are due and payable during the Insured's lifetime for the period specified on **Page 2**. The due date of each subsequent premium is the starting date of its premium interval.

Premiums after the first premium are payable at our Home Office or to an authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the person receiving the payment.

Premiums may be made payable at one-month, three-month, six-month or twelve-month intervals at our rates in effect on the Effective Date. A change in premium interval will take effect when we accept the premium for the new interval.

POLICY DATES. Policy months, years and anniversaries are measured from the Effective Date shown on **Page 2**.

GRACE PERIOD. A grace period of thirty-one days will be allowed for the payment without interest of any premium after the first premium. During the grace period the policy will remain in force. However, if the Insured dies on a premium due date or during the grace period we will deduct any unpaid premium due from any payment we make.

If the premium is not paid during its grace period we will use the cash value to pay the premium if (i) there is enough net cash value to pay the premium due, and (ii) the Automatic Premium Loans provision is in effect. If there is not enough cash value or if the Automatic Premium Loans provision is not in effect we will apply the Nonforfeiture Provision. If there is no cash value the policy will cease to be in force effective on the due date of the unpaid premium.

You cannot pay an unpaid premium after the end of the grace period except as the Reinstatement provision or the Automatic Premium Loans provision may allow.

REINSTATEMENT. You may reinstate the policy anytime within three years after a grace period ends if it has not been surrendered for its cash value. To reinstate the policy you must:

- (i) give us a written application for reinstatement;
- (ii) give us satisfactory evidence the Insured is still insurable;
- (iii) repay or reinstate any policy debt which was in effect when the policy ceased to be in force with 6% interest compounded annually; and
- (iv) pay all overdue premiums and compound interest at 6% per year from their due dates.

OWNERSHIP. The owner of this policy on the Effective Date is shown on **Page 2**. You can transfer ownership to a new owner by filing a written request for change with the Company. Unless otherwise specified by the owner, the change of ownership will take effect as of the date the request was signed but without any liability to us on account of any payment we made or action we took before the request was received by us at our Home Office.

We are not responsible for the validity of a transfer of ownership.

A new owner takes the policy subject to all existing policy debt, interest accruing after the date of transfer and the interest of any assignee of record.

While the Insured is living, the owner may exercise any rights and receive all benefits described in the policy. If the owner has given up the right to change a beneficiary, any such irrevocable beneficiary must give consent in the exercise of any of the owner's rights.

The owner may designate a survivor owner to whom ownership will be transferred automatically at the death of the owner if the Insured is living at that time.

While the owner is living, a survivor owner has no rights or entitlement to benefits as owner.

If at the death of the owner there is no survivor owner and the Insured is not named owner, the Insured shall become the owner of the policy.

DEATH BENEFIT

The death benefit of this policy is equal to the death benefit shown on **Page 2** less any policy debt and any unpaid premium. If death occurs during a period for which premium has been paid, we will add a refund of any premium actually paid for any period beyond the end of the policy month of death.

PAYMENT OF DEATH BENEFIT

The death benefit of this policy will be paid, in accordance with its terms, upon our receipt of proof that the Insured has died. Satisfactory Proof of the Insured's Death will consist of a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information. We may also require proof of the claimant's interest in the proceeds.

If the Death Benefit has not been paid within 30 days after due proof of death is received, interest will be added to this amount at a rate of 8% per year.

BENEFICIARY. The name of the beneficiary is shown on **Page 2** unless it has been changed.

CHANGE OF BENEFICIARY. If you have not given up the right to do so, you may change the beneficiary while the Insured is living by filing a written request for change with the Company. The Company may require the return of the policy for endorsement. Unless otherwise specified by the owner, the change will take effect as of the date the request was signed, subject to any payment we made or action we took before receipt of the request.

CLAIMS OF CREDITORS. Any amount payable to a beneficiary will be free from the claims of creditors to the extent allowed by law.

SUICIDE. Notwithstanding any other provision, if the Insured's death is caused by suicide within two years after the Effective Date of the policy, the amount payable because of such death shall be an amount equal to the premiums paid.

INCORRECT AGE OR SEX. If the age or sex of the Insured is not correct, any amount we pay will be adjusted based upon what the most recent premium paid would have purchased at the correct age and sex. If the correct age is outside the issue age range of the policy, a premium and benefit will be extrapolated.

ASSIGNMENT. You may assign the policy as collateral security by filing a written notice of assignment with the Company. Unless otherwise specified by the owner, an assignment shall take effect on the date the notice of assignment is signed by the owner, subject to any payments made or action taken by the Company prior to receipt of the notice. We assume no responsibility as to the validity or effect of any assignment. A collateral assignment is not a change of ownership and the assignee does not have ownership rights. However, your right to the cash value and the rights of any beneficiary to receive benefits will be subject to the interest of any assignee.

CASH VALUE. The cash value is determined from the Table Of Values. Any cash value and paid up nonforfeiture benefit due at any time other than a policy anniversary will be calculated with allowance for lapse of time and the payment of fractional premiums from the preceding policy anniversary. You may receive the net cash value if you surrender this policy any time after the policy first has a cash value and while the Insured is living. The net cash value is the cash value less any policy debt plus any premium actually paid for any period beyond the end of the policy month of surrender. All the insurance will cease when you, surrender the policy. We may defer payment up to six months after a request for surrender is received at our Home Office.

NONFORFEITURE PROVISION. If any premium is unpaid at the end of the grace period and there is no cash value, the policy will cease to be in force effective on the due date of that premium. If there is a cash value and the Automatic Premium Loans provision is in effect, we will make a loan to pay the premium according to the terms of that provision.

If any premium is unpaid at the end of the grace period and there is a cash value but the Automatic Premium Loans provision is not in effect, then within sixty days from the due date of the unpaid premium, you may select one of the following nonforfeiture options:

Cash. You may surrender the policy according to the terms of the Cash Value provision. If the policy is surrendered within sixty days after the due date of the unpaid premium, the cash value will not be less than the cash value on the due date.

Extended Term Insurance. The net cash value on the due date of the unpaid premium is used as a net single premium to purchase extended term insurance for a limited period for the Insured. The amount of extended term insurance is the amount of insurance which would have been in force during each policy year if no premium due were unpaid, less the amount of any policy loan. No further premiums are payable.

If you do not select one of the nonforfeiture options within sixty days from the due date of an unpaid premium, we will automatically continue the insurance under the Extended Term Insurance option.

If the policy is continued under the nonforfeiture option you may surrender it at any time for its remaining net cash value. The net cash value is the net single premium for all remaining benefits at the Insured's attained age less any policy debt continued, If the surrender is made within thirty days after a policy anniversary, the cash value will not be less than the cash value on that anniversary.

BASIS OF OUR CALCULATIONS. All cash values and paid-up nonforfeiture benefits are not less than the minimum values and benefits required by or pursuant to the Standard Nonforfeiture Law for Life Insurance.

A detailed statement of our computation method for all values and reserves has been filed with the insurance department of the state where this policy is delivered. All values and reserves are equal to or greater than those required by the laws of that state.

The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate cash values. The Commissioners 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate single premiums for extended term insurance. All deaths under these tables during a policy year are assumed to occur at the end of that year. All cash values and single premiums are based on the interest rate shown at the bottom of the Table of Values.

POLICY LOANS. While the policy is in force, except with regard to any insurance continued as extended term insurance, and after the policy year for which cash values are first shown in the Table of Values, we will make cash loans to you with the policy as sole security upon your written request. We may defer making a loan, other than a loan to pay premiums, for up to six months.

When a loan is made, interest for a period not beyond the end of the policy year must be paid in advance. For each policy year the loan continues, interest for a period not beyond the end of that policy year is due in advance. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

"Policy debt" means the total outstanding loans with interest. Policy debt must not exceed the cash value of the policy. If policy debt ever equals or exceeds the cash value, the policy will cease thirty-one days after we have mailed written notice to your last known address and to the address of any collateral assignee of the policy as shown by our records.

The interest rate charged on policy debt is 6% per year compounded annually.

A policy loan may be for any amount which does not exceed the cash value on the next premium due date or the next policy anniversary, if sooner, minus interest in advance to the end of the current policy year, any premium due that is unpaid and any policy debt.

You may repay all or any part of policy debt at any time. Any policy debt will be deducted from the amount payable if you surrender the policy, from any amount applied to a settlement option or from the amount payable by reason of the Insured's death.

AUTOMATIC PREMIUM LOANS. If this provision is in effect either by selection in the application or later by written request, we will automatically loan enough to pay any monthly premium unpaid at the end of a grace period if the limit on policy debt is not exceeded. If making a loan for the entire premium due causes the limit on policy debt to be exceeded, we will make a loan only for the premium for as many days as the limit on policy debt will permit. You may revoke this provision with respect to future premiums becoming due by written request.

TABLE OF VALUES

This table shows cash values and other values as of the end of the policy years shown with respect to the insurance for the Insured named on **Page 2**.

No cash value or other value is provided by this policy before the end of a policy year for which a cash value is first shown.

The values in this table assume there is no policy debt and that premiums have been paid to the end of the policy year.

Values during a policy year will reflect the portion of the year for which the premium has been paid.

Values not shown in the table below will be furnished on request.

End Of Policy Year	Cash Value	Extended Term Insurance	
		Years	Days
1	\$[0.00	0	0
2	\$10.00	2	55
3	\$28.00	4	357
4	\$46.00	7	31
5	\$64.00	8	224
6	\$83.00	9	306
7	\$102.00	10	292
8	\$121.00	11	208
9	\$141.00	12	89
10	\$162.00	12	295
11	\$182.00	13	57
12	\$203.00	13	167
13	\$224.00	13	244
14	\$245.00	13	291
15	\$266.00	13	309
16	\$287.00	13	302
17	\$309.00	13	287
18	\$330.00	13	235
19	\$352.00	13	182
20	\$375.00	13	126]

BASIS OF COMPUTATION Cash values are based on the sex of the Insured (age at last birthday) 2001 Commissioners Standard Ordinary mortality tables at 4.5% interest.

SETTLEMENT OPTION PROVISION. While the Insured is living, you may choose the settlement option under which to apply any amount becoming payable because of the surrender of the policy. While the Insured is living you may choose the settlement option under which the beneficiary will receive any amount payable by reason of the death of the Insured. If no settlement option has been chosen when an amount is payable because of the death of the Insured, the beneficiary may choose a settlement option.

***Option 1.** We will pay the amount payable in one sum to the beneficiary.

***Option 2.** We will pay the annual, semi-annual, quarterly or monthly installments specified by the person making the choice until the amount payable together with interest is exhausted. The interest rate will be a rate declared by the Company but not less than 3 1/2% per year compounded annually.

***Option 3.** We will pay the amount payable in equal installments for a period not longer than thirty years as specified by the person making the choice from the following table:

MONTHLY INSTALLMENTS PER \$1,000 OF AMOUNT PAYABLE					
No. of Years	Monthly Installment	No. of Years	Monthly Installment	No. of Years	Monthly Installment
1	\$84.65	11	\$9.09	21	\$5.56
2	\$43.05	12	\$8.46	22	\$5.39
3	\$29.19	13	\$7.94	23	\$5.24
4	\$22.27	14	\$7.49	24	\$5.09
5	\$18.12	15	\$7.10	25	\$4.96
6	\$15.35	16	\$6.76	26	\$4.84
7	\$13.38	17	\$6.47	27	\$4.73
8	\$11.90	18	\$6.20	28	\$4.63
9	\$10.75	19	\$5.97	29	\$4.53
10	\$9.83	20	\$5.75	30	\$4.45

If the recipient dies before receiving the number of installments specified, the remaining installments will be computed and paid in one sum to the estate of the recipient. The interest rate used in computing the installments will be 3 1/2% per year compounded annually.

***Option 4.** We will pay the amount payable in monthly installments for the remaining lifetime of the recipient but for not less than 120, 180 or 240 monthly installments.

MONTHLY INSTALLMENTS FOR LIFETIME OF RECIPIENT PER \$1,000 OF AMOUNT PAYABLE

M	F	120	180	240	M	F	120	180	240	M	F	120	180	240
		Mos	Mos	Mos			Mos	Mos	Mos			Mos	Mos	Mos
	45	4.34	4.29	4.21	55	60	5.57	5.31	5.00	70	75	7.58	6.53	5.63
	46	4.40	4.34	4.26	56	61	5.67	5.39	5.05	71	76	7.73	6.60	5.65
	47	4.47	4.40	4.30	57	62	5.79	5.47	5.10	72	77	7.88	6.66	5.67
	48	4.53	4.46	4.35	58	63	5.91	5.56	5.16	73	78	8.03	6.72	5.69
	49	4.60	4.52	4.40	59	64	6.03	5.64	5.32	74	79	8.18	6.77	5.70
45	50	4.67	4.58	4.45	60	65	6.15	5.73	5.26	75	80	8.33	6.82	5.71
46	51	4.75	4.64	4.51	61	66	6.28	5.81	5.31	76		8.47	6.86	5.72
47	52	4.82	4.71	4.56	62	67	6.41	5.90	5.35	77		8.60	6.90	5.73
48	53	4.90	4.78	4.61	63	68	6.55	5.98	5.40	78		8.73	6.94	5.74
49	54	4.99	4.85	4.67	64	69	6.69	6.07	5.44	79		8.86	6.97	5.74
50	55	5.07	4.92	4.72	65	70	6.83	6.15	5.48	80		8.98	6.99	5.75
51	56	5.17	4.99	4.78	66	71	6.98	6.23	5.51					
52	57	5.26	5.07	4.83	67	72	7.13	6.31	5.55					
53	58	5.36	5.15	4.89	68	73	7.28	6.39	5.58					
54	59	5.46	5.23	4.94	69	74	7.43	6.46	5.60					

The ages appearing in the table above headed "M" (Male) or "F" (Female) refer to the age of the recipient on the date of first payment under **Option 4.**

***Option 5.** We will hold the amount payable for the lifetime of the recipient or for a specified period. We will pay interest on the amount held at a rate we will determine but not less than 3 1/2% per year compounded annually. Interest payments may be made each month, each three months, each six months or each twelve months. At the death of the recipient or the end of the specified period we will pay the amount held together with any accrued interest to the recipient, if living, otherwise to the estate of the recipient.

We pay all amounts payable under this policy at our Home Office in Oklahoma City, Oklahoma.

Before making any payments we may ask for the return of this policy.

We will make payments under settlement **options 2, 3, 4 or 5** only to a natural person in that person's own right.

Payments under **options 2, 3 and 4** are made at the beginning of each period they are to cover. Interest payments under **option 5** are made at the end of each period over which the interest is earned.

If any installment under a settlement option would be less than \$25, we reserve the right to change the frequency of payments or to pay the entire balance we hold in one sum.

The election of a settlement option, except **option 1**, must have our consent if the policy is assigned or if the amount applied for the benefit of any one payee would be less than \$2,500.

**ENDORSEMENTS, IF ANY, AND PHOTOSTAT OF APPLICATION ATTACHED
HERETO CONSTITUTE PART OF THE CONTRACT**



RESERVE NATIONAL

Reserve National Insurance Company

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-Non-Participating-

MWL-97-2