

State: Arkansas **Filing Company:** National Guardian Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Child Rider
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company
 Product Name: Child Rider
 State: Arkansas
 TOI: L08 Life - Other
 Sub-TOI: L08.000 Life - Other
 Filing Type: Form
 Date Submitted: 11/29/2012
 SERFF Tr Num: NGLI-128789392
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: NCR 01/13

Implementation
 Date Requested:
 Author(s): Peggy Kratz, Kim Bolinder
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 12/05/2012
 Disposition Status: Approved-Closed
 Implementation Date:

State Filing Description:

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
 Product Name: Child Rider
 Project Name/Number: /

Filing Company: National Guardian Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Association Overall Rate Impact:
 Filing Status Changed: 12/05/2012
 State Status Changed: 12/05/2012 Deemer Date:
 Created By: Kim Bolinder Submitted By: Kim Bolinder
 Corresponding Filing Tracking Number:
 Filing Description:
 See our cover letter.

Company and Contact

Filing Contact Information

Kim Bolinder, Product Compliance Analyst kabolinder@nglic.com
 2 East Gilman Street 608-443-5335 [Phone]
 Madison, WI 53701 608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code: 1211	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5325[Phone]	FEIN Number: 39-0493780	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
National Guardian Life Insurance Company	\$100.00	11/29/2012	65296863

SERFF Tracking #:

NGLI-128789392

State Tracking #:

Company Tracking #:

NCR 01/13

State: Arkansas

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Child Rider

Project Name/Number: /

Filing Company:

National Guardian Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/05/2012	12/05/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	12/04/2012	12/04/2012

Response Letters

Responded By	Created On	Date Submitted
Kim Bolinder	12/04/2012	12/04/2012

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Child Rider
Project Name/Number: /

Filing Company: National Guardian Life Insurance Company

Disposition

Disposition Date: 12/05/2012

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	Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Form	Children's Life Insurance Rider		Yes
Form	Supplemental Application For Child Life Insurance Rider		Yes

State: Arkansas **Filing Company:** National Guardian Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Child Rider
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/04/2012
Submitted Date	12/04/2012
Respond By Date	01/04/2013

Dear Kim Bolinder,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: The cover letter was not attached to this submission.

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*

SERFF Tracking #:

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NCR 01/13

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Child Rider
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/04/2012
Submitted Date 12/04/2012

Dear Linda Bird,

Introduction:

Response 1

Comments:

We apologize for the oversight.

Related Objection 1

Comments: The cover letter was not attached to this submission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	
AR PRX 2013 Val-NF Change.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Kim Bolinder

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
 Product Name: Child Rider
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Form Schedule

Lead Form Number: NCR 01/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Children's Life Insurance Rider	NCR 01/13	CERA	Initial		62.300	NCR 01-13.pdf
2		Supplemental Application For Child Life Insurance Rider	3327 01/13	AEF	Initial		0.000	3327 01-13 Child Rider w-brkts.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

CHILDREN'S LIFE INSURANCE RIDER

**Pays One-Time Death Benefit Regardless Of
Number Of Covered Children
Coverage Stops When Death Benefit Is Paid**

RIDER SCHEDULE OF BENEFITS

Attached to Policy Number: NPL000XXXX	Death Benefit: [\$3,000.00]	Single Premium: [\$10.00]
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AGREEMENT	<p>This Rider is issued as part of the Policy to which it is attached. It takes effect on the same date as the Policy. It terminates in accordance with the Rider Termination provision.</p> <p>This is a single premium Rider. We will pay a death benefit upon the death of any one Covered Child in exchange for the single premium paid.</p>
30-DAY RIGHT TO CANCEL	<p>Please examine this Rider carefully. If, for any reason You are not satisfied, You may return the Rider to us within 30 days after you receive it. We will cancel Your coverage and refund the entire Rider premium paid.</p>

RIDER DEATH BENEFIT

Death Benefit	<p>We will pay one Death Benefit to the Rider Beneficiary upon the death of any one Covered Child while this Rider is in force. The Covered Child must meet the Conditions of Coverage explained below. The amount of the Death Benefit is shown in the Rider Schedule of Benefits.</p> <p>The benefit will be paid as a lump sum within 15 days of receiving the required Proof of Death.</p>
Conditions of Coverage	<p>The Covered Child must meet the following conditions:</p> <ul style="list-style-type: none"> (1) The child has never been married; (2) The child is living with a parent, grandparent or guardian at the time of death; (3) The child is at least 6 months old and less than 18 years of age on the date of death. <p>The Policy must be in full force and current in any premium payments.</p>
Proof of Death	<p>Proof of death and verification of kinship must be received by Us at our Home Office.</p>

DEFINITIONS

Child	Any child born to or legally adopted by the Policy Insured.
Policy	The base Policy or Certificate to which this Rider is attached.
Policy Insured	The person named as Insured on the Policy.
Covered Child	An unmarried Child or Grandchild of the Policy Insured who is at least 6 months of age and less than 18 years of age.
Grandchild	Any child born to or legally adopted by a Child of the Policy Insured.
Rider Beneficiary	The person or entity to whom the benefit is payable upon the death of a Covered Child.

Executed at Madison, Wisconsin on the Issue Date.

Matthew J. Dew
Secretary

Mark Z. Solwend
President

BENEFICIARY

Rider Beneficiary	The Rider Death Benefit will be paid to the Beneficiary named on the Rider application. If no Rider Beneficiary is named, the Death Benefit will be paid to the Owner of the Policy. If the Policy is assigned to a trust, the following restrictions apply, subject to the terms of the trust: <ul style="list-style-type: none"> (1) The Policy Insured cannot be named as the Rider Beneficiary; and (2) Any Rider Beneficiary named on the date the Policy is assigned is irrevocable and cannot be changed.
Change of Beneficiary	Before the death benefit is paid, You may change the Rider Beneficiary at any time by providing written notice to Us . The change will be effective on the date the notice was signed. Any change is subject to any payment or actions we may have taken before receiving the notice.

TERMINATION AND CONVERSION

Termination	Coverage under this Rider will end on the earliest of the following dates: <ul style="list-style-type: none"> (1) The date We pay any one Death Benefit under this Rider; (2) The date the Policy or Group Policy, if any, terminates; (3) The date the Policy is in Reduced Paid-up or Extended Term status; (4) The date the Rider premium is returned; (5) As to each Covered Child, the date such Child marries or turns age 18.
Conversion Privilege	<p>A Covered Child's coverage may be converted to an individual whole life policy if the Child's coverage stops due to:</p> <ul style="list-style-type: none"> (1) Marriage or attainment of age 18; (2) Death of the Policy Insured; or (3) Payment of the Death Benefit for any other Covered Child. <p>A request for conversion must be made by written request to Us within 30 days after the date the Child's coverage stops. If a Covered Child dies during the 30 day period for giving notice, and before a new policy is issued, benefits will be paid under this Rider as if coverage had not terminated. This happens even if written request for conversion had not been made.</p> <p>Any conversion policy will be:</p> <ul style="list-style-type: none"> (1) Issued for the same amount in force under this Rider; (2) Issued without providing evidence of insurability; (3) Based on the Covered Child's then attained age on the date of conversion; (4) On a form currently in use by Us for conversions.

GENERAL PROVISIONS

Multiple Coverage	If a Covered Child is insured under more than one Children's Life Insurance Rider issued by Us, only one such Rider will be effective as to that Child. The Rider that will be effective is determined as follows: <ul style="list-style-type: none"> (1) If we receive a claim for benefits at the same time under two or more Riders, We will pay the claim under the rider with the earlier Issue Date. (2) If we pay a benefit under one Rider, and then receive a claim for benefits under a second Children's Life Insurance Rider issued by Us, the second claim will not be paid. You may request the return of the premium under the Rider for which no benefits were paid, if You have no other Covered Child who would be eligible for coverage under that Rider.
Cash Values	This Rider does not have any cash value. It does not affect the cash surrender value or nonforfeiture provisions of the Policy.
Premium	The single premium for this Rider is due in advance, at the same time and under the same conditions as the initial premium for the Policy.
Incontestability	We cannot contest this coverage after the Rider has been in force for two years from the Issue Date, during the Policy Insured's lifetime.
Suicide	The Death Benefit is not payable for a Covered Child who commits suicide within two years (one year in CO, MO and ND) from the Issue Date.

SUPPLEMENTAL APPLICATION FOR CHILD LIFE INSURANCE RIDER

3327 01/13



National Guardian Life Insurance Company (NGL) - Phone 800.988.0826 - Fax 866.228.9927
Two East Gilman Street - PO Box 1191 - Madison WI 53701-1191

BASE POLICY INSURED'S INFORMATION

_____	_____	_____	_____	_____	_____	_____
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Phone Number</i>	<i>Social Security Number</i>	<i>Age</i>	<i>Date of Birth</i>
_____			_____	_____	_____	
<i>Street Address</i>			<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Email Address</i>

RIDER BENEFICIARY INFORMATION

_____	_____	_____	_____	_____	_____
<i>Name of Primary Beneficiary</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Relationship to Insured</i>

Note: If no beneficiary is named, any benefit will be paid to the Policy Owner.

I apply for the Children's Life Insurance Rider. I understand that the Rider provides for one death benefit for one child or grandchild, who meets the following conditions:

- The child or grandchild has never been married and is living with a parent, grandparent or guardian at the time of death;
- The child is at least 6 months of age and has not attained the age of 18 as of the date of death;
- The child dies while the Insured on the base policy is alive
- The coverage under the base policy to which the rider is attached is in full force and current in any required premium payments

Single Premium Amount \$ _____]

AGREEMENT

To the best of my knowledge and belief, the above information is true and complete. I understand no insurance will be effective until the full premium is paid and the Rider is issued while the applicant is living. I understand that the Rider covers only one child's death. I certify that I have an insurable interest in the life of any Insured Child. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

Signed At _____ Date _____

Signature of Applicant _____

Agent _____ Agent # _____ Replacement of insurance is involved. YES NO

"Policy" is defined as the insurance policy or certificate for which I am applying.

Fraud Warning Statements

For Residents of AK, CT, DE, HI, IA, ID, IL, IN, MI, MN, MO, MS, MT, NC, ND, NV, SC, SD, UT, WI, WV and WY

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

For Residents of AL, AR, DC, LA, MA and RI

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

For Residents of GA, KS, NE, OR, TX and VT

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For Residents of Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete,, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

For Residents of Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Residents of Maine

It is a crime to knowingly provide **false**, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For Residents of Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

For Residents of New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Residents of Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

For Residents of Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Virginia

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For Residents of Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SERFF Tracking #:

NGLI-128789392

State Tracking #:

Company Tracking #:

NCR 01/13

State: Arkansas

Filing Company:

National Guardian Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Child Rider

Project Name/Number: /

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
AR PRX 2013 Val-NF Change.pdf			



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

November 29, 2012

Signature

Date

Mark Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Product Compliance Analyst

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



December 4, 2012

Arkansas Department of Insurance

**RE: National Guardian Life Insurance Company
NAIC # 66583 - FEIN# 39-0493780**

**Change in Valuation Interest Rate
Change in Nonforfeiture Interest Rate
Revised Schedule Pages for Previously Approved Forms**

Dear Commissioner/Director:

The purpose of this filing is to notify you of changes that are being implemented as a result of statutory changes to the Standard Nonforfeiture Law. Those changes include:

1. Change in the statutory valuation rate from 4.0% to 3.5%. This rate will be used for statutory reserves for all forms listed, no later than January 1, 2013.
2. Since the valuation interest rate also impacts the cash value calculation, we will be changing the cash value rates from 5.0% to 4.5% for these forms no later than January 1, 2014.

We have enclosed a revised Schedule page (as listed below) reflective of the revised rate for each previously approved policy form. Note that we have bracketed the interest rate solely for the purpose of any future change to the statutory valuation/nonforfeiture interest rate. We have also enclosed a revised actuarial memorandum.

The policy forms affected by these changes follow:

Previously Approved Policy Form #	Date Approved	Revised Schedule Page
NPNCRTSP2011-AR	6/29/11	NPNCRTSP2011 1/13
NPNCRTMP2011-AR	6/29/11	NPNCRTMP20111/13
NPNCRTGDB2011-AR	6/29/11	NPNCRTGDB2011-AR 1/13

No changes were required to the policy text pages as a result of these changes; therefore, we certify that absolutely no changes have been made to the previously approved text pages.

If you have any questions or comments, please contact me. We thank you in advance for your assistance.

**National Guardian Life Insurance Company (NGL) • Two East Gilman Street • PO Box 1191 •
Madison WI 53701-1191**

608.257.5611 • 800.548.2962 • Fax: 608.257.4308 • www.nglic.com