

**State:** Arkansas **Filing Company:** Degree of Honor Protective Association  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** DOH UL Guarantee Interest Rate Reduction  
**Project Name/Number:** DOH UL Guarantee Interest Rate Reduction/

## Filing at a Glance

Company: Degree of Honor Protective Association  
Product Name: DOH UL Guarantee Interest Rate Reduction  
State: Arkansas  
TOI: L09I Individual Life - Flexible Premium Adjustable Life  
Sub-TOI: L09I.001 Single Life  
Filing Type: Form  
Date Submitted: 11/27/2012  
SERFF Tr Num: GBAC-128777070  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: 01/01/2013  
Date Requested:  
Author(s): Mary Gardner  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/03/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Degree of Honor Protective Association  
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## General Information

Project Name: DOH UL Guarantee Interest Rate Reduction Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 12/03/2012  
State Status Changed: 12/03/2012  
Deemer Date: Created By: Mary Gardner  
Submitted By: Mary Gardner Corresponding Filing Tracking Number:

Filing Description:  
Statutory Valuation Interest Rate Change  
Degree of Honor Protective Association  
UL NLF-07 - Flexible Premium Adjustable Death Benefit Life Insurance

On behalf of the Degree of Honor Protective Association, a fraternal benefit society incorporated under laws of the State of Minnesota, we are submitting the above-referenced individual UL specification page.

The filing is being made to comply with the reduction in the maximum valuation and nonforfeiture interest rates for 2013 life insurance issues.

The guaranteed interest rate on page 4.0 of the policy form has been changed to 3%. It should be noted that the guaranteed no lapse premiums and surrender charges have changed, as well. The latter can be found in the Actuarial Description. The no lapse premiums and surrender charges were originally filed as bracketed items and, as such, do not constitute a policy form change. There are no other changes to the policy.

Policy form UL NLF-07 is the original contract being filed by this filing and was a paper filing (copy attached to 'Supporting Documentation' tab) approved 3-6-2007.

## Company and Contact

### Filing Contact Information

Mary Gardner, mgardner@lifebase.com  
100 First Avenue N.E. 319-896-5970 [Phone]  
Suite 117 319-896-5979 [FAX]  
Cedar Rapids, IA 52401

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**Filing Company Information**

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

Degree of Honor Protective Association	CoCode: 57088	State of Domicile: Minnesota
400 Robert Street N	Group Code:	Company Type: Fraternal
Suite 1600	Group Name:	State ID Number:
St. Paul, MN 55101-2029	FEIN Number: 41-0216310	
(651) 228-7600 ext. [Phone]		

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$125.00  
 Retaliatory? Yes  
 Fee Explanation: \$125.00 per submission (MN-domiciled)  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Degree of Honor Protective Association	\$125.00	11/27/2012	65205168

SERFF Tracking #:

GBAC-128777070

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Degree of Honor Protective Association

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Product Name:

DOH UL Guarantee Interest Rate Reduction

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/03/2012	12/03/2012

**SERFF Tracking #:**

GBAC-128777070

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

Arkansas

**Filing Company:**

Degree of Honor Protective Association

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**Product Name:**

DOH UL Guarantee Interest Rate Reduction

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## Disposition

Disposition Date: 12/03/2012

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Analysis and Product Description		No
Supporting Document	Original Filed Form-Approval stamp		Yes
Supporting Document	Third Party Authorization Letter		Yes
Form	Flexible Premium Adjustable Death Benefit Life Insurance		Yes

**State:** Arkansas **Filing Company:** Degree of Honor Protective Association  
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## Form Schedule

Lead Form Number: UL NLF-07

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Flexible Premium Adjustable Death Benefit Life Insurance	UL NLF-07	POL	Initial			2013 UL Sec 2 Data Page.F [].pdf

### Form Type Legend:

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

SECTION 2

POLICY GUARANTEES

GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
[35	.093	50	.288	65	1.354	80	6.013	95	23.385	110	52.507
36	.098	51	.314	66	1.484	81	6.697	96	24.868	111	55.393
37	.103	52	.347	67	1.619	82	7.423	97	26.453	112	58.465
38	.111	53	.384	68	1.762	83	8.217	98	28.149	113	61.735
39	.118	54	.432	69	1.923	84	9.101	99	29.964	114	65.213
40	.127	55	.485	70	2.110	85	10.087	100	31.704	115	68.912
41	.138	56	.540	71	2.338	86	11.173	101	33.253	116	72.842
42	.151	57	.594	72	2.604	87	12.349	102	34.905	117	77.018
43	.167	58	.647	73	2.885	88	13.603	103	36.667	118	81.451
44	.184	59	.710	74	3.187	89	14.921	104	38.536	119	83.333
45	.203	60	.786	75	3.516	90	16.238	105	40.511	120	83.333
46	.223	61	.878	76	3.887	91	17.537	106	42.617	121+	0.000]
47	.238	62	.986	77	4.319	92	18.902	107	44.860		
48	.251	63	1.104	78	4.821	93	20.346	108	47.251		
49	.267	64	1.227	79	5.384	94	21.871	109	49.797		

THE BASIS OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES IS THE 2001 COMMISSIONERS STANDARD ORDINARY ULTIMATE TABLE, AGE LAST BIRTHDAY, MALE OR FEMALE, NONSMOKER OR SMOKER, WITH APPROPRIATE INCREASE FOR RATED RISKS.

THE POLICY GUARANTEED INTEREST RATE IS 3% PER ANNUM.

THE MONTHLY ADMINISTRATIVE FEE IS \$3.50 PER MONTH PLUS .15 PER MONTH PER \$1,000 OF DEATH BENEFIT AMOUNT UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER.

THE PREMIUM EXPENSE CHARGE IS 5% OF EACH PREMIUM PAYMENT UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER.

THE POLICY LOAN INTEREST RATE IS 8% PER ANNUM, PAYABLE IN ARREARS.

POLICY SURRENDER CHARGES FOR THE DEATH BENEFIT AMOUNT IN EFFECT ON THE POLICY DATE:

POLICY YEAR		POLICY YEAR		POLICY YEAR	
[1	1,244.00	6	829.50	11	414.50
2	1,161.00	7	746.50	12	332.00
3	1,078.00	8	663.50	13	249.00
4	995.00	9	580.50	14	166.00
5	912.00	10	497.50	15	83.00
				16 AND LATER	0.00]

AN ADDITIONAL SURRENDER CHARGE TABLE WILL APPLY FOR EACH INCREASE IN THE DEATH BENEFIT AMOUNT. THE 15 YEAR PERIOD FOR ANY ADDITIONAL TABLE WILL BEGIN ON THE EFFECTIVE DATE OF THE INCREASE.

THE MINIMUM DEATH BENEFIT AMOUNT IS \$25,000.

THE MINIMUM INCREASE IN THE DEATH BENEFIT AMOUNT IS \$5,000.

SERFF Tracking #:

GBAC-128777070

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Degree of Honor Protective Association

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Product Name:

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Project Name/Number:

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Cert Comp-Reg 19.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Original Filed Form-Approval stamp		
Comments:			
Attachment(s):			
ULNLF07.pdf AR 3-6-07.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization Letter		
Comments:			
Attachment(s):			
Third Party Authorization UL NLF-07.pdf			



## STATE OF ARKANSAS

1200 West Third Street  
Little Rock, AR 72201

### *Certification of Compliance Rule and Regulation 19*

Carrier: **Degree of Honor Protective Association**

Form Number and Title: UL NLF-07      Flexible Premium Adjustable Death Benefit Life Insurance

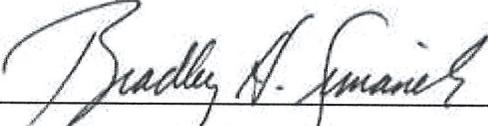
We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 19 as well as all applicable requirements of this department.

Signature of Officer: 

Name (typed or printed): Karen Patwell

Title or business affiliation: Controller/Secretary

Date: November 20, 2012

Signature of Actuary : 

Name (typed or printed): Bradley H. Simanek

Title or business affiliation: Consulting Actuary, Griffith, Ballard and Company

Date: November 20, 2012



# Degree of Honor Protective Association

*A Fraternal Benefit Society*

400 Robert Street North, Suite 1600

Saint Paul, Minnesota 55101

651.228.7600 or 800.947.5812

degreeofhonor.org

**DEGREE OF HONOR PROTECTIVE ASSOCIATION** shall pay the death benefit proceeds of this Policy to the Beneficiary, subject to the provisions herein, upon receipt of proof of the Insured's death prior to the termination of this Policy. The death benefit proceeds are defined in Section 6. We also shall provide the other rights and benefits of this Policy.

The provisions on the following pages are also a part of this Policy.

**THIS IS A LEGAL CONTRACT BETWEEN YOU, THE OWNER, AND DEGREE OF HONOR PROTECTIVE ASSOCIATION. READ YOUR POLICY CAREFULLY. If there is a question, or if there is a claim, contact Our agent or Our Home Office.**

Executed by Degree of Honor Protective Association at Saint Paul, Minnesota, as of the Policy Date.

CHIEF EXECUTIVE OFFICER

CHIEF EXECUTIVE SECRETARY

**RIGHT TO CANCEL.** You may cancel this Policy by delivering or mailing a Written Request to Our agent or Our Home Office at Degree of Honor Protective Association, 400 Robert Street North, Suite 1600, Saint Paul, Minnesota 55101, and returning the Policy to Us or Our agent before midnight of the 30th day after the date You received the Policy. Notice given by mail and return of the Policy by mail are effective upon being postmarked, properly addressed and postage prepaid. We shall return the payment made for this Policy within ten days after We receive notice of cancellation and the returned Policy.

**FLEXIBLE PREMIUM ADJUSTABLE DEATH BENEFIT LIFE INSURANCE**

**Adjustable Death Benefit Payable Upon the Death of the Insured**

**Flexible Premiums Payable During the Lifetime of the Insured**

**Guaranteed No Lapse Provision**

**Participating**

**Excess Interest, Reduced Cost of Insurance Rates and Reduced Expense Charges May Be Declared**

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Your Policy contains the following sections:

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SECTION 3	SETTLEMENT OPTION INCOME TABLES		9.3 Decrease the Death Benefit Amount
SECTION 4	DEFINITIONS	SECTION 10	LOANS
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**SECTION 1**  
**POLICY DATA**

OWNER: [John Doe]

BENEFICIARY: As stated in the application, unless subsequently changed.

**BENEFITS**

PLAN: Flexible Premium Adjustable Life

DEATH BENEFIT AMOUNT: [\$50,000]

**PREMIUMS**

FIRST PREMIUM: [\$39.50]

PLANNED PREMIUM: [\$39.50]

FREQUENCY: [Monthly]

TOTAL GUARANTEED NO LAPSE MONTHLY PREMIUM ON THE POLICY DATE: [\$39.50]

**IMPORTANT NOTICE**

IT IS POSSIBLE THAT COVERAGE WILL TERMINATE IF PREMIUMS ARE NOT PAID OR PREMIUMS ARE NOT SUFFICIENT TO CONTINUE COVERAGE.

POLICY NUMBER: [12345]

INSURED	AGE	SEX	RISK CLASS	POLICY GUARANTEED NO LAPSE MONTHLY PREMIUM
[John Doe]	35	Male	Non Tobacco	\$39.50]

POLICY DATE: [January 1, 2006]

SECTION 1

POLICY DATA (CONTINUED)

TOTAL GUARANTEED NO LAPSE PREMIUM SUMMARY

<u>FROM</u>	<u>TO</u>	<u>TOTAL GUARANTEED NO LAPSE MONTHLY PREMIUM</u>
[JANUARY 1, 2006	JANUARY 1, 2071	\$39.50]

SECTION 2

POLICY GUARANTEES

GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
[35	.093	50	.288	65	1.354	80	6.013	95	23.385	110	52.507
36	.098	51	.314	66	1.484	81	6.697	96	24.868	111	55.393
37	.103	52	.347	67	1.619	82	7.423	97	26.453	112	58.465
38	.111	53	.384	68	1.762	83	8.217	98	28.149	113	61.735
39	.118	54	.432	69	1.923	84	9.101	99	29.964	114	65.213
40	.127	55	.485	70	2.110	85	10.087	100	31.704	115	68.912
41	.138	56	.540	71	2.338	86	11.173	101	33.253	116	72.842
42	.151	57	.594	72	2.604	87	12.349	102	34.905	117	77.018
43	.167	58	.647	73	2.885	88	13.603	103	36.667	118	81.451
44	.184	59	.710	74	3.187	89	14.921	104	38.536	119	83.333
45	.203	60	.786	75	3.516	90	16.238	105	40.511	120	83.333
46	.223	61	.878	76	3.887	91	17.537	106	42.617	121+	0.000]
47	.238	62	.986	77	4.319	92	18.902	107	44.860		
48	.251	63	1.104	78	4.821	93	20.346	108	47.251		
49	.267	64	1.227	79	5.384	94	21.871	109	49.797		

THE BASIS OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES IS THE 2001 COMMISSIONERS STANDARD ORDINARY ULTIMATE TABLE, AGE LAST BIRTHDAY, MALE OR FEMALE, NONSMOKER OR SMOKER, WITH APPROPRIATE INCREASE FOR RATED RISKS.

THE POLICY GUARANTEED INTEREST RATE IS 4% PER ANNUM.

THE MONTHLY ADMINISTRATIVE FEE IS \$3.50 PER MONTH PLUS .15 PER MONTH PER \$1,000 OF DEATH BENEFIT AMOUNT UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER.

THE PREMIUM EXPENSE CHARGE IS 5% OF EACH PREMIUM UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER.

THE POLICY LOAN INTEREST RATE IS 8% PER ANNUM, PAYABLE IN ARREARS.

POLICY SURRENDER CHARGES FOR THE DEATH BENEFIT AMOUNT IN EFFECT ON THE POLICY DATE:

POLICY YEAR	POLICY YEAR	POLICY YEAR			
1	[1,105.50	6	737.00	11	368.50
2	1,032.00	7	663.50	12	295.00
3	958.00	8	589.50	13	221.00
4	884.50	9	516.00	14	147.50
5	810.50	10	442.00	15	73.50
				16 AND LATER	0.00]

AN ADDITIONAL SURRENDER CHARGE TABLE WILL APPLY FOR EACH INCREASE IN THE DEATH BENEFIT AMOUNT. THE 15 YEAR PERIOD FOR ANY ADDITIONAL TABLE WILL BEGIN ON THE EFFECTIVE DATE OF THE INCREASE.

THE MINIMUM DEATH BENEFIT AMOUNT IS \$25,000.

THE MINIMUM INCREASE IN THE DEATH BENEFIT AMOUNT IS \$5,000.

SECTION 3

SETTLEMENT OPTION INCOME TABLES

OPTION 1. INSTALLMENTS FOR A FIXED PERIOD. We shall pay a monthly, quarterly, semiannual or annual income for a fixed number of installments. The amount of each installment is based on a rate of interest of 2% per annum. If the Payee dies before all installments have been paid, the remaining installments shall be paid to the Beneficiary of this settlement option. The amount of annual or monthly income per \$1,000 of proceeds is:

Years	----- INSTALLMENTS -----	
<u>Payable</u>	<u>Annual</u>	<u>Monthly</u>
5	\$208.00	\$17.49
6	175.03	14.72
7	151.48	12.74
8	133.83	11.25
9	120.11	10.10
10	109.14	9.18
15	76.30	6.42
20	59.96	5.04

Amounts for other durations or frequencies shall be furnished upon request.

OPTION 2. LIFE ANNUITY WITH PERIOD CERTAIN. We shall pay a monthly income to one specified Payee for a specified period of 10 or 20 years. We shall continue the monthly payments after the expiration of the specified period as long as that Payee is alive. If that Payee dies before the expiration of the specified period, monthly payments for the remainder of the specified period shall be paid to the Beneficiary of this settlement option. The amount of monthly income per \$1,000 of proceeds is:

----- LIFE ANNUITY WITH PERIOD CERTAIN -----				
	10 Years		20 Years	
<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
45	\$3.19	\$3.00	\$3.15	\$2.98
50	3.49	3.26	3.40	3.21
55	3.86	3.58	3.70	3.49
60	4.34	4.00	4.04	3.83
65	4.95	4.54	4.38	4.20
70	5.70	5.25	4.68	4.56

Amounts are based on the Annuity 2000 Mortality Table and an interest rate of 2% per annum. Amounts for other ages shall be furnished upon request.

OPTION 3. INSTALLMENTS FOR A FIXED AMOUNT. We shall make equal payments every one, three, six or twelve months as chosen. The payments shall continue until the proceeds applied together with interest at the rate of at least 2% a year on the unpaid balance are fully paid. The final payment shall be any balance equal to or less than one payment. If the Payee dies before all installments have been paid, the remaining balance, including accrued interest, shall be paid to the Beneficiary of this settlement option.

OPTION 4. LIFE ANNUITY. We shall pay a monthly income to one specified Payee for the life of that Payee. Monthly payments shall cease at the death of the Payee. The amount of monthly income per \$1,000 of proceeds is:

<u>Age</u>	<u>Male</u>	<u>Female</u>
45	\$3.21	\$3.01
50	3.51	3.27
55	3.90	3.60
60	4.42	4.04
65	5.12	4.63
70	6.10	5.46
75	7.44	6.66
80	9.31	8.44

Amounts are based on the Annuity 2000 Mortality Table and an interest rate of 2% per annum. Amounts for other ages shall be furnished upon request.

**SECTION 4**  
**DEFINITIONS**

**ACCOUNT VALUE** is the accumulation at interest of net premiums paid less monthly deductions less monthly cost of insurance.

**AGE** means the Age of the Insured on his or her last birthday on the Policy Date.

**ATTAINED AGE** is the Age last birthday on each Policy Anniversary.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

**CASH VALUE** is the Account Value less any applicable Surrender Charge.

The **CONTRACT** is this Policy, together with the application and with Riders and Endorsements, if any, any required medical examination or declaration of insurability, and Our Articles of Incorporation and Bylaws, as amended from time to time.

An **ENDORSEMENT** is an attachment to the Policy that modifies the Policy.

**IN FORCE** means the Insured's life remains Insured under the terms of this Policy. This Policy is in effect.

The **INSURED** is the person named as the Insured in Section 1. The Insured shall be a member of Degree of Honor and shall have all rights of membership.

The **OWNER** is as shown in Section 1, unless later changed as provided in this Policy. The Owner may be someone other than the Insured. Unless the Insured and the Owner are the same person, the Owner shall have no rights of membership.

The **PAYEE** is any person who has the right to receive the proceeds according to the provisions of Section 11.

The **POLICY** is this basic document plus any amendments or Endorsements, not including the application or any Riders.

The **POLICY DATE** is the date this Policy goes into effect. It is shown in Section 1.

**POLICY MONTHLY DATE** is the same day each calendar month as specified by the Policy Date.

**POLICY YEARS, ANNIVERSARIES** and **MONTHS** are measured from the Policy Date shown in Section 1. Policy Anniversary means the same month and day as the Policy Date for each year the Policy remains In Force. The first Policy Year begins on the Policy Date and ends at 11:59 p.m. on the day prior to the first Policy Anniversary. Subsequent Policy Years begin on a Policy Anniversary and end at 11:59 p.m. on the day prior to the next Policy Anniversary.

A **RIDER** is an attachment to the Policy. It provides additional benefits.

The **SETTLEMENT OPTION AGREEMENT** is an agreement that states the terms and conditions under which Settlement Option payments shall be made in accordance with the Settlement Option selected.

**SURRENDER CHARGE** is the charge, if any, We make against the Account Value if the Policy is cash surrendered.

**SURRENDER VALUE** is the Cash Value less any unpaid loan balance.

**TERMINATE** means the Insured's life is no longer Insured under any of the terms of this Policy. This Policy is no longer in effect.

**WE, OUR** or **US** means Degree of Honor Protective Association.

**WRITTEN NOTICE** means information received at Our Home Office. Such information must be written, signed by You, and acceptable to Us.

**YOU** or **YOUR** means the Owner of this Contract. The Owner is as shown in Section 1, unless later changed as provided in this Policy. The Owner may be someone other than the Insured.

## SECTION 5

### GENERAL PROVISIONS

#### 5.1 THE CONTRACT

This Contract is issued in consideration of:

- a. Your application;
- b. the payment of premiums;
- c. the Policy provisions; and
- d. the Rider and Endorsement provisions, if any.

The entire Contract consists of:

1. this Policy;
2. any additional benefits provided by Rider;
3. any Endorsements;
3. the attached application;
4. any required medical examination or declaration of insurability; and
5. Our Articles of Incorporation and Bylaws, as amended from time to time.

No change in Our Articles of Incorporation and Bylaws made after the Policy Date shall reduce or change the benefits promised in this Policy. You may continue this Policy In Force even if membership in the Degree of Honor Protective Association is Terminated.

All statements made in the application are representations and not warranties. We cannot use any statement to invalidate the Policy nor to defend against a claim unless that statement is contained in the written application.

No agent or person other than the Chief Executive Officer or Chief Executive Secretary has the authority to change or modify this Policy or waive any of its provisions.

#### 5.2 OWNER

The Owner is the person named in Section 1. While the Insured is alive, the rights and privileges contained in this Policy may be exercised only by You, the Owner. This includes the right to change the Ownership. You can exercise those rights by making Written Request to Us.

#### 5.3 CHANGE OF OWNER

You may transfer Ownership at any time during the Insured's lifetime. To make a transfer, We must receive a Written Request at Our home office. Our approval is needed and no change is effective until We approve and record it. Once approved and recorded, the change shall be effective on the date the transfer was signed or on the date it was received at the home office if no date appears on the transfer. A transfer of Ownership shall be subject to any payment made or action taken by Us before the transfer is received. We have the right to require that You send Us this Policy so We can record the change.

#### 5.4 BENEFICIARY

The Beneficiary:

- a. shall receive the proceeds when the Insured dies;
- b. is named in the application for this Policy; and
- c. may be changed by the Owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

1. The interest of any Beneficiary who dies before the Insured shall pass to any other beneficiaries according to their interests.
2. If no named Beneficiary survives the Insured, the proceeds shall be paid to the Owner, if living, otherwise to the Owner's estate.
3. All proceeds not otherwise payable above within three years of the Insured's death shall be paid to the Degree of Honor Foundation.

## **5.5 CHANGE OF BENEFICIARY**

The Owner may change the Beneficiary designation:

- a. while the Insured is alive; and
- b. if the prior designation does not prohibit such a change. Consent of an irrevocable Beneficiary must be received before a change can be made.

A change shall revoke any prior designation. You must send Us a Written Request. Our approval is needed and no change is effective until We approve and record it. If approved and once recorded, the change is effective as of the date You signed it; or, if no date appears on the designation, on the date We received it. We have the right to require that You send Us this Policy so We can record the change.

## **5.6 ASSIGNMENT**

An assignment of this Policy shall not be binding on Us unless:

- a. it is in writing; and
- b. it is received by Us at Our home office; and
- c. it is approved and recorded by Us.

We shall not be responsible for the validity or effect of any assignment. We shall not be liable for any payments made or actions taken before receipt of Written Request of an assignment.

## **5.7 CONFORMITY**

This Policy is subject to the laws of the state in which the application was signed. If part of it does not follow that law, it shall be treated as if it does.

## **5.8 INCONTESTABILITY**

We cannot contest this Policy after it has been In Force during the Insured's life for a period of two years from the Policy Date, except for:

- a. increases in the death benefit amount, and
- b. reinstatements.

Increases in the death benefit amount after the Policy Date shall be incontestable after the increase has been In Force during the Insured's life for two years following the effective date of the increase.

If this Policy Terminates and is reinstated, We cannot contest statements made in the application for reinstatement after the reinstated Policy has been In Force during the Insured's life for a period of two years from the effective date of the reinstatement.

## **5.9 MISSTATEMENT OF AGE OR SEX**

If the issue Age or sex of the Insured is not correctly shown in Section 1, We shall make adjustments based on the correct Age and sex.

If it is discovered prior to the Insured's death that the Age or sex has been misstated, no change in the death benefit amount shall be made. However, the Account Value shall be adjusted on the basis of the difference between the monthly cost of insurance deducted and the monthly cost of insurance which should have been deducted, accumulated at the interest rates that were credited to the Account Value. Subsequent cost of insurance rates shall be the rates that would apply had this Policy been based on the correct Age and sex.

If after the Insured's death a misstatement of Age or sex is found, the death benefit proceeds shall reflect the death benefit amount that would have been supported by the most recent monthly cost of insurance based on the then current cost of insurance rate for the correct Age and sex.

## 5.10 RESERVES AND MAINTENANCE OF SOLVENCY

The reserves held on Your Policy are computed according to the standards prescribed by law. If, for any reason at any time, We do not have sufficient assets to cover the reserves, the amount of such deficiency shall be equitably apportioned to all outstanding policies. The amount thus apportioned to Your Policy shall either:

- a. be paid in cash by You; or
- b. be an indebtedness against Your Policy at a rate of interest of 6% per annum.

## 5.11 ANNUAL REPORT

At least once each year, We shall send You a report which shows:

- a. The beginning and ending date of the report period.
- b. The Account and Surrender Values at the beginning and end of the report period.
- c. The premiums paid and interest credited during the report period.
- d. Charges made against the Account Value during the report period.
- e. Any Policy loan balance at the end of the report period.
- f. The current death benefit on each life insured at the end of the report period.
- g. Any other information required by the state in which this Policy is delivered.

We shall also provide a projection of future death benefits and Policy values upon Your Written Request. A reasonable service fee may be charged. The fee shall be the one then in effect for this service. The projection shall be based on stated assumptions as to:

1. Future amounts of coverage.
2. Coverage options.
3. Future premium payments.
4. Interest and monthly cost of insurance rates.

## 5.12 INTERNAL REVENUE CODE COMPLIANCE

We reserve the right to refuse or limit any action (including premium payment amounts or Policy changes) which would disqualify this Policy as a life insurance policy under the Internal Revenue Code, as amended.

## 5.13 PARTICIPATION

If approved by Our Board of Directors, You may participate in Our divisible surplus. Divisible surplus:

- a. accrues from participating policies only;
- b. is apportioned by Our Board of Directors; and
- c. is distributed in the form of refunds.

Refunds, if any, shall be credited to the Account Value, or, if You elect, be paid in cash.

As of the Policy Date, We do not expect this Policy to contribute to divisible surplus.

## 5.14 TERMINATION

The Policy shall Terminate:

- a. when We receive Written Notice to Terminate; or
- b. when the Insured dies; or
- c. when any Policy indebtedness exceeds the Policy Cash Value; or
- d. if sufficient premium has not been paid by the end of the grace period.

## SECTION 6

### DEATH BENEFIT

#### 6.1 DEATH BENEFIT PROCEEDS DEFINED

This Policy has the following value which is determined on the date of the Insured's death. These proceeds consist of:

- a. the death benefit amount shown in Section 1, but never less than the Account Value multiplied by the percentage shown in the following table; minus
- b. any amounts needed in accordance with the Grace Period provision; minus
- c. any indebtedness.

Attained Age as of the Beginning of a Policy Year	Percentage of Account Value	Attained Age as of the Beginning of a Policy Year	Percentage of Account Value
0-40	250%	60	130%
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
		95+	100

#### 6.2 SUICIDE

If the Insured dies by intentional self-destruction within two years of the Policy Date, the only amount payable to the Beneficiary shall be the sum of the premiums paid, less any indebtedness.

If the Insured dies by intentional self-destruction within two years from the effective date of a requested increase in the death benefit amount, the death benefit amount with respect to the increase shall be the sum of the monthly costs of insurance for the increase which have been deducted in the Account Value calculation.

#### 6.3 PAYMENT OF PROCEEDS

The death benefit proceeds for approved claims shall be paid to the Beneficiary within two months after We receive due proof of the Insured's death. The proceeds shall be paid in a single sum unless a settlement option has been selected. All payments by Us are payable at Our home office.

Interest shall accrue on death benefit proceeds from the date of the Insured's death to the date of payment. The rate of such interest shall be the current rate applicable under Section 3, Settlement Option 3, but never less than the rate required by law.

## SECTION 7

### PREMIUMS

#### 7.1 PAYMENT OF PREMIUMS

Premium payments are flexible. This means You can choose the amount and frequency of payments subject to the provisions set forth in this section. All premiums are payable at Our home office. We shall furnish a receipt upon request.

#### 7.2 PLANNED PREMIUM PAYMENTS

The initial premium shown in Section 1 is due on the Policy Date and must be paid to place this Policy In Force.

Planned premium payments may be made periodically thereafter during the Insured's lifetime. The amount and frequency of Your planned premium is shown in Section 1. We shall send payment reminder notices to You based on the planned premium frequency.

You may change the frequency or increase or decrease the amount of planned payments.

#### 7.3 UNPLANNED PREMIUM PAYMENTS

Unplanned premium payments may be made at any time during the Insured's lifetime.

#### 7.4 GUARANTEED NO LAPSE

This provision provides a method of assuring that the Policy shall remain In Force during the lifetime of the Insured. As long as this provision is satisfied, the Policy will not lapse.

The total guaranteed no lapse monthly premium for the Policy and all attached Riders shown in Section 1 is the monthly amount needed to assure this Policy and all Riders stay In Force during the Insured's lifetime. Guaranteed no lapse monthly premiums are also shown separately in Section 1 for the Policy and each Rider.

We guarantee this Policy and all attached Riders shall stay In Force provided that:

- a. the sum of the premiums paid to date, less any indebtedness;  
equals or exceeds
- b. the total guaranteed no lapse monthly premium times the number of months from the Policy Date through the current month.

If on any date the above test is not met, the accumulated guaranteed no lapse monthly premium shall be considered to be in arrears.

If, on the Policy Anniversary when the Insured attains Age 100, this test is then satisfied, the guarantees provided by this provision shall remain in effect without further testing for the lifetime of the Insured.

If the death benefit amount of the Policy is increased or decreased, or if Riders are added or Terminated, the guaranteed no lapse monthly premium shall be adjusted accordingly. We shall send a revised Section 1 Contract Information page to the Owner.

#### 7.5 GRACE PERIOD

A grace period of 61 days shall begin if, on any Policy Monthly Date:

- a. the Surrender Value is not sufficient to cover both the next monthly deduction and monthly cost of insurance; and
- b. the accumulated guaranteed no lapse monthly premium is in arrears as defined in the Guaranteed No Lapse provision above.

Sufficient premium must be paid by the end of the grace period or the Policy shall Terminate. We shall mail notice to You and to any assignee as shown in Our records at least 31 days before such termination.

The required amount of premium to be paid is the lesser of the following:

- a. if the Surrender Value was greater than zero at the beginning of the grace period, sufficient premium to cover the monthly deductions and monthly costs of insurance must be paid; or
- b. sufficient premium to meet the guaranteed no lapse premium test.

If the Insured dies during the grace period, the above required premium amount, whichever is applicable, shall be deducted from the death benefit proceeds.

## **7.6 REINSTATEMENT**

The Policy may be reinstated within five years after termination if it had not been surrendered for cash. To reinstate this Policy We require:

- a. evidence of the Insured's insurability acceptable to Us;
- b. as of the date of reinstatement payment of sufficient premium to satisfy the accumulated guaranteed no lapse premium test; and
- c. payment of enough premium to keep the Policy In Force for 2 months beyond the date of reinstatement.

A reinstatement shall be effective on the monthly date following the date the application for reinstatement is approved at Our home office. Any Account Value and any indebtedness existing at the beginning of the grace period shall be restored.

## **SECTION 8**

### **POLICY VALUES**

#### **8.1 ACCOUNT VALUE**

The Account Value on the Policy Date is equal to the net premium paid on the Policy Date less the monthly deduction and the monthly cost of insurance for the month that follows the Policy Date. The Policy Date is the first monthly date.

The Account Value on any subsequent monthly date is:

- a. the Account Value on the preceding monthly date; plus
- b. one month's interest on the Account Value in a. above; plus
- c. net premiums received since the preceding monthly date, including interest compounded daily from the date received; less
- d. the monthly deduction for the next following Policy month; less
- e. the monthly cost of insurance for the next following Policy month.

Net premiums are premiums received less the premium expense charge shown in Section 2, Policy Guarantees.

On any day other than a monthly date, the Account Value shall be calculated in a like manner. This includes interest, compounded daily to the day of calculation, on the Account Value as of the immediately preceding monthly date, and on net premiums received since the immediately preceding monthly date.

#### **8.2 INTEREST**

Interest is calculated on a daily basis. The effective annual rate used to calculate Account Values is shown in Section 2, Policy Guarantees, as the guaranteed interest rate. We may use an interest rate determined by Our Board of Directors in excess of, but never less than, the guaranteed rate. This is the current interest rate.

If a Policy loan is in effect, the effective annual interest rates used in the Account Value calculation shall be modified. The portion of the Account Value equal to the indebtedness shall be credited at the loan interest rate shown in Section 2, Policy Guarantees, less 2%. The balance of the Account Value shall be credited at the current interest rate.

#### **8.3 MONTHLY DEDUCTION**

The monthly deduction is:

- a. the monthly administrative fee shown in Section 2, Policy Guarantees; plus
- b. the monthly cost of any Rider attached to this Policy.

#### **8.4 MONTHLY COST OF INSURANCE**

The monthly cost of insurance is equal to the amount at risk times the monthly cost of insurance rate times .001.

The amount at risk is:

- a. the death benefit amount on the Policy Monthly Date divided by 1.0032737; less
- b. the Account Value on the Policy Monthly Date before deduction of the monthly cost of insurance for the next following month.

The monthly cost of insurance rate is based on the Insured's sex, Attained Age and risk class. Such bases may be separately determined for the death benefit amount in effect on the Policy Date and each subsequent increase in the death benefit amount. Our Board of Directors can change the rates from time to time but they shall never be more than the maximum rates shown in the table of guaranteed maximum monthly cost of insurance rates in Section 2, Policy Guarantees. Any change in the rates shall be determined on a uniform basis for insureds of the same sex, Attained Age and risk class. No change in rates for existing coverages shall occur because of deterioration of the Insured's risk class. Any change in rates shall be based upon future expectations for such factors as mortality, interest, expense and persistency and shall be in accordance with procedures and standards on file with the insurance department of the state in which this Policy was delivered.

#### **8.5 CASH VALUE AND SURRENDER CHARGE**

Your Policy has value during the life of the Insured. This is the Cash Value. The Cash Value is the Account Value less a Surrender Charge.

The Surrender Charges are shown in Section 2, Policy Guarantees. This includes the Surrender Charges from the schedule in effect on the Policy Date plus any additional Surrender Charges from the schedule(s) which result from any increase(s) in the death benefit amount made in accordance with Section 9, Policy Changes.

#### **8.6 SURRENDER VALUE**

You can return this Policy at any time during the Insured's life and request the Surrender Value be paid to You. We need Your Written Request. We can defer payment of any Surrender Value up to 6 months from the date of request for payment. During any deferred period of 30 days or more, the amount payable shall earn interest at a rate not less than 4% per annum.

The Surrender Value can be paid in a lump sum or applied as provided in Section 11, Settlement Options. When We pay or apply this amount, this Policy shall be Terminated.

The Surrender Value is equal to:

- a. the Cash Value on the date of surrender; less
- b. any indebtedness.

If this Policy is surrendered within 30 days of a Policy Anniversary, the Cash Value shall not be less than the Cash Value on that Policy Anniversary.

#### **8.7 CONTINUATION OF INSURANCE COVERAGE**

Coverage under this Policy shall continue as long as the Surrender Value is sufficient to cover the monthly deduction and monthly cost of insurance, or the guaranteed no lapse test has been met. This applies even if you stop paying premiums. If both of these conditions are not satisfied, the Policy shall enter the grace period.

#### **8.8 BASIS OF CALCULATION**

Minimum Policy values are at least equal to those required by the statutes of the jurisdiction in which this Policy was delivered. The basis of guaranteed maximum monthly cost of insurance rates and the guaranteed effective annual interest rate are shown in Section 2, Policy Guarantees. A detailed statement of the method of computing values is filed with the insurance department of the state in which this Policy was delivered.

**SECTION 9**  
**POLICY CHANGES**

**9.1 POLICY CHANGES**

By Written Request You can make the following changes after the first Policy Anniversary, subject to the provisions set forth in this section:

- a. increase the death benefit amount; or
- b. decrease the death benefit amount.

The effective date of any change shall be the monthly date on, or next following, the date We approve the request.

**9.2 INCREASE THE DEATH BENEFIT AMOUNT**

You must apply for an increase in death benefit amount on a supplemental application. We shall require evidence of the Insured's insurability satisfactory to Us. The Insured must be under Age 86 at the time of application. Each increase must be equal to or greater than the minimum increase amount shown in Section 2. Additional Surrender Charges shall be imposed with each increase in death benefit amount.

We shall send You a supplement to Sections 1 and 2, Policy Data and Policy Guarantees, showing the increase and the additional Surrender Charges.

**9.3 DECREASE THE DEATH BENEFIT AMOUNT**

The death benefit amount remaining in effect after a decrease must be such that the death benefit amount is never less than the minimum death benefit shown in Section 2. The death benefit amount shall be decreased in the following order:

- a. against the most recent increase in the death benefit amount;
- b. against the next most recent increases;
- c. against the initial death benefit amount.

We shall send You a supplement to Section 1 Policy Data showing the decrease.

**SECTION 10**

**LOANS**

**10.1 LOAN VALUE**

The maximum loan value available is the Surrender Value.

**10.2 CASH LOANS**

During the Insured's life You may obtain a cash loan from Us at any time Your Policy has a loan value. We require Your Written Request in a form acceptable to Us. This Policy is the sole security for any loan.

We have the right to delay making a cash loan for up to six months after the date the loan is requested, unless the loan is to pay a premium on any Policy with Us.

**10.3 INTEREST**

Interest on loans accrues daily at the rate shown in Section 2 Policy Guarantees. It is due and payable at the end of the Policy Year. Any interest not paid when due is added to the loan principal and bears interest at the same rate.

**10.4 REPAYMENT**

You may repay all or part of a Policy loan at any time during the Insured's life. Any loan repayment must be at least \$25.00.

## **10.5 INDEBTEDNESS**

Indebtedness means the total of all unpaid loans on this Policy, plus:

- a. all unpaid interest; and
- b. any accrued interest as of the date the amount of indebtedness is determined.

## **10.6 INDEBTEDNESS IN EXCESS OF CASH VALUE**

If at any time the Policy has a loan and if the indebtedness exceeds the Cash Value, the Policy shall terminate. We shall mail notice to you and any assignee shown in our records at least 31 days before such termination.

# **SECTION 11**

## **SETTLEMENT OPTIONS**

### **11.1 GENERAL**

Normally at the Insured's death the proceeds of the Policy are paid in a single sum. However, prior to the Insured's death, You may select any other form of settlement which may be mutually agreed upon with Us, unless the previous choice provides otherwise.

If no settlement option has been selected at the Insured's death, the Beneficiary may make such a selection.

If You cash surrender this Policy, the Surrender Value of Your Policy may be applied under any form of settlement mutually agreed upon with Us.

A person named to receive payments under an option is a Payee under the option. A person to be a Payee must be a natural person receiving payments in his or her own right.

### **11.2 CONDITIONS**

A choice of a settlement option must be in writing in a form approved by Us. Our consent is needed for a settlement option to be used for any Payee under any of these conditions:

- a. The Payee is not a natural person.
- b. The proceeds to be applied to the option are less than \$5,000.
- c. Each payment to the Payee would be less than \$100.

### **11.3 OPTIONS**

You may select one of the options in Section 3. In addition, You may select any other option, or combination of options, which is mutually agreeable to You and Us.

We may, at the time a settlement option is exercised under Options 1, 2 or 4, provide an income in excess of that guaranteed in Section 3. The amount shall never be less than the amount which could be purchased under a comparable single premium immediate annuity which We offer at that time.

In addition to the payment guaranteed under Option 3, excess interest may be paid or credited from time to time at such rate as We shall declare.

### **11.4 SETTLEMENT OPTION AGREEMENT**

We shall issue a Settlement Option Agreement on the date of settlement. It shall show the rights and benefits of the Payee under the settlement option elected. The agreement shall include provisions regarding withdrawal rights and the payment of proceeds remaining at the death of the Payee. So far as permitted by law, no amount payable under these settlement options shall be assigned or pledged or subject to the claims of creditors of the Payee.

### **11.5 PROOF OF AGE AND SURVIVAL**

Before making payments under Option 2 or 4, We may require satisfactory proof of the Age and sex of the person on whose life payments are based. If payment under an option depends on survival of the Payee, We may require satisfactory evidence that the Payee is living when the payment becomes due.





# Degree of Honor Protective Association

*A Fraternal Benefit Society*

400 Robert Street North, Suite 1600  
Saint Paul, Minnesota 55101  
651.228.7600 or 800.947.5812  
degreeofhonor.org

**FLEXIBLE PREMIUM ADJUSTABLE DEATH BENEFIT LIFE INSURANCE**

**Adjustable Death Benefit Payable Upon the Death of the Insured**

**Flexible Premiums Payable During the Lifetime of the Insured**

**Guaranteed No Lapse Provision**

**Participating**

**Excess Interest, Reduced Cost of Insurance Rates and Reduced Expense Charges May Be Declared**



# Degree of Honor Protective Association

400 Robert Street N., Suite 1600  
Saint Paul, Minnesota 55101-2029

1-800-947-5812 • (651) 228-7600 • FAX: (651) 224-7446

degreeofhonor.com

MAR 12 2007

February 5, 2007

Office of Insurance Commissioner  
Attn: Policy Analyst  
1200 W 3rd St  
Little Rock AR 72201-1904

**APPROVED**

MAR 06 2007

**LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT

**RECEIVED**

FEB 09 2007

**LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT

Re: Degree of Honor Protective Association NAIC #57088  
New Life Filing: UL NLF-07 Flexible Premium Adjustable Death Benefit Life Insurance

Degree of Honor Protective Association, a fraternal benefit society domiciled in St. Paul, Minnesota, submits the above form(s) for approval.

This universal life policy is a flexible premium, adjustable death benefit, secondary guarantee life insurance policy. The policy remains in force as long as the surrender value is sufficient to provide coverage or the Guaranteed No Lapse Premium Test is passed.

This policy will be used with APP ADULTF-06(AR) Rev. 6/06 adult life insurance application approved by Arkansas on 7/12/06 and APP JRF-06(AR) juvenile life insurance application approved by Arkansas 9/5/06. This policy will replace RDR UL95ENL-04 Extended No Lapse Guarantee for Universal Life Rider currently used with policy Form UL-95. The policy will be illustrated. It will be marketed by personal producing agents. The policy covers will be printed in foldover format with color breaks. The website address is indicated as variable. Degree of Honor can be contacted under two website addresses: ".org" and ".com". As a not-for-profit organization, it is appropriate that Degree of Honor use ".org"; however, as an enhancement to customer service, our customers can also contact us at ".com".

We are in compliance with the requirement to provide the policyholder with the policyholder service office address and telephone number and the agent's name, address and telephone number.

We certify that we do not deny benefits or coverage on the basis of sex or marital status.

Enclosed are:

- Transmittal letter in duplicate
- Filing fee
- Two copies of form
- John Doe application for reference
- Actuarial memoranda and supporting material
- Readability Certificate
- Postage-paid return envelopes

To the best of Degree of Honor's knowledge and belief, this submission complies with the laws and regulations of the State of Arkansas. Please contact me at (800) 947-5812; email [kkritta@degreeofhonor.com](mailto:kkritta@degreeofhonor.com) if you have questions or concerns,

Sincerely,

Kathleen Kritta  
Compliance Manager



# Degree of Honor

Protective Association

Insurance with a heart

November 20, 2012

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION - NAIC #57088  
UL NLF-07 Flexible Premium Adjustable Death Benefit Life Insurance

To Whom it May Concern:

I HEREBY CERTIFY that Griffith, Ballard and Company has supervised the development of the form included in this submission, and that they are authorized to submit this form on behalf of Degree of Honor Protective Association.

Any questions regarding this submission should be directed to Bradley H. Simanek of Griffith, Ballard and Company, Consulting Actuaries, as the individual responsible for this filing.

A handwritten signature in cursive script that reads "Karen Patwell".

---

Karen Patwell, Controller/Secretary