

SERFF Tracking Number: RDWS-127816933 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 50244
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: LifeShield WL Policy
 Project Name/Number: /

Filing at a Glance

Company: LifeShield National Insurance Co.

Product Name: LifeShield WL Policy

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
 Premium - Single Life

Filing Type: Form

SERFF Tr Num: RDWS-127816933 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 50244
 Closed

Co Tr Num:

State Status: Re-opened

Authors: Eddie Mire, Judy Tait,
 Oliver Kiel

Reviewer(s): Linda Bird

Disposition Date: 05/29/2012

Date Submitted: 11/11/2011

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Judy Tait

Filing Description:

LifeShield National Insurance Company

Whole Life Policy

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/03/2011

Domicile Status Comments: Oklahoma is State
 of Domicile.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/29/2012

State Status Changed: 05/22/2012

Created By: Judy Tait

Corresponding Filing Tracking Number:

LN-1001 Form

LN-1001 APP Application

SERFF Tracking Number: RDWS-127816933 State: Arkansas
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This is a new filing.

State Narrative:

Company and Contact

Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com
 Rudd and Wisdom, Inc. 512-346-1590 [Phone]
 9500 Arboretum Blvd 512-345-7437 [FAX]
 Suite 200
 Austin, TX 78759

Filing Company Information

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

LifeShield National Insurance Co.	CoCode: 99724	State of Domicile: Oklahoma
P. O. Box 1604	Group Code:	Company Type:
Duncan, OK 73534-1604	Group Name:	State ID Number:
(800) 366-8354 ext. [Phone]	FEIN Number: 73-1155182	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	The Oklahoma fee of \$75.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
LifeShield National Insurance Co.	\$75.00	11/11/2011	53679458
LifeShield National Insurance Co.	\$25.00	12/15/2011	54565793

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/29/2012	05/29/2012
Approved-Closed	Rosalind Minor	12/19/2011	12/19/2011
Approved-Closed	Linda Bird	12/15/2011	12/15/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/16/2011	11/16/2011	Judy Tait	12/15/2011	12/15/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Application	Judy Tait	05/21/2012	05/21/2012
Form	Whole Life Form	Judy Tait	12/19/2011	12/19/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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Request to Re-open filing Note To Filer Linda Bird 05/21/2012 05/21/2012

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Product Name: LifeShield WL Policy
Project Name/Number: /

Disposition

Disposition Date: 05/29/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to the original filing.

Rate data does NOT apply to filing.

SERFF Tracking Number: RDWS-127816933 State: Arkansas
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 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document (revised)	Application		Yes
Supporting Document	Application	Replaced	Yes
Supporting Document	Life & Annuity - Acturial Memo	Approved-Closed	No
Supporting Document	Third Party Authorization	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Form (revised)	Whole Life Form	Approved-Closed	Yes
Form	Whole Life Form	Replaced	Yes
Form	Whole Life Form	Replaced	Yes

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Disposition

Disposition Date: 12/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form	Whole Life Form	Replaced	Yes
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Disposition Date: 12/15/2011

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Comment:

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Supporting Document	Third Party Authorization	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Form (<i>revised</i>)	Whole Life Form	Approved-Closed	Yes
Form	Whole Life Form	Replaced	Yes
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/16/2011
Submitted Date 11/16/2011
Respond By Date 12/16/2011

Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. An additional \$25.00 will need to be submitted.

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

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

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.

We did not find a provision in the policy that provides for the payment of 8% interest on delayed death claim payments as described in Ark. Code Ann. 23-81-118.

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

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/15/2011
Submitted Date 12/15/2011

Dear Linda Bird,

Comments:

Thank you for your letter of November 16, 2011.

Response 1

- Comments: 1. We have submitted an additional \$25.00 by EFT today.
2. We have attached a certification under Supporting Documents to address this.
3. We assure you that the company will provide the Life & Health Guaranty notice to each policy owner.
4. The certification under Supporting Documents address this item also.
5. We have changed the interest rate on page 6 of the policy form to comply.

Related Objection 1

Comment:

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Changed Items:

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Supporting Document Schedule Item Changes

Satisfied -Name: Certification
 Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Whole Life Form</i>	<i>LN-1001</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		<i>55.000</i>	<i>LN-1001.pdf</i>
Previous Version							
<i>Whole Life Form</i>	<i>LN-1001</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		<i>55.000</i>	<i>LN-1001.pdf</i>

No Rate/Rule Schedule items changed.

Please let us know if you need anything further. Thank you.

Sincerely,
 Eddie Mire, Judy Tait, Oliver Kiel

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Product Name: LifeShield WL Policy
Project Name/Number: /

Amendment Letter

Submitted Date: 05/21/2012

Comments:

Linda,

As we discussed by telephone today, we are submitting a different application to replace the one originally approved on December 19, 2011. The only difference in the applications is that we have added a line for Social Security Number on the new app.

Please let us know if you need anything further.

Thanks for your assistance with this matter.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Application

Comment:

LN-1001 APP2.pdf

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Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 05/21/2012 01:49 PM

Last Edited By:

Linda Bird

Submitted On:

05/21/2012 01:49 PM

Subject:

Request to Re-open filing

Comments:

Filing has been re-opened in order for correction to be made.

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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: LifeShield WL Policy
 Project Name/Number: /

Amendment Letter

Submitted Date: 12/19/2011

Comments:

Rosalind, as we discussed by phone, we have added an AR to the approved form number to distinguish it from the form filed in other states. No other changes have been made to the form. Thank you for your assistance. Have a great day!

Judy

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LN-1001	Policy/Contr act/Fraternal Certificate	Whole Life Form	Initial				55.000	LN-1001-AR.pdf

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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: LifeShield WL Policy
 Project Name/Number: /

Form Schedule

Lead Form Number:

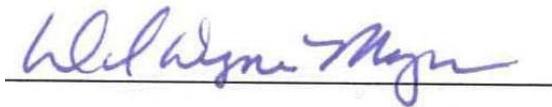
Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/19/2011	LN-1001	Policy/Cont Whole Life Form ract/Fraternal Certificate	Initial		55.000	LN-1001-AR.pdf

LifeShield National Insurance Company

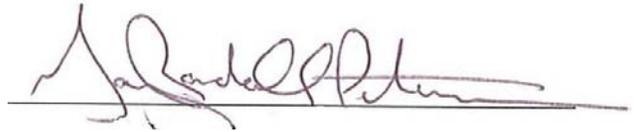
Administrative Offices: 815 West Ash Ave., Duncan, OK 73533 1-800-366-8354

We will pay the death benefit to the beneficiary upon receiving proof of the Insured's death. Other rights and privileges are provided in the policy.

These agreements are subject to all provisions of the policy.



Secretary



President

Please Note: We have relied on the information in the application as being true and complete to the best of the knowledge and belief of the person giving it. A copy of the application is attached.

You may cancel this policy by returning it to us or our agent within 30 days after you receive it and we will refund all premiums paid.

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.

**Whole Life Policy
Payable at Death
Premiums Payable for Life
Nonparticipating**

SCHEDULE OF BENEFITS AND PREMIUMS

FORM NUMBER	FACE AMOUNT	DESCRIPTION OF BENEFITS	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
LN-1001-AR	[\$10,000]	Whole Life	[\$254.40]	Life

TOTAL PREMIUMS
 THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS.

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$254.40]	[\$131.01]	[\$66.78]	[\$21.62]

INSURED: [John Doe] JOINT INSURED (if applicable): [n/a]
 INSURED SEX: [Male] JOINT INSURED SEX (if applicable): [n/a]
 OWNER [John Doe] JOINT OWNER (if applicable): [n/a]
 AGE (or Joint Equivalent Age, if applicable): [45]

RATE CLASS [Non-Smoker/Standard]
 POLICY NUMBER [12345678]
 FACE AMOUNT [\$10,000]
 POLICY DATE [1/1/2012]

RESERVE BASIS: 2001 Commissioner's Standard Ordinary Tables, ALB, Sex Distinct, Smoker Distinct
 RESERVE INTEREST RATE: 4.0%
 CASH VALUE INTEREST RATE: 5.0%

LN-1001-AR

TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT

End of year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	0	0	0	0
2	0	0	0	0
3	110	450	3	271
4	240	930	6	350
5	380	1,410	9	132
6	530	1,890	11	109
7	680	2,330	12	237
8	830	2,740	13	235
9	990	3,140	14	191
10	1,150	3,510	15	76
11	1,320	3,880	15	298
12	1,490	4,220	16	86
13	1,660	4,540	16	186
14	1,840	4,850	16	268
15	2,020	5,130	16	310
16	2,210	5,420	16	342
17	2,400	5,690	16	342
18	2,590	5,940	16	315
19	2,780	6,170	16	267
20	2,970	6,380	16	200

TABLE OF CONTENTS

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DEFINITIONS

You, Your means the Owner of this policy as shown on the Schedule of Benefits and Premiums.

Insured means the Insured shown on the Schedule of Benefits and Premium Page (or the Joint Insured if shown on the Schedule of Benefits and Premium Page.)

We, Us, Our means LifeShield National Insurance Company.

Full Force means the policy is in force and no premium payment is more than 31 days overdue. The policy is in full force, but not in force, if it is continuing under a Paid-up Option.

Indebtedness means an amount owed to us and secured by this policy, less any unearned interest paid in advance.

Home Office means LifeShield National Insurance Company, Oklahoma City, Oklahoma.

Written Request means a request in writing in a form satisfactory to us and filed at our Home Office.

THE CONTRACT

Entire Contract. The entire contract consists of this policy and the application. We consider all statements in the application to be true representations and not warranties. No statement will be used to void this policy or to defend against a claim unless the statement is contained in the application.

Incontestability. We cannot contest this policy after it has been in force during the lifetime of the Insured for 2 years from the Policy Date. This limitation on our right to contest does not apply to nonpayment of premiums or to any rider providing benefits for disability or accidental death.

Modifications. Any modification of this policy must be in writing and signed by an officer of our Company. We do not authorize our agents to modify, waive, or extend any of the conditions of this policy.

DEATH BENEFIT

The death benefit of this policy is the Face Amount if the policy is in full force. Otherwise, the death benefit is the amount of any paid-up life insurance in force. When two individuals are insured hereunder, we will pay one death benefit upon receipt of due proof of the death of either insured. Within ten (10) days after we receive written notification of the death of an Insured, we shall provide to the claimant the necessary forms to be completed to establish proof of the death. We shall pay the proceeds not more than thirty (30) days after we have received proof of death of the Insured. Adjustments in the death benefit will be made as provided in the following paragraphs.

Premium Refund. We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

Premium Due at Death. If any Insured should die with a premium due and unpaid during the 31-day period allowed for payment, we will deduct an amount to pay premiums to the end of this period.

Indebtedness. We will deduct any indebtedness from the death benefit.

Incorrect Age or Sex. If any Insured's age or sex has been stated incorrectly, the benefits under this policy will be those the premium paid would have bought at the correct age and sex.

Suicide. If any Insured should die by suicide, while sane or insane, within 2 years from the Policy Date, the death benefit will be limited to the premiums paid.

Interest. If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the

LN-1001-AR

date of the payment. The interest rate will be 8% a year.

PREMIUMS

Premium Payments. The annual premiums and the premium paying period for this policy are shown in the Schedule of Benefits and Premiums. All premiums are payable in advance beginning on the Policy Date. Payment may be made at our Home Office, or to an authorized agent in exchange for a receipt signed by our President and countersigned by the agent. Premiums may be paid annually, semi-annually, or quarterly at the published rates for this policy, or by any other method with our consent. The premium for any method will be based on our rates in effect on the Policy Date.

Grace Period. We will allow a period of 31 days for the payment of each premium except the first. The policy will remain in full force during this grace period.

If a Premium Is Not Paid. If a premium is unpaid at the end of the grace period, the policy will immediately cease to be in force except as provided below.

Automatic Premium Loan Agreement. If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

If you did not elect this agreement in the application, you may do so by written request while the policy is in full force. You may cancel the agreement at any time by written request and return of the policy for endorsement.

Automatic Paid-Up Insurance. If the Automatic Premium Loan Agreement does not apply, the policy will cease to be in full force but we will use the surrender value to continue the policy in force under a Paid-Up Option, effective on the due date of the unpaid premium. The Automatic Paid Up option is Extended Term. However, during the 60-day period following the due date of the unpaid premium you may elect either the Reduced Life Insurance Paid-Up Option or the Surrender Option by written request and return of the policy.

Reinstatement. You may reinstate this policy to full force within 5 years of the due date of the unpaid premium, if it has not been returned for the surrender value. The requirements for reinstatement are:

1. evidence satisfactory to us of the insurability of the insured (or both insureds, if applicable),
2. payment of all past due premiums with interest at 6% a year, and
3. payment or reinstatement of any loan on the due date of the first unpaid premium, with interest at 6% a year from that date.

POLICY VALUES

Cash Value. Cash values of this policy are shown in the Schedule of Benefits and Premiums. The assumption is made that all premiums have been paid to the end of the policy year and that there is no indebtedness. We will make allowance for premiums paid for a part of any policy year for which a cash value is shown in the table. During the 60-day period following the due date of an unpaid premium, the cash value will be the same as it was on the due date.

If this policy is being continued under one of the Paid-Up Options, the cash value at any given time is the actuarial cost for the remaining insurance at the current age. However, within 30 days after a policy anniversary the cash value will not be less than the value on the anniversary.

The values provided by this policy are not less than the minimum values required by the state where this policy is delivered.

Surrender Value. The surrender value is the cash value at the end of the current policy month, increased by the part of any

premium paid for a period after that month and decreased by any indebtedness. However, there is no surrender value prior to the first policy anniversary.

Surrender Option. You may return this policy for its surrender value. The policy will cease to be in force when we receive it with your written request. We have the right to postpone payment of the surrender value for up to 6 months.

Paid-Up Options. While this policy is in full force with a surrender value, you may elect to stop paying premiums and continue the policy under one of the following options. You must make written request for the option and return the policy to us for endorsement.

Reduced Life Insurance. The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

Extended Term Insurance. The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

Amounts of paid-up life insurance and periods of paid-up term insurance, if available, are shown in the Schedule of Benefits and Premiums. The options will be effective on the due date of the next premium.

Policy Loan. While this policy has a cash value and is in force other than as paid-up term insurance, you can borrow any amount up to the maximum loan value less existing indebtedness. The maximum loan value is the cash value on the due date of the next premium, or on the next policy anniversary if no more premiums are due. The policy is the sole security for the loan.

We deduct from the loan amount:

1. interest on the total indebtedness to the end of the policy year, and
2. any premium due and unpaid when the loan is made.

The interest rate for loans is 8% a year, payable in advance. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

We have the right to postpone making a loan for up to 6 months after the request therefore unless the loan is made to pay a premium on a policy with us.

Whenever the indebtedness exceeds the maximum loan value, the policy will terminate without value. The termination will take effect 31 days after we mail notice to you and to any assignee on records at our Home Office.

Basis of Values. Values, reserves and net single premiums on this policy are based on the tables shown on the Schedule of Benefits and Premiums page.

Values are computed by the Standard Nonforfeiture Value Method, assuming that premiums are on a level basis, that death occurs at the end of the policy year and that premiums are paid annually. Values are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

A detailed explanation of the method of computation of policy values is on file with the insurance supervisory official of the state in which this policy has been delivered.

Reserves are computed by the Commissioner's Reserve Valuation Method. Reserves are based on interest at the rate shown on the Schedule of Benefits and Premiums page .

All values and reserves equal or exceed those required by law.

OWNERSHIP AND BENEFICIARY

Ownership. During any Insured's lifetime, you may exercise any right given by this policy or that we allow. You may transfer ownership of this policy by written request. The transfer will take effect on the day you sign the request, but it will not apply to any payment made or action taken before we receive the request. A transfer of ownership does not change the beneficiary. We will not be responsible for the validity of a change of ownership.

Collateral Assignment. You may assign this policy as collateral security. An assignment is not binding on us unless it is in writing and filed at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment does not transfer ownership, but your rights will be subject to the terms of the assignment.

Beneficiary. The original beneficiary designation is in the application. You may change the beneficiary designation by signing an application for such change during the Insured's lifetime and filing it at our Home Office. The change will be effective on the date you signed the application whether or not the Insured is living when we receive the application at our Home Office. However, any payment made by us in settlement of the policy prior to such receipt will fully discharge us to the extent of the payment. If no beneficiary survives the Insured, payment will be made to you, if living, or your estate.

OPTIONAL METHODS OF PAYMENT

Payment Options. You may elect to have the proceeds of this policy paid under any of the payment options described below by making written request during the Insured's lifetime. If no election is in effect at the Insured's death, the beneficiary may elect a payment option not later than 6 months after the death benefit is payable and before it is paid. Payment Option Tables are shown below. The proceeds may be paid in any other manner agreed to by us.

Option 1. Payment for a Guaranteed Period. Equal monthly payments for the number of years elected, from 1 to 50. We may increase the payments by surplus interest earnings.

Option 2. Payments for Life. Equal monthly payments for the guaranteed period elected and thereafter during the lifetime of the person on whose life payments are based. The guaranteed period may be 10, 15, or 20 years, or until the total amount paid equals the proceeds (Installment Refund).

Option 3. Payments of Specified Amount. Equal annual, semiannual, quarterly, or monthly payments until the proceeds, together with interest at a rate of not less than 3% a year, are paid in full.

Option 4. Interest. Payment of the proceeds may be deferred for up to 50 years, but not beyond the payee's lifetime. Interest earnings on the proceeds at a rate of not less than 3% a year will be paid periodically at the selected interval or added to the proceeds each year.

Limitations. Election of an option may be made only with our consent if

- (1) The option would provide guaranteed payments of less than \$240 a year, or
- (2) proceeds are payable to a corporation, association, partnership, estate, or assignee.

We will require satisfactory proof of age for Option 2.

PAYMENT OPTION TABLES
Monthly Payments for Each \$1,000 of Proceeds

OPTION 1				OPTION 2											
Monthly Yrs. Payments	Yrs.	Monthly Payments	Age Last Birthday	Guaranteed Period				Age Last Birthday	Guaranteed Period						
				M	F	10 Years	15 Years		20 Years	Install- ment Refund	M	F	10 Years	15 Years	20 Years
1	\$84.47	26	\$4.59	41	45	\$3.82	\$3.80	\$3.76	\$3.74	65	69	\$6.39	\$5.85	\$5.24	\$5.98
2	42.86	27	4.47	42	46	3.88	3.85	3.81	3.79	66	70	6.57	5.96	5.28	6.14
3	28.99	28	4.37	43	47	3.94	3.91	3.87	3.85	67	71	6.75	6.06	5.33	6.32
4	22.06	29	4.27	44	48	4.00	3.97	3.92	3.90	68	72	6.93	6.16	5.36	6.51
5	17.91	30	4.18	45	49	4.07	4.03	3.97	3.96	69	73	7.12	6.25	5.39	6.71
6	15.14	31	4.10	46	50	4.14	4.10	4.03	4.02	70	74	7.32	6.34	5.42	6.93
7	13.16	32	4.02	47	51	4.21	4.16	4.09	4.08	71	75	7.51	6.42	5.44	7.15
8	11.68	33	3.95	48	52	4.29	4.23	4.15	4.15	72	76	7.70	6.49	5.46	7.39
9	10.53	34	3.88	49	53	4.37	4.31	4.21	4.22	73	77	7.89	6.56	5.48	7.65
10	9.61	35	3.82	50	54	4.45	4.39	4.28	4.29	74	78	8.08	6.62	5.49	7.91
11	8.86	36	3.76	51	55	4.55	4.47	4.34	4.37	75	79	8.26	6.67	5.49	8.21
12	8.24	37	3.70	52	56	4.64	4.55	4.41	4.45	76	80	8.43	6.72	5.50	8.51
13	7.71	38	3.65	53	57	4.74	4.64	4.48	4.54	77	81	8.60	6.75	5.51	8.84
14	7.26	39	3.60	54	58	4.85	4.72	4.55	4.62	78	82	8.75	6.78	5.51	9.20
15	6.87	40	3.55	55	59	4.96	4.82	4.62	4.72	79	83	8.90	6.81	5.51	9.57
16	6.53	41	3.50	56	60	5.07	4.91	4.69	4.82	80	84	9.02	6.83	5.51	9.97
17	6.23	42	3.46	57	61	5.19	5.01	4.75	4.92	81	85+	9.14	6.84	5.51	10.41
18	5.96	43	3.42	58	62	5.32	5.11	4.82	5.03	82		9.24	6.85	5.51	10.86
19	5.73	44	3.38	59	63	5.45	5.21	4.89	5.14	83		9.32	6.86	5.51	11.35
20	5.51	45	3.34	60	64	5.60	5.32	4.95	5.26	84		9.39	6.86	5.51	11.90
21	5.32	46	3.31	61	65	5.74	5.43	5.02	5.39	85+		9.45	6.87	5.51	12.44
22	5.15	47	3.28	62	66	5.89	5.53	5.08	5.53						
23	4.99	48	3.25	63	67	6.05	5.64	5.14	5.67						
24	4.84	49	3.22	64	68	6.22	5.75	5.19	5.82						
25	4.71	50	3.19												
				+ and over M = Male F = Female											
Annual = 11.839 x monthly Semiannual = 5.963 x monthly Quarterly = 2.993 x monthly				For Option 2 Annual = 11.688 x monthly Semiannual = 5.923 x monthly Quarterly = 2.985 x monthly											

**Whole Life Policy
Payable at Death
Premiums Payable for Life
Nonparticipating**

SERFF Tracking Number: RDWS-127816933 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 50244
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: LifeShield WL Policy
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FLESCH.pdf	Approved-Closed	12/19/2011
Satisfied - Item: Application Comments: Attachment: LN-1001 APP2.pdf		
Satisfied - Item: Life & Annuity - Actuarial Memo Comments: Attachment: LN-1001 Actuarial Memo.pdf	Approved-Closed	12/19/2011
Satisfied - Item: Third Party Authorization Comments: Attachment: Third party auth-LifeShield.pdf	Approved-Closed	12/19/2011
Satisfied - Item: Certification	Approved-Closed	12/19/2011

SERFF Tracking Number: RDWS-127816933 *State:* Arkansas
Filing Company: LifeShield National Insurance Co. *State Tracking Number:* 50244
Company Tracking Number:
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: LifeShield WL Policy
Project Name/Number: /

Comments:

Attachment:

Certification.pdf

FLESCH READABILITY SCORE CERTIFICATION
LIFESHIELD NATIONAL INSURANCE COMPANY

I, Eddie Mire, am a consulting actuary doing work for LifeShield National Insurance Company. I certify that the following forms have been tested and meet the minimum required reading ease score.

<u>Form Number</u>	<u>Flesch Score</u>
LN-1001	55.0
LN-1001 APP	44.3



November 1, 2011
Date

Eddie Mire
Rudd and Wisdom, Inc.

LifeShield National Insurance Company

Whole Life Application

(If applying for Joint Life, please complete both Applicant A and Applicant B information)

APPLICANT A				APPLICANT B			
Name: _____ <small>Last First Middle</small>				Name: _____ <small>Last First Middle</small>			
Residence Address: _____ <small>Address City State Zip Code</small>				Residence Address: _____ <small>Address City State Zip Code</small>			
Telephone: () <small>Area Code</small>				Telephone: () <small>Area Code</small>			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height:	Weight:	Age:
Date of Birth / /	City of Birth	State of Birth		Date of Birth / /	City of Birth	State of Birth	
Social Security Number: _____--____--_____				Social Security Number: _____--____--_____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union			
Owner(s) (if Joint Owner, please provide both names):							
Beneficiaries							
Primary _____				Relationship _____			
Contingent _____				Relationship _____			
Payment Mode							
Bank Draft : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Requested Date of Bank Draft: _____							
Direct Bill: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual							
Automatic Premium Loan Requested: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Supplemental Income: Settlement Option 1 Elected							
\$ _____ in Monthly Income for _____ months.				\$ _____ Equivalent Lump Sum Death Benefit			
Send Premium Notices to: <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____							
Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes please give details below)</small>				Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes please give details below)</small>			
Company:				Company:			
Policy #:	Amount of Coverage:			Policy #:	Amount of Coverage:		
Name of Primary Physician:				Name of Primary Physician:			
City & State:				City & State:			

	Applicant A Circle	Applicant B Circle
1. Is any Proposed Insured <u>currently</u> : hospitalized, confined to a wheel chair, bed or nursing facility?	YES NO	YES NO
2. Has a member of the medical profession ever diagnosed or treated any Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)	YES NO	YES NO
3. Within the past 6 months has any Proposed Insured had a stroke, angina, heart attack, cardiac or circulatory surgery or diabetes (requiring insulin)?	YES NO	YES NO
4. Within the past 12 months has any Proposed Insured been diagnosed or treated for Internal Cancer or Melanoma?	YES NO	YES NO
<i>If any answers to questions 1-4 are "YES", the Proposed Insured is not eligible for ANY coverage.</i>		

IMPORTANT: Circle any health condition for which YES applies.

5. Is any Proposed Insured currently receiving home health care or need assistance performing activities of daily living such as bathing, dressing, eating, toileting, moving about or taking medication?	YES NO	YES NO
6. During the past 12 months has any Proposed Insured had diagnostic testing recommended by a medical professional which has not been completed or for which the results have not been received?	YES NO	YES NO
7. During the past 12 months has any Proposed Insured had treatment/counseling for alcoholism/drugs?	YES NO	YES NO
8. During the past 24 months has any Proposed Insured been diagnosed, treated or hospitalized for: stroke, angina, heart attack or failure, cardiac or circulatory surgery, Internal Cancer or Melanoma?	YES NO	YES NO
9. During the past 24 months has the Proposed Insured been diagnosed or treated for:		
a. Alzheimer's Disease, neuro-muscular disease, Senile Dementia or other cognitive disorder?	YES NO	YES NO
b. Cirrhosis, liver disease, kidney failure, emphysema, chronic obstructive pulmonary disease (C.O.P.D.), chronic lung disease, or been using an oxygen tank?	YES NO	YES NO
10. In the past 12 months has the Proposed Insured used tobacco in any form?	YES NO	YES NO

Give complete details to any yes response in questions 5 through 9.

Question Number	Name	Illness or Condition, treatment & operation type	Name & Address Physician /Hospital	Month / Year	Date Last Treated

I understand the Company may conduct a telephone interview with the Proposed Insured regarding the answers above. I understand and agree the policy applied for will not take effect until issued by the Company and while the Proposed Insured is alive. No agent is authorized to extend, waive or change any terms, conditions or provisions of this policy.

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.

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.

AUTHORIZATION: In order to properly classify my application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities, the MIB, Inc. ("MIB") or other organization, institution or person that has knowledge or records of me and my health to give such information to: (a) LifeShield National Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of: 815 W. Ash Ave., Duncan, Oklahoma 73533. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize LifeShield National Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Notice and the MIB Pre-Notice.

Signed at _____ Date Signed _____
City County State

Applicant A's Signature _____
(Must be signed by Applicant A)

Applicant B's Signature _____
(Must be signed by Applicant B, if applicable)

AGENT STATEMENT – I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Insured. To the best of my knowledge replacement is is not involved in this transaction.

Agent's Signature _____

Agent's Number _____ Date _____

NOTICE

Printed in compliance with Public Law 91-508 – Fair Credit Reporting Act

Thank you for considering LifeShield National Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. LifeShield National Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information to the MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Information for consumers about MIB, Inc. may be obtained on its website at: www.mib.com. LifeShield National Insurance Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

CONDITIONAL RECEIPT

Received from _____
for life insurance applied for from LifeShield National Insurance Company, with the application bearing
the same date as this receipt:

A payment of \$ _____ Cash Check Other

IMPORTANT: No insurance will be effective unless all the conditions set forth on the bottom of this receipt are satisfied. The agent and medical examiner cannot accept risks or waive any of LifeShield National's rights or requirements. This receipt is not valid unless it is signed by an agent of LifeShield National, the Proposed Insured and the Owner. All premium checks shall be made payable to LifeShield National. **DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

_____ X _____
Date Proposed Insured

_____ X _____
Agent Owner, if other than Proposed Insured

IMPORTANT: The insurance applied for will take effect on the latter of the completion of the application or the completion of any medical examination or tests required by LifeShield National, only if the following conditions are met:

1. All persons to be covered must be insurable as acceptable risks for the kind and amount of insurance applied for according to LifeShield National's rules on the date the insurance takes effect.
2. Any check or draft given in payment of the initial premium must be honored when first presented.
3. The premium paid or authorized in the application must be sufficient to provide one month of the coverage applied for.
4. The total amount of life insurance provided under this receipt for all losses is limited to the amount applied for.

If you do not hear from LifeShield National regarding the proposed insurance within 30 days, notify LifeShield National at 815 W. Ash Ave., Duncan, Oklahoma 73533. Give your name, the agent's name, date and amount paid.

INSURANCE, IF ANY, PROVIDED UNDER THIS RECEIPT IS CONDITIONAL. IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THIS RECEIPT CONFERS NO INSURANCE AND THE PREMIUM PAID WILL BE RETURNED TO YOU.



LIFESHIELD
NATIONAL INSURANCE COMPANY

Member, The Midland Group

January 14, 2010

To Whom It May Concern:

This letter is to certify that Eddie Mire, of Rudd and Wisdom, Inc., Consulting Actuaries, is authorized to file policy forms and rates with state insurance departments on behalf of LifeShield National Insurance Co.

Signature

David W. Brooks

Printed Name

Vice President

Title

Rudd and Wisdom, Inc.

CONSULTING ACTUARIES

Steven T. Anderson, A.S.A.
Mitchell L. Bilbe, F.S.A.
Evan L. Dial, F.S.A.
Philip S. Dial, F.S.A.
Charles V. Faerber, F.S.A., A.C.A.S.
Mark R. Fenlaw, F.S.A.
Carl L. Frammolino, F.S.A.

Kenneth J. Herbold, A.S.A.
Christopher S. Johnson, F.S.A.
Robert M. May, F.S.A.
J. Christopher McCaul, F.S.A.
Edward A. Mire, F.S.A.

Rebecca B. Morris, A.S.A.
Michael J. Muth, F.S.A.
Khiem Ngo, F.S.A.
Coralie A. Taylor, A.S.A.
Ronald W. Tobleman, F.S.A.
Elizabeth A. Wiley, F.S.A.
David G. Wilkes, F.S.A.

December 15, 2011

Arkansas Insurance Department

Re: RDWS-127816933
LifeShield National Insurance Co.
Form No. LN-1001

With reference to the attached form, per A.C.A. 23-79-138, we will provide each policyowner with the servicing agent's name, address and phone number. The home office information is listed on the policy form.

I certify that this filing meets the provisions of Regulation 19s10B as well as all applicable requirements of the Department.



December 15, 2011

Date

Edward Mire

SERFF Tracking Number: RDWS-127816933 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 50244
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: LifeShield WL Policy
 Project Name/Number: /

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	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/11/2011		Supporting Application Document	05/21/2012	LN-1001 APP.pdf (Superseded)
12/15/2011	Form	Whole Life Form	12/19/2011	LN-1001.pdf (Superseded)
11/11/2011	Form	Whole Life Form	12/15/2011	LN-1001.pdf (Superseded)

Lifeshield National Insurance Company

Whole Life Application

(If applying for Joint Life, please complete both Applicant A and Applicant B information)

APPLICANT A				APPLICANT B			
Name: _____ <small>Last First Middle</small>				Name: _____ <small>Last First Middle</small>			
Residence Address: _____ <small>Address City State Zip Code</small>				Residence Address: _____ <small>Address City State Zip Code</small>			
Telephone: () _____ <small>Area Code</small>				Telephone: () _____ <small>Area Code</small>			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height: _____	Weight: _____	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height: _____	Weight: _____	Age: _____
Date of Birth / /	City of Birth	State of Birth		Date of Birth / /	City of Birth	State of Birth	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union			
Owner(s) (if Joint Owner, please provide both names): _____							
Beneficiaries							
Primary _____				Relationship _____			
Contingent _____				Relationship _____			
Payment Mode							
Bank Draft : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Requested Date of Bank Draft: _____							
Direct Bill: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual							
Automatic Premium Loan Requested: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Supplemental Income: Settlement Option 1 Elected							
\$ _____ in Monthly Income for _____ months.				\$ _____ Equivalent Lump Sum Death Benefit			
Send Premium Notices to: <input type="checkbox"/> Owner <input type="checkbox"/> Other: _____							
Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes please give details below)</small>				Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes please give details below)</small>			
Company: _____				Company: _____			
Policy #:	Amount of Coverage:			Policy #:	Amount of Coverage:		
Name of Primary Physician: _____				Name of Primary Physician: _____			
City & State: _____				City & State: _____			

	Applicant A Circle	Applicant B Circle
1. Is any Proposed Insured <u>currently</u> : hospitalized, confined to a wheel chair, bed or nursing facility?	YES NO	YES NO
2. Has a member of the medical profession ever diagnosed or treated any Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)	YES NO	YES NO
3. Within the past 6 months has any Proposed Insured had a stroke, angina, heart attack, cardiac or circulatory surgery or diabetes (requiring insulin)?	YES NO	YES NO
4. Within the past 12 months has any Proposed Insured been diagnosed or treated for Internal Cancer or Melanoma?	YES NO	YES NO
<i>If any answers to questions 1-4 are "YES", the Proposed Insured is not eligible for ANY coverage.</i>		

IMPORTANT: Circle any health condition for which YES applies.

5. Is any Proposed Insured currently receiving home health care or need assistance performing activities of daily living such as bathing, dressing, eating, toileting, moving about or taking medication?	YES NO	YES NO
6. During the past 12 months has any Proposed Insured had diagnostic testing recommended by a medical professional which has not been completed or for which the results have not been received?	YES NO	YES NO
7. During the past 12 months has any Proposed Insured had treatment/counseling for alcoholism/drugs?	YES NO	YES NO
8. During the past 24 months has any Proposed Insured been diagnosed, treated or hospitalized for: stroke, angina, heart attack or failure, cardiac or circulatory surgery, Internal Cancer or Melanoma?	YES NO	YES NO
9. During the past 24 months has the Proposed Insured been diagnosed or treated for:		
a. Alzheimer's Disease, neuro-muscular disease, Senile Dementia or other cognitive disorder?	YES NO	YES NO
b. Cirrhosis, liver disease, kidney failure, emphysema, chronic obstructive pulmonary disease (C.O.P.D.), chronic lung disease, or been using an oxygen tank?	YES NO	YES NO
10. In the past 12 months has the Proposed Insured used tobacco in any form?	YES NO	YES NO

Give complete details to any yes response in questions 5 through 9.

Question Number	Name	Illness or Condition, treatment & operation type	Name & Address Physician /Hospital	Month / Year	Date Last Treated

I understand the Company may conduct a telephone interview with the Proposed Insured regarding the answers above. I understand and agree the policy applied for will not take effect until issued by the Company and while the Proposed Insured is alive. No agent is authorized to extend, waive or change any terms, conditions or provisions of this policy.

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.

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.

AUTHORIZATION: In order to properly classify my application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities, the MIB, Inc. ("MIB") or other organization, institution or person that has knowledge or records of me and my health to give such information to: (a) Lifeshield National Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of: PO Box 26243, Oklahoma City, Oklahoma 73126-0243. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Lifeshield National Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Notice and the MIB Pre-Notice.

Signed at _____ Date Signed _____
City County State

Applicant A's Signature _____
(Must be signed by Applicant A)

Applicant B's Signature _____
(Must be signed by Applicant B, if applicable)

AGENT STATEMENT – I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Insured. To the best of my knowledge replacement is is not involved in this transaction.

Agent's Signature _____

Agent's Number _____ Date _____

NOTICE

Printed in compliance with Public Law 91-508 – Fair Credit Reporting Act

Thank you for considering Lifeshield National Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Lifeshield National Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information to the MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Information for consumers about MIB, Inc. may be obtained on its website at: www.mib.com. Lifeshield National Insurance Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

CONDITIONAL RECEIPT

Received from _____
for life insurance applied for with the application bearing the same date as this receipt:

A payment of \$_____ Cash Check Other

IMPORTANT: No insurance will be effective unless all the conditions set forth on the bottom of this receipt are satisfied. The agent and medical examiner cannot accept risks or waive any of the Company's rights or requirements. This receipt is not valid unless it is signed by an agent of the Company, the Proposed Insured and the Owner. All premium checks shall be made payable to the Company. **DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

_____ X _____
Date Proposed Insured

_____ x _____
Agent Owner, if other than Proposed Insured

IMPORTANT: The insurance applied for will take effect on the latter of the completion of the application or the completion of any medical examination or tests required by the Company, only if the following conditions are met:

1. All persons to be covered must be insurable as acceptable risks for the kind and amount of insurance applied for according to the Company's rules on the date the insurance takes effect.
2. Any check or draft given in payment of the initial premium must be honored when first presented.
3. The premium paid or authorized in the application must be sufficient to provide one month of the coverage applied for.
4. The total amount of life insurance provided under this receipt for all losses is limited to the amount applied for.

If you do not hear from the Company regarding the proposed insurance within 30 days, notify the Company at PO Box 26243, Oklahoma City, Oklahoma 73126-0243. Give your name, the agent's name, date and amount paid.

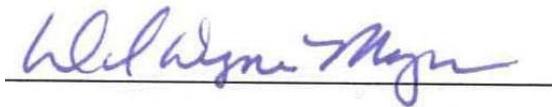
INSURANCE, IF ANY, PROVIDED UNDER THIS RECEIPT IS CONDITIONAL. IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THIS RECEIPT CONFERS NO INSURANCE AND THE PREMIUM PAID WILL BE RETURNED TO YOU.

LifeShield National Insurance Company

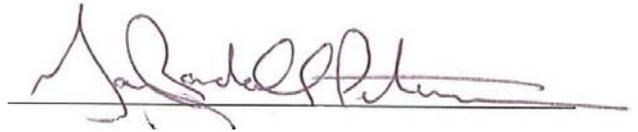
Administrative Offices: 815 West Ash Ave., Duncan, OK 73533 1-800-366-8354

We will pay the death benefit to the beneficiary upon receiving proof of the Insured's death. Other rights and privileges are provided in the policy.

These agreements are subject to all provisions of the policy.



Secretary



President

Please Note: We have relied on the information in the application as being true and complete to the best of the knowledge and belief of the person giving it. A copy of the application is attached.

You may cancel this policy by returning it to us or our agent within 30 days after you receive it and we will refund all premiums paid.

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.

**Whole Life Policy
Payable at Death
Premiums Payable for Life
Nonparticipating**

SCHEDULE OF BENEFITS AND PREMIUMS

FORM NUMBER	FACE AMOUNT	DESCRIPTION OF BENEFITS	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
LN-1001	[\$10,000]	Whole Life	[\$254.40]	Life

TOTAL PREMIUMS
 THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS.

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$254.40]	[\$131.01]	[\$66.78]	[\$21.62]

INSURED: [John Doe] JOINT INSURED (if applicable): [n/a]
 INSURED SEX: [Male] JOINT INSURED SEX (if applicable): [n/a]
 OWNER [John Doe] JOINT OWNER (if applicable): [n/a]
 AGE (or Joint Equivalent Age, if applicable): [45]

RATE CLASS [Non-Smoker/Standard]
 POLICY NUMBER [12345678]
 FACE AMOUNT [\$10,000]
 POLICY DATE [1/1/2012]

RESERVE BASIS: 2001 Commissioner's Standard Ordinary Tables, ALB, Sex Distinct, Smoker Distinct
 RESERVE INTEREST RATE: 4.0%
 CASH VALUE INTEREST RATE: 5.0%

LN-1001

TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT

End of year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	0	0	0	0
2	0	0	0	0
3	110	450	3	271
4	240	930	6	350
5	380	1,410	9	132
6	530	1,890	11	109
7	680	2,330	12	237
8	830	2,740	13	235
9	990	3,140	14	191
10	1,150	3,510	15	76
11	1,320	3,880	15	298
12	1,490	4,220	16	86
13	1,660	4,540	16	186
14	1,840	4,850	16	268
15	2,020	5,130	16	310
16	2,210	5,420	16	342
17	2,400	5,690	16	342
18	2,590	5,940	16	315
19	2,780	6,170	16	267
20	2,970	6,380	16	200

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DEFINITIONS

You, Your means the Owner of this policy as shown on the Schedule of Benefits and Premiums.

Insured means the Insured shown on the Schedule of Benefits and Premium Page (or the Joint Insured if shown on the Schedule of Benefits and Premium Page.)

We, Us, Our means LifeShield National Insurance Company.

Full Force means the policy is in force and no premium payment is more than 31 days overdue. The policy is in full force, but not in force, if it is continuing under a Paid-up Option.

Indebtedness means an amount owed to us and secured by this policy, less any unearned interest paid in advance.

Home Office means LifeShield National Insurance Company, Oklahoma City, Oklahoma.

Written Request means a request in writing in a form satisfactory to us and filed at our Home Office.

THE CONTRACT

Entire Contract. The entire contract consists of this policy and the application. We consider all statements in the application to be true representations and not warranties. No statement will be used to void this policy or to defend against a claim unless the statement is contained in the application.

Incontestability. We cannot contest this policy after it has been in force during the lifetime of the Insured for 2 years from the Policy Date. This limitation on our right to contest does not apply to nonpayment of premiums or to any rider providing benefits for disability or accidental death.

Modifications. Any modification of this policy must be in writing and signed by an officer of our Company. We do not authorize our agents to modify, waive, or extend any of the conditions of this policy.

DEATH BENEFIT

The death benefit of this policy is the Face Amount if the policy is in full force. Otherwise, the death benefit is the amount of any paid-up life insurance in force. When two individuals are insured hereunder, we will pay one death benefit upon receipt of due proof of the death of either insured. Within ten (10) days after we receive written notification of the death of an Insured, we shall provide to the claimant the necessary forms to be completed to establish proof of the death. We shall pay the proceeds not more than thirty (30) days after we have received proof of death of the Insured. Adjustments in the death benefit will be made as provided in the following paragraphs.

Premium Refund. We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

Premium Due at Death. If any Insured should die with a premium due and unpaid during the 31-day period allowed for payment, we will deduct an amount to pay premiums to the end of this period.

Indebtedness. We will deduct any indebtedness from the death benefit.

Incorrect Age or Sex. If any Insured's age or sex has been stated incorrectly, the benefits under this policy will be those the premium paid would have bought at the correct age and sex.

Suicide. If any Insured should die by suicide, while sane or insane, within 2 years from the Policy Date, the death benefit will be limited to the premiums paid.

Interest. If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the

date of the payment. The interest rate will be 8% a year.

PREMIUMS

Premium Payments. The annual premiums and the premium paying period for this policy are shown in the Schedule of Benefits and Premiums. All premiums are payable in advance beginning on the Policy Date. Payment may be made at our Home Office, or to an authorized agent in exchange for a receipt signed by our President and countersigned by the agent. Premiums may be paid annually, semi-annually, or quarterly at the published rates for this policy, or by any other method with our consent. The premium for any method will be based on our rates in effect on the Policy Date.

Grace Period. We will allow a period of 31 days for the payment of each premium except the first. The policy will remain in full force during this grace period.

If a Premium Is Not Paid. If a premium is unpaid at the end of the grace period, the policy will immediately cease to be in force except as provided below.

Automatic Premium Loan Agreement. If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

If you did not elect this agreement in the application, you may do so by written request while the policy is in full force. You may cancel the agreement at any time by written request and return of the policy for endorsement.

Automatic Paid-Up Insurance. If the Automatic Premium Loan Agreement does not apply, the policy will cease to be in full force but we will use the surrender value to continue the policy in force under a Paid-Up Option, effective on the due date of the unpaid premium. The Automatic Paid Up option is Extended Term. However, during the 60-day period following the due date of the unpaid premium you may elect either the Reduced Life Insurance Paid-Up Option or the Surrender Option by written request and return of the policy.

Reinstatement. You may reinstate this policy to full force within 5 years of the due date of the unpaid premium, if it has not been returned for the surrender value. The requirements for reinstatement are:

1. evidence satisfactory to us of the insurability of the insured (or both insureds, if applicable),
2. payment of all past due premiums with interest at 6% a year, and
3. payment or reinstatement of any loan on the due date of the first unpaid premium, with interest at 6% a year from that date.

POLICY VALUES

Cash Value. Cash values of this policy are shown in the Schedule of Benefits and Premiums. The assumption is made that all premiums have been paid to the end of the policy year and that there is no indebtedness. We will make allowance for premiums paid for a part of any policy year for which a cash value is shown in the table. During the 60-day period following the due date of an unpaid premium, the cash value will be the same as it was on the due date.

If this policy is being continued under one of the Paid-Up Options, the cash value at any given time is the actuarial cost for the remaining insurance at the current age. However, within 30 days after a policy anniversary the cash value will not be less than the value on the anniversary.

The values provided by this policy are not less than the minimum values required by the state where this policy is delivered.

Surrender Value. The surrender value is the cash value at the end of the current policy month, increased by the part of any

premium paid for a period after that month and decreased by any indebtedness. However, there is no surrender value prior to the first policy anniversary.

Surrender Option. You may return this policy for its surrender value. The policy will cease to be in force when we receive it with your written request. We have the right to postpone payment of the surrender value for up to 6 months.

Paid-Up Options. While this policy is in full force with a surrender value, you may elect to stop paying premiums and continue the policy under one of the following options. You must make written request for the option and return the policy to us for endorsement.

Reduced Life Insurance. The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

Extended Term Insurance. The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

Amounts of paid-up life insurance and periods of paid-up term insurance, if available, are shown in the Schedule of Benefits and Premiums. The options will be effective on the due date of the next premium.

Policy Loan. While this policy has a cash value and is in force other than as paid-up term insurance, you can borrow any amount up to the maximum loan value less existing indebtedness. The maximum loan value is the cash value on the due date of the next premium, or on the next policy anniversary if no more premiums are due. The policy is the sole security for the loan.

We deduct from the loan amount:

1. interest on the total indebtedness to the end of the policy year, and
2. any premium due and unpaid when the loan is made.

The interest rate for loans is 8% a year, payable in advance. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

We have the right to postpone making a loan for up to 6 months after the request therefore unless the loan is made to pay a premium on a policy with us.

Whenever the indebtedness exceeds the maximum loan value, the policy will terminate without value. The termination will take effect 31 days after we mail notice to you and to any assignee on records at our Home Office.

Basis of Values. Values, reserves and net single premiums on this policy are based on the tables shown on the Schedule of Benefits and Premiums page.

Values are computed by the Standard Nonforfeiture Value Method, assuming that premiums are on a level basis, that death occurs at the end of the policy year and that premiums are paid annually. Values are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

A detailed explanation of the method of computation of policy values is on file with the insurance supervisory official of the state in which this policy has been delivered.

Reserves are computed by the Commissioner's Reserve Valuation Method. Reserves are based on interest at the rate shown on the Schedule of Benefits and Premiums page .

All values and reserves equal or exceed those required by law.

OWNERSHIP AND BENEFICIARY

Ownership. During any Insured's lifetime, you may exercise any right given by this policy or that we allow. You may transfer ownership of this policy by written request. The transfer will take effect on the day you sign the request, but it will not apply to any payment made or action taken before we receive the request. A transfer of ownership does not change the beneficiary. We will not be responsible for the validity of a change of ownership.

Collateral Assignment. You may assign this policy as collateral security. An assignment is not binding on us unless it is in writing and filed at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment does not transfer ownership, but your rights will be subject to the terms of the assignment.

Beneficiary. The original beneficiary designation is in the application. You may change the beneficiary designation by signing an application for such change during the Insured's lifetime and filing it at our Home Office. The change will be effective on the date you signed the application whether or not the Insured is living when we receive the application at our Home Office. However, any payment made by us in settlement of the policy prior to such receipt will fully discharge us to the extent of the payment. If no beneficiary survives the Insured, payment will be made to you, if living, or your estate.

OPTIONAL METHODS OF PAYMENT

Payment Options. You may elect to have the proceeds of this policy paid under any of the payment options described below by making written request during the Insured's lifetime. If no election is in effect at the Insured's death, the beneficiary may elect a payment option not later than 6 months after the death benefit is payable and before it is paid. Payment Option Tables are shown below. The proceeds may be paid in any other manner agreed to by us.

Option 1. Payment for a Guaranteed Period. Equal monthly payments for the number of years elected, from 1 to 50. We may increase the payments by surplus interest earnings.

Option 2. Payments for Life. Equal monthly payments for the guaranteed period elected and thereafter during the lifetime of the person on whose life payments are based. The guaranteed period may be 10, 15, or 20 years, or until the total amount paid equals the proceeds (Installment Refund).

Option 3. Payments of Specified Amount. Equal annual, semiannual, quarterly, or monthly payments until the proceeds, together with interest at a rate of not less than 3% a year, are paid in full.

Option 4. Interest. Payment of the proceeds may be deferred for up to 50 years, but not beyond the payee's lifetime. Interest earnings on the proceeds at a rate of not less than 3% a year will be paid periodically at the selected interval or added to the proceeds each year.

Limitations. Election of an option may be made only with our consent if

- (1) The option would provide guaranteed payments of less than \$240 a year, or
- (2) proceeds are payable to a corporation, association, partnership, estate, or assignee.

We will require satisfactory proof of age for Option 2.

PAYMENT OPTION TABLES
Monthly Payments for Each \$1,000 of Proceeds

OPTION 1				OPTION 2											
Monthly Yrs. Payments	Yrs.	Monthly Payments	Age Last Birthday		Guaranteed Period				Age Last Birthday		Guaranteed Period				
			M	F	10 Years	15 Years	20 Years	Install- ment Refund	M	F	10 Years	15 Years	20 Years	Install- ment Refund	
1	\$84.47	26	\$4.59	41	45	\$3.82	\$3.80	\$3.76	\$3.74	65	69	\$6.39	\$5.85	\$5.24	\$5.98
2	42.86	27	4.47	42	46	3.88	3.85	3.81	3.79	66	70	6.57	5.96	5.28	6.14
3	28.99	28	4.37	43	47	3.94	3.91	3.87	3.85	67	71	6.75	6.06	5.33	6.32
4	22.06	29	4.27	44	48	4.00	3.97	3.92	3.90	68	72	6.93	6.16	5.36	6.51
5	17.91	30	4.18	45	49	4.07	4.03	3.97	3.96	69	73	7.12	6.25	5.39	6.71
6	15.14	31	4.10	46	50	4.14	4.10	4.03	4.02	70	74	7.32	6.34	5.42	6.93
7	13.16	32	4.02	47	51	4.21	4.16	4.09	4.08	71	75	7.51	6.42	5.44	7.15
8	11.68	33	3.95	48	52	4.29	4.23	4.15	4.15	72	76	7.70	6.49	5.46	7.39
9	10.53	34	3.88	49	53	4.37	4.31	4.21	4.22	73	77	7.89	6.56	5.48	7.65
10	9.61	35	3.82	50	54	4.45	4.39	4.28	4.29	74	78	8.08	6.62	5.49	7.91
11	8.86	36	3.76	51	55	4.55	4.47	4.34	4.37	75	79	8.26	6.67	5.49	8.21
12	8.24	37	3.70	52	56	4.64	4.55	4.41	4.45	76	80	8.43	6.72	5.50	8.51
13	7.71	38	3.65	53	57	4.74	4.64	4.48	4.54	77	81	8.60	6.75	5.51	8.84
14	7.26	39	3.60	54	58	4.85	4.72	4.55	4.62	78	82	8.75	6.78	5.51	9.20
15	6.87	40	3.55	55	59	4.96	4.82	4.62	4.72	79	83	8.90	6.81	5.51	9.57
16	6.53	41	3.50	56	60	5.07	4.91	4.69	4.82	80	84	9.02	6.83	5.51	9.97
17	6.23	42	3.46	57	61	5.19	5.01	4.75	4.92	81	85+	9.14	6.84	5.51	10.41
18	5.96	43	3.42	58	62	5.32	5.11	4.82	5.03	82		9.24	6.85	5.51	10.86
19	5.73	44	3.38	59	63	5.45	5.21	4.89	5.14	83		9.32	6.86	5.51	11.35
20	5.51	45	3.34	60	64	5.60	5.32	4.95	5.26	84		9.39	6.86	5.51	11.90
21	5.32	46	3.31	61	65	5.74	5.43	5.02	5.39	85+		9.45	6.87	5.51	12.44
22	5.15	47	3.28	62	66	5.89	5.53	5.08	5.53						
23	4.99	48	3.25	63	67	6.05	5.64	5.14	5.67						
24	4.84	49	3.22	64	68	6.22	5.75	5.19	5.82						
25	4.71	50	3.19												
				+ and over M = Male F = Female											
Annual = 11.839 x monthly Semiannual = 5.963 x monthly Quarterly = 2.993 x monthly				For Option 2 Annual = 11.688 x monthly Semiannual = 5.923 x monthly Quarterly = 2.985 x monthly											

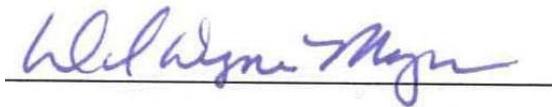
**Whole Life Policy
Payable at Death
Premiums Payable for Life
Nonparticipating**

LifeShield National Insurance Company

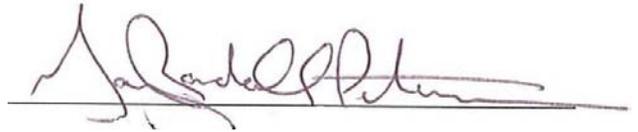
Administrative Offices: 815 West Ash Ave., Duncan, OK 73533 1-800-366-8354

We will pay the death benefit to the beneficiary upon receiving proof of the Insured's death. Other rights and privileges are provided in the policy.

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Secretary



President

Please Note: We have relied on the information in the application as being true and complete to the best of the knowledge and belief of the person giving it. A copy of the application is attached.

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**Whole Life Policy
Payable at Death
Premiums Payable for Life
Nonparticipating**

SCHEDULE OF BENEFITS AND PREMIUMS

FORM NUMBER	FACE AMOUNT	DESCRIPTION OF BENEFITS	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
LN-1001	[\$10,000]	Whole Life	[\$254.40]	Life

TOTAL PREMIUMS
 THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS.

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$254.40]	[\$131.01]	[\$66.78]	[\$21.62]

INSURED: [John Doe] JOINT INSURED (if applicable): [n/a]
 INSURED SEX: [Male] JOINT INSURED SEX (if applicable): [n/a]
 OWNER [John Doe] JOINT OWNER (if applicable): [n/a]
 AGE (or Joint Equivalent Age, if applicable): [45]

RATE CLASS [Non-Smoker/Standard]
 POLICY NUMBER [12345678]
 FACE AMOUNT [\$10,000]
 POLICY DATE [1/1/2012]

RESERVE BASIS: 2001 Commissioner's Standard Ordinary Tables, ALB, Sex Distinct, Smoker Distinct
 RESERVE INTEREST RATE: 4.0%
 CASH VALUE INTEREST RATE: 5.0%

LN-1001

TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT

End of year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	0	0	0	0
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4	240	930	6	350
5	380	1,410	9	132
6	530	1,890	11	109
7	680	2,330	12	237
8	830	2,740	13	235
9	990	3,140	14	191
10	1,150	3,510	15	76
11	1,320	3,880	15	298
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DEFINITIONS

You, Your means the Owner of this policy as shown on the Schedule of Benefits and Premiums.

Insured means the Insured shown on the Schedule of Benefits and Premium Page (or the Joint Insured if shown on the Schedule of Benefits and Premium Page.)

We, Us, Our means LifeShield National Insurance Company.

Full Force means the policy is in force and no premium payment is more than 31 days overdue. The policy is in full force, but not in force, if it is continuing under a Paid-up Option.

Indebtedness means an amount owed to us and secured by this policy, less any unearned interest paid in advance.

Home Office means LifeShield National Insurance Company, Oklahoma City, Oklahoma.

Written Request means a request in writing in a form satisfactory to us and filed at our Home Office.

THE CONTRACT

Entire Contract. The entire contract consists of this policy and the application. We consider all statements in the application to be true representations and not warranties. No statement will be used to void this policy or to defend against a claim unless the statement is contained in the application.

Incontestability. We cannot contest this policy after it has been in force during the lifetime of the Insured for 2 years from the Policy Date. This limitation on our right to contest does not apply to nonpayment of premiums or to any rider providing benefits for disability or accidental death.

Modifications. Any modification of this policy must be in writing and signed by an officer of our Company. We do not authorize our agents to modify, waive, or extend any of the conditions of this policy.

DEATH BENEFIT

The death benefit of this policy is the Face Amount if the policy is in full force. Otherwise, the death benefit is the amount of any paid-up life insurance in force. When two individuals are insured hereunder, we will pay one death benefit upon receipt of due proof of the death of either insured. Within ten (10) days after we receive written notification of the death of an Insured, we shall provide to the claimant the necessary forms to be completed to establish proof of the death. We shall pay the proceeds not more than thirty (30) days after we have received proof of death of the Insured. Adjustments in the death benefit will be made as provided in the following paragraphs.

Premium Refund. We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

Premium Due at Death. If any Insured should die with a premium due and unpaid during the 31-day period allowed for payment, we will deduct an amount to pay premiums to the end of this period.

Indebtedness. We will deduct any indebtedness from the death benefit.

Incorrect Age or Sex. If any Insured's age or sex has been stated incorrectly, the benefits under this policy will be those the premium paid would have bought at the correct age and sex.

Suicide. If any Insured should die by suicide, while sane or insane, within 2 years from the Policy Date, the death benefit will be limited to the premiums paid.

Interest. If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the

date of the payment. The interest rate will be determined by us and will not be less than 3% a year.

PREMIUMS

Premium Payments. The annual premiums and the premium paying period for this policy are shown in the Schedule of Benefits and Premiums. All premiums are payable in advance beginning on the Policy Date. Payment may be made at our Home Office, or to an authorized agent in exchange for a receipt signed by our President and countersigned by the agent. Premiums may be paid annually, semi-annually, or quarterly at the published rates for this policy, or by any other method with our consent. The premium for any method will be based on our rates in effect on the Policy Date.

Grace Period. We will allow a period of 31 days for the payment of each premium except the first. The policy will remain in full force during this grace period.

If a Premium Is Not Paid. If a premium is unpaid at the end of the grace period, the policy will immediately cease to be in force except as provided below.

Automatic Premium Loan Agreement. If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

If you did not elect this agreement in the application, you may do so by written request while the policy is in full force. You may cancel the agreement at any time by written request and return of the policy for endorsement.

Automatic Paid-Up Insurance. If the Automatic Premium Loan Agreement does not apply, the policy will cease to be in full force but we will use the surrender value to continue the policy in force under a Paid-Up Option, effective on the due date of the unpaid premium. The Automatic Paid Up option is Extended Term. However, during the 60-day period following the due date of the unpaid premium you may elect either the Reduced Life Insurance Paid-Up Option or the Surrender Option by written request and return of the policy.

Reinstatement. You may reinstate this policy to full force within 5 years of the due date of the unpaid premium, if it has not been returned for the surrender value. The requirements for reinstatement are:

1. evidence satisfactory to us of the insurability of the insured (or both insureds, if applicable),
2. payment of all past due premiums with interest at 6% a year, and
3. payment or reinstatement of any loan on the due date of the first unpaid premium, with interest at 6% a year from that date.

POLICY VALUES

Cash Value. Cash values of this policy are shown in the Schedule of Benefits and Premiums. The assumption is made that all premiums have been paid to the end of the policy year and that there is no indebtedness. We will make allowance for premiums paid for a part of any policy year for which a cash value is shown in the table. During the 60-day period following the due date of an unpaid premium, the cash value will be the same as it was on the due date.

If this policy is being continued under one of the Paid-Up Options, the cash value at any given time is the actuarial cost for the remaining insurance at the current age. However, within 30 days after a policy anniversary the cash value will not be less than the value on the anniversary.

The values provided by this policy are not less than the minimum values required by the state where this policy is delivered.

Surrender Value. The surrender value is the cash value at the end of the current policy month, increased by the part of any

premium paid for a period after that month and decreased by any indebtedness. However, there is no surrender value prior to the first policy anniversary.

Surrender Option. You may return this policy for its surrender value. The policy will cease to be in force when we receive it with your written request. We have the right to postpone payment of the surrender value for up to 6 months.

Paid-Up Options. While this policy is in full force with a surrender value, you may elect to stop paying premiums and continue the policy under one of the following options. You must make written request for the option and return the policy to us for endorsement.

Reduced Life Insurance. The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

Extended Term Insurance. The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

Amounts of paid-up life insurance and periods of paid-up term insurance, if available, are shown in the Schedule of Benefits and Premiums. The options will be effective on the due date of the next premium.

Policy Loan. While this policy has a cash value and is in force other than as paid-up term insurance, you can borrow any amount up to the maximum loan value less existing indebtedness. The maximum loan value is the cash value on the due date of the next premium, or on the next policy anniversary if no more premiums are due. The policy is the sole security for the loan.

We deduct from the loan amount:

1. interest on the total indebtedness to the end of the policy year, and
2. any premium due and unpaid when the loan is made.

The interest rate for loans is 8% a year, payable in advance. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

We have the right to postpone making a loan for up to 6 months after the request therefore unless the loan is made to pay a premium on a policy with us.

Whenever the indebtedness exceeds the maximum loan value, the policy will terminate without value. The termination will take effect 31 days after we mail notice to you and to any assignee on records at our Home Office.

Basis of Values. Values, reserves and net single premiums on this policy are based on the tables shown on the Schedule of Benefits and Premiums page.

Values are computed by the Standard Nonforfeiture Value Method, assuming that premiums are on a level basis, that death occurs at the end of the policy year and that premiums are paid annually. Values are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

A detailed explanation of the method of computation of policy values is on file with the insurance supervisory official of the state in which this policy has been delivered.

Reserves are computed by the Commissioner's Reserve Valuation Method. Reserves are based on interest at the rate shown on the Schedule of Benefits and Premiums page .

All values and reserves equal or exceed those required by law.

OWNERSHIP AND BENEFICIARY

Ownership. During any Insured's lifetime, you may exercise any right given by this policy or that we allow. You may transfer ownership of this policy by written request. The transfer will take effect on the day you sign the request, but it will not apply to any payment made or action taken before we receive the request. A transfer of ownership does not change the beneficiary. We will not be responsible for the validity of a change of ownership.

Collateral Assignment. You may assign this policy as collateral security. An assignment is not binding on us unless it is in writing and filed at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment does not transfer ownership, but your rights will be subject to the terms of the assignment.

Beneficiary. The original beneficiary designation is in the application. You may change the beneficiary designation by signing an application for such change during the Insured's lifetime and filing it at our Home Office. The change will be effective on the date you signed the application whether or not the Insured is living when we receive the application at our Home Office. However, any payment made by us in settlement of the policy prior to such receipt will fully discharge us to the extent of the payment. If no beneficiary survives the Insured, payment will be made to you, if living, or your estate.

OPTIONAL METHODS OF PAYMENT

Payment Options. You may elect to have the proceeds of this policy paid under any of the payment options described below by making written request during the Insured's lifetime. If no election is in effect at the Insured's death, the beneficiary may elect a payment option not later than 6 months after the death benefit is payable and before it is paid. Payment Option Tables are shown below. The proceeds may be paid in any other manner agreed to by us.

Option 1. Payment for a Guaranteed Period. Equal monthly payments for the number of years elected, from 1 to 50. We may increase the payments by surplus interest earnings.

Option 2. Payments for Life. Equal monthly payments for the guaranteed period elected and thereafter during the lifetime of the person on whose life payments are based. The guaranteed period may be 10, 15, or 20 years, or until the total amount paid equals the proceeds (Installment Refund).

Option 3. Payments of Specified Amount. Equal annual, semiannual, quarterly, or monthly payments until the proceeds, together with interest at a rate of not less than 3% a year, are paid in full.

Option 4. Interest. Payment of the proceeds may be deferred for up to 50 years, but not beyond the payee's lifetime. Interest earnings on the proceeds at a rate of not less than 3% a year will be paid periodically at the selected interval or added to the proceeds each year.

Limitations. Election of an option may be made only with our consent if

- (1) The option would provide guaranteed payments of less than \$240 a year, or
- (2) proceeds are payable to a corporation, association, partnership, estate, or assignee.

We will require satisfactory proof of age for Option 2.

PAYMENT OPTION TABLES
Monthly Payments for Each \$1,000 of Proceeds

OPTION 1				OPTION 2											
Monthly Yrs. Payments	Yrs.	Monthly Payments	Age Last Birthday		Guaranteed Period				Age Last Birthday		Guaranteed Period				
			M	F	10 Years	15 Years	20 Years	Install- ment Refund	M	F	10 Years	15 Years	20 Years	Install- ment Refund	
1	\$84.47	26	\$4.59	41	45	\$3.82	\$3.80	\$3.76	\$3.74	65	69	\$6.39	\$5.85	\$5.24	\$5.98
2	42.86	27	4.47	42	46	3.88	3.85	3.81	3.79	66	70	6.57	5.96	5.28	6.14
3	28.99	28	4.37	43	47	3.94	3.91	3.87	3.85	67	71	6.75	6.06	5.33	6.32
4	22.06	29	4.27	44	48	4.00	3.97	3.92	3.90	68	72	6.93	6.16	5.36	6.51
5	17.91	30	4.18	45	49	4.07	4.03	3.97	3.96	69	73	7.12	6.25	5.39	6.71
6	15.14	31	4.10	46	50	4.14	4.10	4.03	4.02	70	74	7.32	6.34	5.42	6.93
7	13.16	32	4.02	47	51	4.21	4.16	4.09	4.08	71	75	7.51	6.42	5.44	7.15
8	11.68	33	3.95	48	52	4.29	4.23	4.15	4.15	72	76	7.70	6.49	5.46	7.39
9	10.53	34	3.88	49	53	4.37	4.31	4.21	4.22	73	77	7.89	6.56	5.48	7.65
10	9.61	35	3.82	50	54	4.45	4.39	4.28	4.29	74	78	8.08	6.62	5.49	7.91
11	8.86	36	3.76	51	55	4.55	4.47	4.34	4.37	75	79	8.26	6.67	5.49	8.21
12	8.24	37	3.70	52	56	4.64	4.55	4.41	4.45	76	80	8.43	6.72	5.50	8.51
13	7.71	38	3.65	53	57	4.74	4.64	4.48	4.54	77	81	8.60	6.75	5.51	8.84
14	7.26	39	3.60	54	58	4.85	4.72	4.55	4.62	78	82	8.75	6.78	5.51	9.20
15	6.87	40	3.55	55	59	4.96	4.82	4.62	4.72	79	83	8.90	6.81	5.51	9.57
16	6.53	41	3.50	56	60	5.07	4.91	4.69	4.82	80	84	9.02	6.83	5.51	9.97
17	6.23	42	3.46	57	61	5.19	5.01	4.75	4.92	81	85+	9.14	6.84	5.51	10.41
18	5.96	43	3.42	58	62	5.32	5.11	4.82	5.03	82		9.24	6.85	5.51	10.86
19	5.73	44	3.38	59	63	5.45	5.21	4.89	5.14	83		9.32	6.86	5.51	11.35
20	5.51	45	3.34	60	64	5.60	5.32	4.95	5.26	84		9.39	6.86	5.51	11.90
21	5.32	46	3.31	61	65	5.74	5.43	5.02	5.39	85+		9.45	6.87	5.51	12.44
22	5.15	47	3.28	62	66	5.89	5.53	5.08	5.53						
23	4.99	48	3.25	63	67	6.05	5.64	5.14	5.67						
24	4.84	49	3.22	64	68	6.22	5.75	5.19	5.82						
25	4.71	50	3.19												
				+ and over M = Male F = Female											
Annual = 11.839 x monthly Semiannual = 5.963 x monthly Quarterly = 2.993 x monthly				For Option 2 Annual = 11.688 x monthly Semiannual = 5.923 x monthly Quarterly = 2.985 x monthly											

**Whole Life Policy
Payable at Death
Premiums Payable for Life
Nonparticipating**