

SERFF Tracking Number: NGLI-127836595 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number:
Company Tracking Number: 2735PN-2735FE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Series 4 & AG
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Series 4 & AG

SERFF Tr Num: NGLI-127836595 State: Arkansas

TOI: L08 Life - Other

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

Sub-TOI: L08.000 Life - Other

Co Tr Num: 2735PN-2735FE

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 02/27/2012

Date Submitted: 02/20/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 02/27/2012

State Status Changed: 02/27/2012

Deemer Date:

Created By: Kim Bolinder

Submitted By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

February 20, 2012

Arkansas Department of Insurance

VIA SERFF

RE: National Guardian Life Insurance Company

NAIC # 66583 FEIN# 39-0493780

Enrollment Forms: 2735PN-AR 06/11 & 2735FE 06/11

SERFF Tracking Number: NGLI-127836595 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number:
Company Tracking Number: 2735PN-2735FE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Series 4 & AG
Project Name/Number: /

Dear Commissioner/Director:

The above captioned enrollment forms are enclosed in final print version for your approval. These applications are to be used by licensed agents.

Enrollment forms 2735PN-AR 06/11 and 2735FE 06/11 are similar in format, and will be used with previously approved final expense/preneed policy forms. (The variation between the forms is based on what forms that specific marketing channels are offering.)

Form 2735PN-AR 06/11 replaces form 2735PN-AR 07/09 which your department approved on 6/16/09. Form 2735FE 06/11 replaces form 2735FE 06/10 which your department approved on 8/16/10.

We are requesting that these forms be approved on a general use basis, so that we may use the form with any policy form approved in your state. Initially, we anticipate using the forms with the following previously approved policy forms:

For 2735PN-AR 06/11:

FORM NAME APPROVAL DATE
NPNCERTSP2002 (Single Pay option) 11/21/2002
NPNCERTMP2002-AR 11/21/2002
NPNCERTMP2002-GDB-AR 11/21/2002
NPNCRTFPA2012 01/03/2012

For 2735FE 06/11

FORM NAME APPROVAL DATE
NFECRTSPIDB2009 08/16/2010
NPNCRTMPIDB2009 08/16/2010
NPNCERTMP2009-GDB-AR 08/16/2010

Some of all of the following changes to the forms have been implemented:

- 1) Changed Mailing Address field to Owner Mailing address and removed unnecessary text;
- 2) EFT & CC information moved to form 2802- Premium Withdrawal Authorization form for privacy reasons;
- 3) In Statement of Health section - "Are you currently on oxygen, hospitalized, receiving hospice care, or residing in a nursing home, long term or residential care facility, or group home; or during the past two years have you been advised

SERFF Tracking Number: NGLI-127836595 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number:
Company Tracking Number: 2735PN-2735FE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Series 4 & AG
Project Name/Number: /

by a medical professional to have any surgical procedure that has not been performed; or have you been treated or are you being treated (including medication) by a medical professional for any of the following diseases or disorders:”;

Added ALS (Lou Gehrig’s disease) and bolded “or” to aid in readability;

4) Added Irrevocable Assignment confirmation to Applicant Signature field- Owner initials required;

5) Moved fraud statement to page 2;

6) Removed Immediate Transfer from Irrevocable Assignment field;

7) Deleted agent signature from Acknowledgement of Payment field.

8) Separated Electronic Check Disclosure from Acknowledgement of Payment;

9) Reformatted Payment Plan/Mode field adding 2,4,6,8 and 9 year options (for future use);

10) Added tracking of burial/cremation/other;

11) Moved text from Direction of Proceeds to page 2;

12) Moved agent split info to page 2;.

13) Removed header from page 2 to maximize usage of space.

The following area of form 2735PN-AR 06/11 has been bracketed for variability:

1. The Payment Options field is bracketed so that we may delete a plan or payment mode that we are no longer offering.

For 2735FE 06/11:

1. The Payment Options field is bracketed so that we may delete a plan or payment mode that we are no longer offering.

A Certification of Compliance and Readability is also included.

The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

Your review and approval of these forms would be greatly appreciated. If you have any questions or comments, please contact me via the email address or phone number provided.

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]

SERFF Tracking Number: NGLI-127836595 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number:
 Company Tracking Number: 2735PN-2735FE
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Series 4 & AG
 Project Name/Number: /

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	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: 2 APPS \$50 EACH
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$100.00	02/20/2012	56477237

SERFF Tracking Number: NGLI-127836595 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number:
Company Tracking Number: 2735PN-2735FE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Series 4 & AG
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/27/2012	02/27/2012

SERFF Tracking Number: NGLI-127836595 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number:
Company Tracking Number: 2735PN-2735FE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Series 4 & AG
Project Name/Number: /

Disposition

Disposition Date: 02/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-127836595 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number:
 Company Tracking Number: 2735PN-2735FE
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Series 4 & AG
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		No
Form	ENROLLMENT FORM FOR GROUP LIFE INSURANCE		No

SERFF Tracking Number: NGLI-127836595 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number:
 Company Tracking Number: 2735PN-2735FE
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Series 4 & AG
 Project Name/Number: /

Form Schedule

Lead Form Number: 2735PN-AR 06/11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2735PN-AR 06/11	Application/ENROLLMENT Enrollment Form INSURANCE/ANNUITY	Initial		52.000	2735PN-AR 06-11 w-brkts.pdf
	2735FE 06/11	Application/ENROLLMENT Enrollment Form LIFE INSURANCE	Initial		52.400	2735PN 06-11 w-brkts.pdf

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

2735PN(v2)-AR 06/11 Series 4



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

Mail Policy To:

- Agent
- Funeral Home
- Owner (Default)

PROPOSED INSURED/ANNUITANT MALE FEMALE

First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name MI Last Name Social Security Number Relationship to Insured

OWNER MAILING ADDRESS

Street Address City State Zip Email Address

Funeral Price \$ _____ **Face Amount \$** _____ **PAYMENT PLAN** Single Pay Life Flexible Annuity \$ _____

Multi Pay Life: 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8 Year 9 Year 10 Year

Initial Premium + Multi Pay Premium = Total Premium Amount (with app) **PLAN** A B C D E F

\$ _____ \$ _____ \$ _____

PAYMENT MODE Annual (Not available on 1 Pay) Semi-Annual Quarterly Monthly Direct EFT* MC/MISA* - Use Monthly Direct Rates

This Policy will fund a: Burial Cremation Other *Complete the premium withdrawal authorization

STATEMENT OF HEALTH (To be completed by Proposed Insured - Do not complete for Annuity): Are you currently on oxygen, hospitalized, receiving hospice care, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed; or have you been treated or are you being treated (including medication) by a medical professional for any of the following diseases or disorders: YES NO

- | | | | |
|--------------------------|-------------------------------------|--|--------------------------------|
| Congestive Heart Failure | Immune System Disorder | Chronic Obstructive Pulmonary (lung) Disease | Amputation (caused by disease) |
| Heart Disease | Cirrhosis of the Liver | Emphysema | Alzheimer's/Dementia |
| Stroke | Drug or Alcohol Dependency | Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) | |
| Cancer (other than skin) | Kidney failure (including dialysis) | Diabetic Coma/Insulin Shock | |

If the health question is not answered or answered "Yes" **the 1 pay Life Plan is not available** and any Multi Pay Life Plan will have limited death benefits during the early Policy years.

DIRECTION FOR PAYMENT OF PROCEEDS (DO NOT COMPLETE UNTIL YOU HAVE READ THE LAST PAGE OF THIS FORM FOR IMPORTANT INFORMATION)

Name of Funeral Provider Street Address City State Zip

Name of Primary Beneficiary Street Address City State Zip Relationship to Insured

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

IRREVOCABLE ASSIGNMENT: I elect to assign this Policy subject to the terms of the Irrevocable Assignment of Policy on the last page of this form. Owner Initials _____ (Initial only if the Policy should be irrevocably assigned.)

Signed At State

Signature of Proposed Insured/Annuitant Date Signature of Owner (Required if other than Insured) Date

AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent Signature Agent Name Printed NGL Agent #

Check here for Agent Split and see last page.

DIRECTION FOR PAYMENT OF PROCEEDS: By naming a Funeral Provider under the DIRECTION FOR PAYMENT OF PROCEEDS, you agree to the following: NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named, if any, on the front of this form. NGL will only pay the Funeral Provider upon receipt of proof that funeral merchandise and services have been provided. **You may change these directions at any time before the funeral is provided by giving written notice to NGL.** In the event that NGL rescinds or declines to issue the Policy, you also assign the following to the Funeral Provider: (1) The right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided; (2) The right to compromise claims; and (3) The right to agree to rescission.

IRREVOCABLE ASSIGNMENT OF POLICY: If initialed, you agree to the following: Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following: (1) The assignment of death benefit proceeds is permanent and cannot be changed by the Owner; (2) The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid; and (3) The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

AGENT SPLIT DESIGNATION: Please list any agents not included in the **AGENT'S STATEMENT** section.

Agent listed in **AGENT'S STATEMENT** % _____

Additional Agent Signature

Additional Agent Name Printed

Additional NGL Agent #

%

ACKNOWLEDGMENT OF PAYMENT: This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE: When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. In the event that the payment is not honored, NGL has the right to re-present the transaction. For inquiries please call 1-800-988-0826.

FRAUD WARNING STATEMENT

For Residents of Arkansas

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

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

2735PN 06/11 Series 4

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

Mail Policy To: Agent
 Funeral Home
 Owner (Default)

PROPOSED INSURED/ANNUITANT MALE FEMALE

First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name MI Last Name Social Security Number Relationship to Insured

OWNER MAILING ADDRESS

Street Address City State Zip Email Address

Funeral Price \$ _____ **Face Amount \$** _____ **PAYMENT PLAN** Single Pay Life Flexible Annuity \$ _____

Multi Pay Life: 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8 Year 9 Year 10 Year

Initial Premium + Multi Pay Premium = Total Premium Amount (with app) **PLAN** A B C D E F

\$ _____ \$ _____ \$ _____

PAYMENT MODE Annual (Not available on 1 Pay) Semi-Annual Quarterly Monthly Direct EFT* MCVISA* - Use Monthly Direct Rates

This Policy will fund a: Burial Cremation Other *Complete the premium withdrawal authorization

STATEMENT OF HEALTH (To be completed by Proposed Insured - Do not complete for Annuity): Are you currently on oxygen, hospitalized, receiving hospice care, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed; or have you been treated or are you being treated (including medication) by a medical professional for any of the following diseases or disorders: YES NO

Congestive Heart Failure Immune System Disorder Chronic Obstructive Pulmonary (lung) Disease Amputation (caused by disease)
Heart Disease Cirrhosis of the Liver Emphysema Alzheimer's/Dementia
Stroke Drug or Alcohol Dependency Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
Cancer (other than skin) Kidney failure (including dialysis) Diabetic Coma/Insulin Shock

If the health question is not answered or answered "Yes" and you are applying for a Multi Pay Plan, a Policy with limited death benefits during the early years will be issued. The full death benefit is paid for accidental death.

DIRECTION FOR PAYMENT OF PROCEEDS (DO NOT COMPLETE UNTIL YOU HAVE READ THE LAST PAGE OF THIS FORM FOR IMPORTANT INFORMATION)

Name of Funeral Provider Street Address City State Zip

Name of Primary Beneficiary Street Address City State Zip Relationship to Insured

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

IRREVOCABLE ASSIGNMENT: I elect to assign this Policy subject to the terms of the Irrevocable Assignment of Policy on the last page of this form. Owner Initials _____ (Initial only if the Policy should be irrevocably assigned.)

Signed At _____ State _____

Signature of Proposed Insured/Annuitant _____ Date _____ Signature of Owner (Required if other than Insured) _____ Date _____

AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent Signature _____ Agent Name Printed _____ NGL Agent # _____ Check here for Agent Split and see last page.

DIRECTION FOR PAYMENT OF PROCEEDS: By naming a Funeral Provider under the DIRECTION FOR PAYMENT OF PROCEEDS, you agree to the following: NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named, if any, on the front of this form. NGL will only pay the Funeral Provider upon receipt of proof that funeral merchandise and services have been provided. **You may change these directions at any time before the funeral is provided by giving written notice to NGL.** In the event that NGL rescinds or declines to issue the Policy, you also assign the following to the Funeral Provider: (1) The right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided; (2) The right to compromise claims; and (3) The right to agree to rescission.

IRREVOCABLE ASSIGNMENT OF POLICY: If initialed, you agree to the following: Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following: (1) The assignment of death benefit proceeds is permanent and cannot be changed by the Owner; (2) The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid; and (3) The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

AGENT SPLIT DESIGNATION: Please list any agents not included in the **AGENT'S STATEMENT** section.

Agent listed in **AGENT'S STATEMENT** % _____

Additional Agent Signature

Additional Agent Name Printed

Additional NGL Agent #

%

ACKNOWLEDGMENT OF PAYMENT: This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE: When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. In the event that the payment is not honored, NGL has the right to re-present the transaction. For inquiries please call 1-800-988-0826.

FRAUD WARNING STATEMENTS

For Residents of AK, AL, DE, HI, ID, MO, MS, NV and SC: 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 DC, LA 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 and confinement in prison.

For Residents of GA, KS and NE: 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 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.

SERFF Tracking Number: NGLI-127836595 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number:
Company Tracking Number: 2735PN-2735FE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Series 4 & AG
Project Name/Number: /

Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR - Required Certification 2735 apps - Life.pdf

AR-COR 2735 APPS.pdf

Item Status:

**Status
Date:**

Bypassed - Item: Application

Bypass Reason: N/A this is an application filing

Comments:



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mathew J. Dew**, 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.

Mathew J. Dew

Signature

February 20, 2012

Date

Mathew J. Dew

Vice President and General Counsel

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

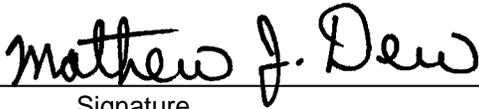
Phone #: (608) 443-5335

Email: kabolinder@nglic.com

CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
2735PN-AR 06/11	52.0
2735FE 06/11	52.4



Signature

February 20, 2012

Date

Mathew J. Dew

Vice-President & General Counsel