
State: Arkansas **Filing Company:** Leaders Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
Project Name/Number: Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Filing at a Glance

Company: Leaders Life Insurance Company
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form
Date Submitted: 12/14/2012
SERFF Tr Num: ICCI-128793990
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LL-GP-BASIC 02-12

Implementation

Date Requested:
Author(s): Brenda Dawson
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/19/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Leaders Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
Project Name/Number: Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

General Information

Project Name: Group Term Life Nonvoluntary Plan
Project Number: LL-GP-BASIC 02-12
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 12/19/2012
State Status Changed: 12/19/2012
Created By: Brenda Dawson
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Brenda Dawson

Filing Description:

We are hereby submitting the forms attached to the Form Schedule tab for filing in your state. These forms are new and are not intended to replace any forms previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Leaders Life Insurance Company, an Oklahoma domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Group Term Life Policy, LL-GP-BASIC 02-12, provides for term life coverage. This Policy will be issued to various employers in or outside of your state. This is a non-voluntary plan and the premiums are paid by the Employer. Coverage is only provided to the Employee and no Dependent coverage is available.

Form LL-BASIC 02-12 is the certificate of insurance evidencing coverage under the group policy. Amendatory Endorsement form LL-BBA-AE AR, previously approved by your Department on October 25, 2010 under SERFF Tracking # ICCL-126870770, will be attached to all certificates issue in Arkansas.

Form LL-BASIC-APP 02-12 is the group application.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

State: Arkansas **Filing Company:** Leaders Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
Project Name/Number: Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Filing Company Information

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

Leaders Life Insurance Company	CoCode: 74799	State of Domicile: Oklahoma
P. O. Box 35768	Group Code:	Company Type:
Tulsa, OK 74153	Group Name:	State ID Number:
(918) 254-0200 ext. [Phone]	FEIN Number: 73-1333608	

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$50 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
Leaders Life Insurance Company	\$150.00	12/14/2012	65767605

SERFF Tracking #:

ICCI-128793990

State Tracking #:

Company Tracking #:

LL-GP-BASIC 02-12

State:

Arkansas

Filing Company:

Leaders Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Leaders Life Group Term Life Nonvoluntary Plan

Project Name/Number:

Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

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	12/19/2012	12/19/2012

Response Letters

Responded By	Created On	Date Submitted
Brenda Dawson	12/19/2012	12/19/2012

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
Project Name/Number: Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Filing Company: Leaders Life Insurance Company

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)	Approved Endorsement		Yes
Supporting Document	Approved Endorsement	Replaced	Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Certificate of Compliance with 19s 10B		Yes
Supporting Document	Guaranty Association Notice		Yes
Form	Group Term Life Policy		Yes
Form	Certificate of Insurance		Yes
Form	Employer Application		Yes
Form	Amendatory Endorsement		Yes

State: Arkansas **Filing Company:** Leaders Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/19/2012
Submitted Date	12/19/2012
Respond By Date	01/21/2013

Dear Brenda Dawson,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that all new or revised filings submitted must contain a certification that the submission meets the provision of this rule as well as all applicable requirements of this Department.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

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:	Leaders Life Insurance Company
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other		
Product Name:	Leaders Life Group Term Life Nonvoluntary Plan		
Project Name/Number:	Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12		

Response Letter

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

Dear Linda Bird,

Introduction:

Thank you for your letter.

Response 1

Comments:

Please find attached revised Amendatory Endorsement form LL-BASIC-AE AR. This form was revised to include the important notice.

Attached to the supporting document tab is the Guaranty Association Notice.

Also attached to the supporting document tab is the Certificate of Compliance with Regulation 10S10B.

Related Objection 1

Comments: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that all new or revised filings submitted must contain a certification that the submission meets the provision of this rule as well as all applicable requirements of this Department.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

SERFF Tracking #:

ICCI-128793990

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

LL-GP-BASIC 02-12

State:

Arkansas

Filing Company:

Leaders Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Leaders Life Group Term Life Nonvoluntary Plan

Project Name/Number:

Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Supporting Document Schedule Item Changes

Satisfied - Item:

Approved Endorsement

Comments:

This Amendatory Endorsement was previously approved on 10/25/2010 under SERFF Tracking # ICCI-126870770

*Previous Version**Satisfied - Item:**Approved Endorsement**Comments:**This Amendatory Endorsement was previously approved on 10/25/2010 under SERFF Tracking # ICCI-126870770**Attachment(s):**AR LL BBA-AE AR.pdf*

Satisfied - Item:

Certificate of Compliance with 19s 10B

Comments:

Attachment(s):

AR Certificate of Compliance - Regulation 19s 10B LL BASIC.pdf

Satisfied - Item:

Guaranty Association Notice

Comments:

Attachment(s):

GAN 1104 AR.pdf

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
Filing Company: Leaders Life Insurance Company
Project Name/Number: Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Supporting Document Schedule Item Changes	
Satisfied - Item:	Approved Endorsement
Comments:	This Amendatory Endorsement was previously approved on 10/25/2010 under SERFF Tracking # ICCI-126870770
<i>Previous Version</i>	
Satisfied - Item:	Approved Endorsement
Comments:	This Amendatory Endorsement was previously approved on 10/25/2010 under SERFF Tracking # ICCI-126870770
<i>Attachment(s):</i>	
AR LL BBA-AE AR.pdf	
Satisfied - Item:	Certificate of Compliance with 19s 10B
Comments:	
<i>Attachment(s):</i>	
AR Certificate of Compliance - Regulation 19s 10B LL BASIC.pdf	
Satisfied - Item:	Guaranty Association Notice
Comments:	
<i>Attachment(s):</i>	
GAN 1104 AR.pdf	

SERFF Tracking #:

ICCI-128793990

State Tracking #:

Company Tracking #:

LL-GP-BASIC 02-12

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
Project Name/Number: Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Filing Company: Leaders Life Insurance Company

Supporting Document Schedule Item Changes

Satisfied - Item:	Approved Endorsement
Comments:	This Amendatory Endorsement was previously approved on 10/25/2010 under SERFF Tracking # ICCI-126870770
<i>Previous Version</i>	
Satisfied - Item:	Approved Endorsement
Comments:	This Amendatory Endorsement was previously approved on 10/25/2010 under SERFF Tracking # ICCI-126870770
<i>Attachment(s):</i>	
AR LL BBA-AE AR.pdf	
Satisfied - Item:	Certificate of Compliance with 19s 10B
Comments:	
<i>Attachment(s):</i>	
AR Certificate of Compliance - Regulation 19s 10B LL BASIC.pdf	
Satisfied - Item:	Guaranty Association Notice
Comments:	
<i>Attachment(s):</i>	
GAN 1104 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	Amendatory Endorsement	LL-BASIC-AE AR	DDP	Initial			AR LL BASIC-AE AR.pdf	Date Submitted: 12/19/2012 By: Brenda Dawson

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

SERFF Tracking #:

ICCI-128793990

State Tracking #:

Company Tracking #:

LL-GP-BASIC 02-12

State:

Arkansas

Filing Company:

Leaders Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Leaders Life Group Term Life Nonvoluntary Plan

Project Name/Number:

Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Brenda Dawson

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Leaders Life Group Term Life Nonvoluntary Plan
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Filing Company: Leaders Life Insurance Company

Form Schedule

Lead Form Number: LL-GP BASIC 02-12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Term Life Policy	LL-GP-BASIC 02-12	POL	Initial			LL GP BASIC 02-12 Group Term Life Policy.pdf
2		Certificate of Insurance	LL-BASIC 02-12	CER	Initial			LL-BASIC 02-12 Rev 111412 clean copy.pdf
3		Employer Application	LL-BASIC-APP 02-12	AEF	Initial			LL Basic App 02-12.pdf
4		Amendatory Endorsement	LL-BASIC-AE AR	DDP	Initial			AR LL BASIC-AE 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

Leaders Life Insurance Company
Tulsa, Oklahoma

GROUP TERM LIFE POLICY

Policyholder: [ABC Company]
Policy Number: [123]
Policy Effective Date: [JANUARY 1, 2011]
Anniversary Date: [JANUARY 1, of each year]

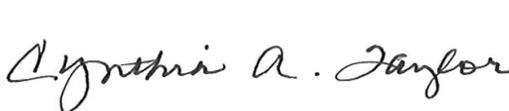
MASTER POLICY

This Policy is issued in consideration of the Application of the Policyholder and payment of the premiums as provided by the Policy. The first premium is due and payable on the Effective Date of the Policy and subsequent premiums are due and payable in accordance with the Premium Provisions so long as the Policy remains in force.

The Company agrees to provide the Benefits shown in the Certificate Schedule in accordance with the provisions and conditions herein.

Coverage under the Policy is subject to the exclusions and all other terms and conditions of the Policy. The Policy will be governed by the laws of the state in which it is delivered and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments.

IN WITNESS WHEREOF, Leaders Life Insurance Company has executed the Policy at our home office.


Secretary


President

**GROUP INSURANCE POLICY
NONPARTICIPATING**

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POLICY EFFECTIVE DATE AND TERMINATION DATES **Error! Bookmark not defined.**

PREMIUMS..... 3

GENERAL PROVISIONS..... 4

INCORPORATION PROVISION

The provisions of the attached Certificate and all amendments to this Group Policy after its effective date are incorporated into and made part of this Group Policy.

The terms used in this Policy have the same meaning given to those terms in the Certificate unless otherwise specifically defined in this Policy.

CERTIFICATE

The Certificates, including the Certificate Schedules, amendments, riders and supplements, if any, are a written statement prepared by Us to set forth a summary of:

- benefits to which an Insured Person is entitled;
- to whom the benefits are payable; and
- limitations or requirements that may apply.

POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. The Policy takes effect at 12:01 a.m. at the address of the Policyholder on the Policyholder Effective Date indicated on the Policy Schedule.

Policy Termination by the Company. The Company may terminate the Policy on any premium due date on or after the Initial Rate Period through which premium rates have been guaranteed, as indicated on the Certificate Schedule. The Company may not terminate the Policy prior to such period, except for non-payment of premium.

The Company will provide 31 days advance written notice of its intent to terminate by mail or personal delivery. Termination will take effect at 11:59 p.m. at the Policyholder's address on the date of termination.

Policy Termination by the Policyholder. The Policyholder may terminate the Policy by mailing or delivering to the Company written notice at least 31 days in advance of the termination date. Termination will take effect at 11:59 p.m. at the Policyholder's address on the termination date specified in such notice.

Policy Termination by Both Parties. The Policy may be terminated at any time by the mutual written consent of the Policyholder and the Company.

Policy Termination for Non-Payment of Premium. If any premium is not paid by the end of the grace period specified in the Policy, the Policy will automatically terminate as of the date on which the unpaid premium was due.

PREMIUMS

Premium Rates. The Policy's premium is the sum of the premiums due for each Insured. The first premium payment is due on the Policyholder's Effective Date. Subsequent premiums are due as indicated on the Certificate Schedule.

Changes in Premium Rates. Premium rates may be changed by the Company on the earlier of the following:

1. On or after the date indicated on the Certificate Schedule through which premium rates have been guaranteed. After such a change in premium, no additional change will be made for an additional 12 months, or longer if agreed to in writing by the Company, except as otherwise provided in this section;
2. the date the terms of Eligibility or benefits under the Policyholder's coverage under the Policy are amended or modified;
3. the date the Policyholder's coverage under the Policy is modified to provide coverage for a subsidiary, division, or affiliate of the Policyholder;
4. the date there is a change in the risk factors bearing on the risks covered under the Policy;
5. the date there is a change in, or addition to, Federal or State law which directly affects the Company's benefit obligation; or
6. the date the Company discovers a misrepresentation of the information provided by the Policyholder upon which the Company relied to establish the premium rates.

The Company will give prior written notice of any change in premium rates to the Policyholder. Such notice will be given no sooner than the number of days indicated on the Certificate Schedule before the effective date of the increase unless the Policyholder and the Company agree otherwise.

Premiums for additional benefits or increased insurance becoming effective during a month in which the Policyholder's coverage under the Policy is in force will be charged from the first day of the month in which the change becomes effective.

Premiums for insurance terminating during a month in which the Policyholder's coverage under the Policy is in force will cease at the end of the month in which the insurance coverage terminates. Nothing in this provision will extend insurance beyond the date it would have otherwise ended.

Grace Period. A grace period will be granted to the Policyholder for payment of each premium due after the first premium. During which grace period, coverage under the Policy will continue in force, but the Policyholder will remain liable to the Company for any unpaid premium. The grace period is indicated on the Policy Schedule, but such period will never be less than 31 days.

POLICYHOLDER NOT OUR AGENT

The Policyholder will not be considered our agent for any purpose under this Policy.

GENERAL PROVISIONS

Entire Contract; Changes. The Policy and Application attached make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties.

No change in the Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium.

The validity of a Policyholder's coverage under the Policy will not be contested after such coverage has been in force for two years from the Policyholder's Effective Date, except for non-payment of premium.

After a person has been covered under the Policy for two years, no statement made by such person will be used to contest a claim under the Policy. The Company can only contest coverage if the misstatement is made in a written instrument signed by such person and a copy is given to the Policyholder, the signor or the signor's beneficiary.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) named by the Insured, as shown in the Schedule Page. The Insured Spouse's and Insured Child's beneficiary is the Insured.

A legally competent Insured over the age of majority may change his or her beneficiary designation at any time, unless an irrevocable designation has been made. The change may be executed, without the consent of the designated beneficiary(ies), by providing the Company, or, if agreed upon in advance by the Company, the Policyholder, with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment that is made prior to receipt of the request.

If there is no designated beneficiary, or if no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: The Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If the Insured is not living on the date of the Insured Spouse's or Insured Child's death, the beneficiary is the Insured's estate.

Reinstatement of a Previous Insured. A member of an Eligible Class who was previously an Insured may apply for any benefits for which the member is eligible. Such member's benefits will begin on the first day of the month following the date the Company approves the member's application for such benefits, as well as Evidence of Insurability.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the Insured whose loss is the basis of claim under the Policy as often as it may reasonably require during the pendency of the claim, and to make an autopsy in case of death where it is not forbidden by law. If the Insured is Totally Disabled, we may not examine the Insured more than once a year after he or she has been Totally Disabled.

Legal Actions. No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action will be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of the Policy that, as of its Effective Date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of such statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. A purely clerical error, that arises from other than a failure to perform administrative duties hereunder, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect; nor will it extend insurance of such person if that insurance would otherwise have ended or been reduced as provided by the Policy. Clerical error may be, by illustration but not limitation, errors in transcription or computation, but is not, by illustration but not limitation, a failure to advise Insureds of procedural requirements.

Assignment. The Policy is non-assignable. An Insured may not assign his or her rights, privileges and benefits under the Policy.

Misstatement of Facts. If the material facts, including age of the Insured, were not accurate in the Application or any application for coverage under the Policy:

1. a fair adjustment of premium will be made; and
2. the true facts, including true age, will decide whether, and in what amount, insurance is in force under the Policy.

Facility of Payment. If an individual appears to the Company to be equitably entitled to compensation because he or she has incurred expenses on behalf of an Insured or for burial or funeral expenses, the Company may deduct from the amount payable under the Policy to be paid to such individual the expenses incurred, but not more than \$500. Such payment will not exceed the amount due under the Policy.

Settlement Options. The Insured may elect to have all or any part of his or her insurance for loss of life paid to his or her beneficiary in installments or in any other way that may be agreed to by the Company. The Insured must give notice in writing to elect a settlement option. The Insured will have the right to change the election at any time. The terms of payment will be in accordance with those offered by the Company for the insurance at the time election is made.

After the Insured's death, the beneficiary:

1. may make such an election, if the Insured had not done so; and
2. may name a person(s) to receive any amount that would otherwise go to the beneficiary's estate; and
3. will have the right to change the person(s) named in accordance with 2. above.

Agency. For the purposes of the Policy, the Policyholder acts on its own behalf or as the agent of the Insured. Under no circumstances will the Policyholder be deemed the agent of the Company without written authorization.

Certificates. The Company will issue to the Policyholder, for delivery to each Insured, a certificate containing the principal terms of the Policy.

Leaders Life Insurance Company
Tulsa, Oklahoma

CERTIFICATE OF INSURANCE
GROUP TERM LIFE

This Certificate of Insurance is evidence of the Insured's insurance under the Policy issued to the Policyholder indicated on the Certificate Schedule. Everything contained in this Certificate of Insurance is subject to the provisions, in the Policy. The Policy is on file with the Policyholder and may be examined at any reasonable time. Only one of our executive officers can authorize a change of the Policy.

We will refer to Leaders Life Insurance Company as "the Company", "We", "Us" or "Our".

This Certificate replaces all Certificates and Certificate Riders, if any, previously issued to the Insured under the Policy.

The President and Secretary of Leaders Life Insurance Company witness this Certificate:

Secretary

Cynthia A. Taylor

President

Russell J. Cingell

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CONVERSION	Page 9
[ACCIDENTAL DEATH AND DISMEMBERMENT	Page 11]
CLAIMS PROVISIONS	Page 12
GENERAL PROVISIONS	Page 12
DEFINITIONS	Page 14

CERTIFICATE SCHEDULE

POLICYHOLDER: [XYZ Company]

CERTIFICATE NUMBER: «CERTIFICATE_KEY» **EFFECTIVE DATE:** «EFF_DATE»

NAMED INSURED: «INSURED_NAME»
«ADDRESS1»
«ADDRESS2»
«CITY», «STATE» «ZIP»

[SOC. SEC. NO: «SSN»]

Eligible Class: [All Actively at Work, full-time, permanent employees of the Policyholder working 17.5 hours or more per week are eligible]

When Individual Coverage is Effective: Individual Coverage begins on the first day of the month following the date otherwise provided by the Policy.

Policyholder Grace period: [31 days]

Rate change notice to Policyholder: [31 days]

[Initial Rate Period: Two years from the Policy Effective Date]

BENEFITS

Life Insurance Benefits:
Basic: [\$10,000]

Guaranteed Issue Amount: [\$10,000]

[Accidental Death and Dismemberment Benefit

Principal Sum: [\$10,000]

Schedule of Losses:

<u>For Loss of:</u>	<u>Percentage of Principal Sum:</u>
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%

Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%]

	Life	AD&D
Waiver Benefit:		
Benefit applies:	Yes	No
Age by which Disability must begin:	60	N/A
Age on which Benefit Terminates:	65	N/A

Other Benefits:		
Extension for Lay-off or Leave:	[90 days]	[90 days]
Extension for Injury or Illness:	[9 months]	[9 months]

LIMITATIONS:

Suicide: No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the Policy became effective.

Reduction Schedule: Benefits will be reduced as follows:

[35%] at age [70]
[[50%] at age [75]]

POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. The Policy takes effect at 12:01 a.m. at the address of the Policyholder on the Policyholder Effective Date indicated on the Certificate Schedule.

Policy Termination by the Company. The Company may terminate the Policy on any premium due date on or after the Initial Rate Period through which premium rates have been guaranteed, as indicated on the Policy Certificate. The Company may not terminate the Policy prior to such period, except for non-payment of premium.

The Company will provide 31 days advance written notice of its intent to terminate by mail or personal delivery. Termination will take effect at 11:59 p.m. at the Policyholder's address on the date of termination.

Policy Termination by the Policyholder. The Policyholder may terminate the Policy by mailing or delivering to the Company written notice at least 31 days in advance of the termination date. Termination will take effect at 11:59 p.m. at the Policyholder's address on the termination date specified in such notice.

Policy Termination by Both Parties. The Policy may be terminated at any time by the mutual written consent of the Policyholder and the Company.

Policy Termination for Non-Payment of Premium. If any premium is not paid by the end of the grace period specified in the Policy, the Policy will automatically terminate as of the date on which the unpaid premium was due.

BASIC LIFE INSURANCE

Insured's Coverage Effective Date. An Insured's Basic Life Insurance benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Policy Effective Date, if the Insured is a member of an Eligible Class prior to such date;
2. the first day of the month following the date the Insured becomes a member of an Eligible Class; or
3. as indicated on the Certificate Schedule.

Any Basic Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the required Evidence of Insurability.

If the Insured is not Actively at Work due to an Injury or Sickness on the date his or her insurance would otherwise become effective, insurance will not be effective until the first full day following the day the Insured returns to Active Work.

No Basic Life Insurance benefit will be effective until the required premium is paid.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Basic Life Insurance benefit that was in force on the Insured's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Any increase in an Insured's Basic Life Insurance benefit will take effect on the latest of the following:

1. the date of such increase, if the Insured is Actively at Work on such date;
2. the date the Insured returns to Active Work, if the Insured was not Actively at Work on the date on which the increase would otherwise become effective; or
3. as indicated on the Certificate Schedule.

Basic Life Insurance benefits will be reduced due to age as indicated on the Certificate Schedule. Any other decrease in the Insured's Basic Life Insurance benefit will take effect on the date of the decrease. An Insured's Basic Life Insurance will not be increased in excess of the Guaranteed Issue Amount unless he or she satisfies the Evidence of Insurability requirement for such excess amount. The Insured will become covered for the excess amount on the later of first day of the month following the date the Company approves the Evidence of Insurability or as indicated on the Certificate Schedule.

Insured's Coverage Termination Date. Subject to the section titled "Exceptions to When Coverage Ends", an Insured's Basic Life Insurance ends on the earliest of the following:

1. the date the Insured's employment terminates;
2. the date the Insured is no longer Actively at Work;
3. the date the Insured ceases to be a member of an Eligible Class;
4. the date the Policy terminates;
5. the date Basic Life Insurance for the Policyholder ends;
6. the date the Insured enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year.

EXCEPTIONS TO WHEN COVERAGE TERMINATES

The following provisions allow coverage to continue beyond the date it would otherwise terminate.

Extension for Lay-off or Leave of Absence. If an Insured is not Actively at Work due to Lay-off or Leave of Absence, the Policyholder may extend the Insured's benefits under the Policy, up to the maximum period indicated on the Certificate Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that precludes individual selection.

Extension for Injury or Illness. If an Insured is not Actively at Work due to Injury or Sickness, the Policyholder may extend the Insured's benefits under the Policy, up to the maximum period indicated on the Certificate Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that precludes individual selection.

Extension for Total Disability with Waiver of Premium. If an Insured is not Actively at Work due to Total Disability, the Insured's benefits eligible for Waiver of Premium, as indicated on the Certificate Schedule, may be extended by the Company without payment of the required premium, subject to the following:

1. Total Disability must have begun before the age indicated on the Certificate Schedule and while covered under the Policy;
2. the Insured furnishes proof satisfactory to the Company that he or she has been Totally Disabled continuously from the date the Total Disability began;
3. such proof is furnished no later than one year after the date the Insured ceased being Actively at Work, unless the Insured demonstrates proof was provided as soon as reasonably possible; and
4. the Insured must surrender to the Company, without claim for more than a refund of premium paid, any policy issued to him or her pursuant to the Conversion Privilege provided by the Policy.

So long as an Insured furnishes proof that the Total Disability has continued uninterrupted, the Company will continue to extend such Insured's Life Insurance benefits from the date the Total Disability began until the earliest of the following:

1. the end of the maximum period indicated on the Certificate Schedule;
2. the date the Insured is no longer Totally Disabled; or
3. the date the Insured receives, or would be eligible to receive if a claim was made, any retirement benefits, including Social Security or Railroad Retirement Act benefits.

To verify the existence and continuance of Total Disability, the Company has the right and opportunity, at its own expense, to have the Insured examined by a Physician chosen by the Company, as often as is reasonable. Failure to comply with this requirement will result in termination of Extension for Total Disability with Waiver of Premium.

Any premium paid for an Insured during a period for which he or she was entitled to Extension for Total Disability with Waiver of Premium will be refunded to the Policyholder, who is responsible for distribution to the Insured, if applicable.

The Life Insurance benefit that is extended under this provision will be the benefit to which the Insured was entitled on the last day the Insured was Actively at Work. This benefit will not increase; however, it will decrease whenever the benefit applicable to the Insured's Eligible Class is reduced, or whenever any benefit reduction applies.

Termination of the Policy will not end extension of Life Insurance benefits under this provision.

Should Total Disability end, thereby allowing the Insured to return to Active Work, the Insured may resume any coverage provided under the Policy for which the Insured qualifies, provided the Policy has not terminated and the required premium is paid.

No Life Insurance benefit will be paid while coverage is extended under this provision without proof that the Insured continued to be Totally Disabled through the period of extension until the date of death.

As used in this provision, the following terms are defined as indicated:

“Total Disability/Totally Disabled” means:

1. the Insured is unable to perform the Primary and Essential Duties of any occupation for which the Insured is, or becomes, reasonably fitted by training, education, and experience; and
2. the Insured is not working in any capacity for pay or remuneration.

“Primary and Essential Duties” means those duties that are generally and regularly required in the performance of the occupation and that cannot be reasonably be changed, accommodated, or omitted.

Conversion After Extension. When the periods of extension or continued coverage described in this section ends, the Insured may convert his or her coverage to an individual insurance policy, provided the Insured is Entitled to Convert as described in the Conversion Privilege provision.

CONVERSION

Conversion Privilege. Any person covered under the Policy may convert his or her Life Insurance to an individual policy, provided such person is Entitled to Convert and, within 31 days after his or her Life Insurance ends:

1. applies in writing to the Company; and
2. pays the first premium.

Evidence of Insurability. No Evidence of Insurability will be required in order to convert to an individual policy under the Conversion Privilege.

Entitled to Convert. A person covered under the Policy is Entitled to Convert his or her Life Insurance only if such insurance ends because:

1. the Insured's employment terminates;
2. the Insured ceases to be a member of an Eligible Class as described in the Eligible Class(es) section of the Certificate Schedule;
3. the Policy terminates, provided the person has been covered under the Policy for at least five consecutive years immediately preceding such termination;
4. the Policy is amended to terminate the Eligible Class to which the Insured belongs, provided the person seeking to convert has been covered under the Policy for at least five consecutive years immediately preceding such termination.

Amount of Converted Life Insurance. If a person's Life Insurance ends because the Insured's employment terminates or the Insured is no longer a member of an Eligible Class, the amount of converted Life Insurance to which he or she will be entitled will not be more than the amount of Life Insurance that is lost under the Policy.

If a person's Life Insurance ends because the Policy is changed to terminate the Eligible Class to which the Insured belongs, or if the Policy terminates, the amount of converted Life Insurance he or she will be entitled to convert will be the lesser of: (a) the amount of Life Insurance in force under the Policy at the time insurance ends, less any amount for which such person becomes eligible under this or any other group life policy during the 31-day conversion period; or (b) \$10,000.

Type of Policy. The individual policy will be the Company's current offering and will be on a form customarily issued by the Company. However, such policy may not be term insurance (except that the person may choose a single premium, one year term policy). No disability or other supplemental benefits will be provided under the individual policy. The individual policy will go into effect at the end of the 31-day period after Life Insurance ends.

If the individual policy contains a provision that restricts the time within which benefits would be payable as a result of suicide, or restricts the time within which coverage under the policy can be contested, such time periods will be deemed to have begun at the time the Insured was first covered under the Policy.

The premium will be based on the Company's rates for the individual policy form, the benefit amount, age and the class of risk to which the person belongs at the time insurance ends. To continue insurance under the individual policy, the premium must continue to be paid as required under the terms of the individual policy.

Death During the Conversion Period. If the person dies during the 31-day period during which he or she is eligible to convert, the Company will pay, as a death benefit under the Policy, the maximum amount such person was otherwise eligible to convert. If the person dies during the 31-day conversion period and has already converted, the death benefit payable under the Policy will be reduced by the amount of Life Insurance actually converted, unless the individual policy is surrendered to the Company. In such case, any premium paid for the individual policy will be refunded.

Notice of Conversion Right. Notice of the right to convert to an individual policy will be presented to the Insured or delivered to the Insured's last known address within 15 days from the date a person's Life

Insurance coverage ends. If notice is not given within this 15-day period, the 31-day conversion period will be extended by 15 days after the date notice is given. However, in no event will the initial 31-day period of time be extended beyond 60 days from the date Life Insurance ends.

Restoration of Membership in Eligible Class. If an Insured has converted coverage under the Policy and subsequently regains membership in an Eligible Class, coverage will not be provided under the Policy until such Insured surrenders the individual policy to the Company, subject to the provision titled "Reinstatement of a Previous Insured."

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Benefit. The Company will pay the Benefit Percentage of the Principal Sum, if Injury to an Insured results in any one of the losses listed in the Schedule of Losses. The loss must occur within 365 days of the date of Injury. If the Insured suffers more than one loss as a result of any one Accident, only the largest amount will be paid.

Payment of Benefit. All Accidental Dismemberment benefits will be paid to the Insured. Accidental Death benefits will be paid to the Insured's beneficiary.

The Schedule of Losses, Principal Sum and Benefit Percentage are indicated on the Certificate Schedule.

As used in the Schedule of Losses, the following terms are defined as indicated:

"Loss of a hand or foot" means complete severance through or above the wrist or ankle joint.

"Loss of sight of an eye" means total and irrecoverable loss of the entire sight in that eye.

Loss of hearing in an ear" means total and irrecoverable loss of the entire ability to hear in that ear.

"Loss of speech" means total and irrecoverable loss of the entire ability to speak.

"Loss" of thumb and index finger means the complete severance through or above the metacophalangeal joint of both digits.

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs.

"Paraplegia" means the complete and irreversible paralysis of both lower limbs.

"Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

"Uniplegia" means the complete and irreversible paralysis of one limb.

"Limb" means entire arm or entire leg.

Exclusions. Benefits for Accidental Death and Dismemberment will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. attempted suicide or intentionally self-inflicted injury, while sane or insane.
2. bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.
3. voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be the Insured; his or her spouse; a child, sibling, or parent of the Insured or of the Insured's spouse; or a person who resides in the Insured's home.
4. declared or undeclared war or act of war.
5. the Insured's commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony.
6. the Insured's participation in a riot.
7. the Insured's engaging in an illegal occupation.
8. release of nuclear energy.
9. operating, riding in, or descending from any aircraft (including a hang glider). This does not apply to the Insured while a passenger on a licensed, commercial, nonmilitary aircraft.]

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after a loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days of the after the date of loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish such proof within the time required will not reduce or deny any benefits if the proof is given as soon as reasonably possible. However, in no event, other than legal incapacity, will proof be given more than one year after the date of loss.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made to the Insured's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except the Insured's loss of life, will be made to (or on behalf of, if applicable) the Insured. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium.

After a person has been covered under the Policy for two years, no statement made by such person will be used to contest a claim under the Policy. The Company can only contest coverage if the misstatement is made in a written instrument signed by such person and a copy is given to the Policyholder, the signor or the signor's beneficiary.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) named by the Insured, as shown in the Policyholder's records. The Insured Spouse's and Insured Child's beneficiary is the Insured.

A legally competent Insured over the age of majority may change his or her beneficiary designation at any time, unless an irrevocable designation has been made. The change may be executed, without the consent of the designated beneficiary(ies), by providing the Company, or, if agreed upon in advance by the Company, the Policyholder, with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment that is made prior to receipt of the request.

If there is no designated beneficiary, or if no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: The Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If the Insured is not living on the date of the Insured Spouse's or Insured Child's death, the beneficiary is the Insured's estate.

Reinstatement of a Previous Insured. A member of an Eligible Class who was previously an Insured may apply for any benefits for which the member is eligible. Such member's benefits will begin on the first day of the month following the date the Company approves the member's application for such benefits, as well as Evidence of Insurability.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the Insured whose loss is the basis of claim under the Policy as often as it may reasonably require during the pendency of the claim, and to make an autopsy in case of death where it is not forbidden by law. If the Insured is Totally Disabled, we may not examine the Insured more than once a year after he or she has been Totally Disabled.

Legal Actions. No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action will be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. A purely clerical error, that arises from other than a failure to perform administrative duties hereunder, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect; nor will it extend insurance of such person if that insurance would otherwise have ended or been reduced as provided by the Policy. Clerical error may be, by illustration but not limitation, errors in transcription or computation, but is not, by illustration but not limitation, a failure to advise Insureds of procedural requirements.

Assignment. The Policy is non-assignable. An Insured may not assign his or her rights, privileges and benefits under the Policy.

Misstatement of Facts. If the material facts, including age of the Insured, were not accurate in the Application or any application for coverage under the Policy:

1. a fair adjustment of premium will be made; and
2. the true facts, including true age, will decide whether, and in what amount, insurance is in force under the Policy.

Facility of Payment. If an individual appears to the Company to be equitably entitled to compensation because he or she has incurred expenses on behalf of an Insured or for burial or funeral expenses, the Company may deduct from the amount payable under the Policy to be paid to such individual the expenses incurred, but not more than \$500. Such payment will not exceed the amount due under the Policy.

Settlement Options. The Insured may elect to have all or any part of his or her insurance for loss of life paid to his or her beneficiary in installments or in any other way that may be agreed to by the Company. The Insured must give notice in writing to elect a settlement option. The Insured will have the right to change the election at any time. The terms of payment will be in accordance with those offered by the Company for the insurance at the time election is made.

After the Insured's death, the beneficiary:

1. may make such an election, if the Insured had not done so; and
2. may name a person(s) to receive any amount that would otherwise go to the beneficiary's estate; and
3. will have the right to change the person(s) named in accordance with 2. above.

DEFINITIONS

Accident means a sudden, unexpected and unintended incident that occurs while coverage is in force with respect to the person whose Injury is the basis of the claim and that results in Injury or loss covered by this Policy.

Active Work/Actively At Work means expending time and energy in the performance of regular duties for the Policyholder at the usual place of employment, or at a location to which the Policyholder requires the Insured to travel and for which the Insured is receiving Basic Earnings for such duties. An Insured will be considered Actively At Work on each regularly scheduled non-work day if he or she was Actively At Work on the immediately preceding scheduled work day.

Basic Earnings means the Insured's basic rate of pay. It does not include overtime, bonus or any other form of additional compensation, unless otherwise indicated on the Certificate Schedule.

Evidence of Insurability means a written statement, application, or medical evidence of good health that, in the sole judgment of the Company, qualifies the person for coverage under the Policy. The Company may require the person to pay the cost of providing this information.

Guaranteed Issue Amount means the highest amount of insurance that will be issued to a person without Evidence of Insurability. This amount is indicated on the Certificate Schedule.

Injury means a bodily injury caused by an Accident occurring while the Policy is in force with respect to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

Insured means a person who is a member of an Eligible Class, as defined on the Certificate Schedule, for whom any required premium has been paid; coverage has been elected, any required Evidence of Insurability is approved by the Company, and for whom coverage is in force. Persons belonging to more than one Eligible Class will only be covered under the Policy for one Eligible Class.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license, who is not: (a) the Insured; (b) an relative to the Insured or a relative of any member of the Insured's family; or (c) residing with the Insured.

Sickness means a diagnosed illness, disease or pregnancy.



**APPLICATION TO
LEADERS LIFE INSURANCE COMPANY**

Application is hereby made by the undersigned Employer for insurance under Policy [12345], based on the following statements and representations.

1. Name of Employer: [XYZ Company]
- Address: [123 Street
Any town, Any state]
- Agent or Broker: _____
- Affiliates/Subsidiaries: Yes (See List Attached) No
- Policy Effective Date: [October 1, 2011]
- Policy Anniversary Date: [October 1 and each year thereafter]
- Premium Payable: Monthly
- Premiums: Monthly Rates
Basic Life:
Basic AD&D:

2. Is any person to be insured not Actively at Work? Yes No

If yes, attach a listing of the names and reasons for not being Actively at Work.

3. The Policyholder wishes the eligible persons described on the Certificate Schedule to be eligible for coverage under the policy identified above, and any policies issued in replacement or substitution thereof, by Leaders Life Insurance Company.
4. The insurance to be provided under the policy applies only to the groups or classes of Insureds described on the Certificate Schedule and only with respect to those benefits specified. The specified benefits shall apply to each eligible class as indicated, subject to all the terms of the Policy relating thereto.
5. The Policyholder agrees to promptly furnish the Administrator and Leaders Life Insurance Company with any information required by them as needed to ensure proper administration of the insurance Policy. The Policyholder further agrees to allow the Trustee, its Administrator and Leaders Life Insurance Company to inspect all records that pertain to the insurance Policy.

IN WITNESS WHEREOF, and intending to be legally bound, the Employer has signed this Application, on _____.

(Employer)

By:
Title:

Accepted on _____.

(Administrator)

By:
Title:



Leaders *Life*

INSURANCE COMPANY

AMENDATORY ENDORSEMENT (Arkansas Residents Only)

It is hereby understood that the Policy and Certificate of Insurance to which this Amendatory Endorsement is attached are amended as follows, with respect to an Insured who resides in Arkansas.

The following Notice is added to the Cover page of the Certificate:

Important Notice

If You have any questions or concerns about this coverage, You should contact Leaders Life Insurance Company at the following address or phone number:

Leaders Life Insurance Company
[P.O. Box 35768
Tulsa, OK 74153
1-915-254-0200]

If We are not able to provide a satisfactory resolution to the inquiry, You may contact the:

Arkansas Department of Insurance
Consumer Services
1200 W. Third Street
Little Rock, AR 72201-1904
800 852-5494
501 371-2640

Under **GENERAL PROVISIONS**, the Legal Actions provision has been deleted in its entirety and replaced with the following:

LEGAL ACTIONS. No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 5 years after the date Proof of Loss is required.

Nothing contained in this Amendatory Rider will alter or amend the terms of the Policy or Certificate of Insurance except as expressly stated herein. This rider terminates at the same time as the Policy or Certificate of Insurance to which it is attached.

Signed for Leaders Life Insurance Company:

[Secretary]

[President]

[*Synthia A. Taylor*]

[*Russell J. Cingell*]

SERFF Tracking #:

ICCI-128793990

State Tracking #:

Company Tracking #:

LL-GP-BASIC 02-12

State:

Arkansas

Filing Company:

Leaders Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Leaders Life Group Term Life Nonvoluntary Plan

Project Name/Number:

Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
READ LL-GP-BASIC 02-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	See form schedule tab		

		Item Status:	Status Date:
Satisfied - Item:	Approved Endorsement		
Comments:	This Amendatory Endorsement was previously approved on 10/25/2010 under SERFF Tracking # ICCI-126870770		

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter		
Comments:			
Attachment(s):			
ICC Services Authorizion Ltr.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance with 19s 10B		
Comments:			
Attachment(s):			
AR Certificate of Compliance - Regulation 19s 10B LL BASIC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Guaranty Association Notice		
Comments:			

SERFF Tracking #:

ICCI-128793990

State Tracking #:

Company Tracking #:

LL-GP-BASIC 02-12

State:

Arkansas

Filing Company:

Leaders Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Leaders Life Group Term Life Nonvoluntary Plan

Project Name/Number:

Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

Attachment(s):

GAN 1104 AR.pdf

FLESCH READING EASE TEST CERTIFICATION

This is to certify that the forms listed below are in compliance with readability requirements of the Flesch Reading Ease Test, and the requirements of your state.

The Flesch Test was applied to the forms in their entirety, except that company name and address, form numbers, titles, captions, subcaptions, schedules, tables, defined words, and text required by law or regulation were excluded.

The Flesch Reading Ease scores are as follows:

<u>FORM NUMBERS</u>	<u>FLESCH SCORE</u>
LL-GP-BASIC 02-12	45.157
LL-BASIC 02-12	43.514
LL-BASIC-APP 02-12	48

LEADERS LIFE INSURANCE COMPANY

December 14, 2012

Date



Signature of Officer

Russell E. Angell, CPA, FLMI, President & COO
Name & Title of signer



April 1, 2010

Mr. Brain Camling
Insurance Compliance Consultants, Inc.
199 East Camling Road
Oregon, Illinois 61061

Re: Authorization to file insurance forms, applications, and rates.

Dear Mr. Camling:

My name is Russ Angell and I am President & COO of Leaders Life Insurance Company. Clyde Sommerlatte, President of Bay Bridge Administrators, LLC, has informed you of our desire to engage your company for insurance filing services.

Please accept this letter as authorization for you to file forms, applications, rates and other documents on our company's behalf in Texas. Our NAIC Number is 74799, our TDI Number is 95475, and our Federal Employer Number is 73-1333608.

If you should any questions regarding this authorization feel free to contact me at (800) 725-5433 or by email at rangell@leaderslife.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell E. Angell".

Russell E. Angell, CPA FLMI
President & COO

CC: Clyde Sommerlatte
President
Bay Bridge Administrators, LLC.

LEADERS LIFE INSURANCE COMPANY
State of Arkansas
Certificate of Compliance – Regulation 19s 10B
Unfair Sex Discrimination in the Sale of Insurance

RE: Group Term Life Policy – LL-BASIC 02-12

I, Russell E. Angell, of Leaders Life Insurance Company, do hereby certify that the above listed form(s) meets the requirements of Regulation 19s 10B as well as all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Russell E. Angell", written in a cursive style. The signature is positioned above a horizontal line.

Signature of Company Officer

Russell E. Angell, CPA, FLMI, President & COO
Name & Title of signer

December 19, 2012
Date

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (Guaranty Association) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Following is a brief summary of this Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(please turn to back page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- * They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- * The insurer was not authorized to do business in this state;
- * Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- * Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- * Any policy of reinsurance (unless an assumption certificate was issued);
- * Interest rate yields that exceed an average rate;
- * Dividends and voting rights and experience rating credits;
- * Credits given in connection with the administration of a policy by a group contract holder;
- * Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- * Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- * Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- * Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- * Portions of a policy or contract to the extent assessments required by a law for the Guaranty Association are preempted by State or Federal law;
- * Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- * Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

State: Arkansas**Filing Company:**

Leaders Life Insurance Company

TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other**Product Name:** Leaders Life Group Term Life Nonvoluntary Plan**Project Name/Number:** Group Term Life Nonvoluntary Plan/LL-GP-BASIC 02-12

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)
12/04/2012	Replaced 12/19/2012	Supporting Document	Approved Endorsement	12/19/2012	AR LL BBA-AE AR.pdf (Superseded)



Leaders *Life*

INSURANCE COMPANY

AMENDATORY ENDORSEMENT (Arkansas Residents Only)

It is hereby understood that the Policy and Certificate of Insurance to which this Amendatory Endorsement is attached are amended as follows, with respect to an Insured who resides in Arkansas.

Under **GENERAL PROVISIONS**, the Legal Actions provision has been deleted in its entirety and replaced with the following:

LEGAL ACTIONS. No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 5 years after the date Proof of Loss is required.

Nothing contained in this Amendatory Rider will alter or amend the terms of the Policy or Certificate of Insurance except as expressly stated herein. This rider terminates at the same time as the Policy or Certificate of Insurance to which it is attached.

Signed for Leaders Life Insurance Company:

[Secretary]

[President]

[*Cynthia A. Taylor*]

[*Russell J. Cingell*]