

State: Arkansas **Filing Company:** Life of the South Insurance Company

TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only

Product Name: Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number: AEP/Limited Benefits/LOTS2012

Filing at a Glance

Company: Life of the South Insurance Company
Product Name: Accident and Sickness Expense Limited Benefits Insurance
State: Arkansas
TOI: H02I Individual Health - Accident Only
Sub-TOI: H02I.000 Health - Accident Only
Filing Type: Form/Rate
Date Submitted: 07/16/2012
SERFF Tr Num: YTYC-128515437
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AEP2012

Implementation: On Approval
Date Requested:
Author(s): Kathleen Lohmann, Erich Lohmann
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 07/19/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Life of the South Insurance Company
 TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
 Product Name: Accident and Sickness Expense Limited Benefits Insurance
 Project Name/Number: AEP/Limited Benefits/LOTS2012

General Information

Project Name: AEP/Limited Benefits Status of Filing in Domicile: Pending
 Project Number: LOTS2012 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 07/19/2012
 State Status Changed: 07/19/2012
 Deemer Date: Created By: Erich Lohmann
 Submitted By: Erich Lohmann Corresponding Filing Tracking Number:

Filing Description:

We are submitting the captioned on behalf of the Life of the South Insurance Company, for your review and approval. This is a new filing and does not replace any filing previously approved.

Please feel free to call me at 1-636-639-1880, extension 223, if you have any questions or need additional information. Your acknowledgement and acceptance of this filing will be appreciated.

Company and Contact

Filing Contact Information

Kathleen Lohmann, Assistant Manager kathy.lohmann@y2yc.com
 1580 N. Point Prairie Road 636-639-1880 [Phone]
 Foristell, MO 63348 636-639-1233 [FAX]

Filing Company Information

(This filing was made by a third party - yeartoyearconsultingllc)
 Life of the South Insurance CoCode: 97691 State of Domicile: Georgia
 Company Group Code: 17 Company Type: L&H
 2350 Prince Av., Bldg. 1 Ste 4 Group Name: State ID Number:
 Athens, GA 30603 FEIN Number: 58-1458103
 (904) 351-9660 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$400.00
 Retaliatory? No
 Fee Explanation: 7 forms at \$50.00 per form
 1 rate at \$50 per rate
 state of domicile is \$25.00 per form \$75 per rate - which would = \$250.00
 We are applying Arkansas filing fees.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Life of the South Insurance Company	\$400.00	07/16/2012	60906999

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:	Life of the South Insurance Company		
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/19/2012	07/19/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/17/2012	07/17/2012

Response Letters

Responded By	Created On	Date Submitted
Erich Lohmann	07/19/2012	07/19/2012

State:	Arkansas	Filing Company:	Life of the South Insurance Company
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	Accident and Sickness Expense Limited Benefits Insurance		
Project Name/Number:	AEP/Limited Benefits/LOTS2012		

Disposition

Disposition Date: 07/19/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Life of the South Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:	Life of the South Insurance Company		
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	SERFF Filing Authorization	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Filing Memorandum	Approved-Closed	Yes
Form	Application for Accident and Health Insurance	Approved-Closed	Yes
Form (revised)	Accident and Health Insurance Policy	Approved-Closed	Yes
Form	Accident and Health Insurance Policy	Replaced	Yes
Form	ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER	Approved-Closed	Yes
Form	CRITICAL ILLNESS BENEFIT RIDER	Approved-Closed	Yes
Form	CANCER ONLY CRITICAL ILLNESS BENEFIT RIDER	Approved-Closed	Yes
Form	ACCIDENT HOSPITAL INDEMNITY BENEFIT RIDER	Approved-Closed	Yes
Form	FUNERAL EXPENSE/BEREAVEMENT COUNSELING BENEFIT RIDER	Approved-Closed	Yes
Rate	AEP Plan Premium Rate Schedule	Approved-Closed	Yes

State: Arkansas Filing Company: Life of the South Insurance Company

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: Accident and Sickness Expense Limited Benefits Insurance

Project Name/Number: AEP/Limited Benefits/LOTS2012

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/17/2012
Submitted Date	07/17/2012
Respond By Date	08/17/2012

Dear Kathleen Lohmann,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Accident and Health Insurance Policy, LS-AP1510P-AR (4/12) (Form)

Comments:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:		Life of the South Insurance Company	
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2012
Submitted Date	07/19/2012

Dear Rosalind Minor,

Introduction:

This is in response to objection dated July 17, 2012.

Response 1

Comments:

The handicapped dependants provision has been revised to comply with ACA 23-85-131(b) and Bulletin 14-81

Related Objection 1

Applies To:

- Accident and Health Insurance Policy, LS-AP1510P-AR (4/12) (Form)

Comments:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

State: Arkansas Filing Company: Life of the South Insurance Company
 TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
 Product Name: Accident and Sickness Expense Limited Benefits Insurance
 Project Name/Number: AEP/Limited Benefits/LOTS2012

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	LS-AP1510P-AR (4/12)	POL	Accident and Health Insurance Policy	Initial	42.900	LOTS Acc Med Exp Policy rev2 AR.pdf	Date Submitted: 07/19/2012 By: Erich Lohmann

Previous Version

<i>1</i>	<i>LS-AP1510P-AR (4/12)</i>	<i>POL</i>	<i>Accident and Health Insurance Policy</i>	<i>Initial</i>	<i>42.900</i>	<i>LOTS Acc Med Exp Policy rev2 AR.pdf</i>	<i>Date Submitted: 07/19/2012 By: Erich Lohmann</i>
----------	-----------------------------	------------	---	----------------	---------------	--	---

No Rate/Rule Schedule items changed.

Conclusion:

Your acknowledgment of receipt of this filing will be appreciated.

Sincerely,
Erich Lohmann

State: Arkansas Filing Company: Life of the South Insurance Company
 TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
 Product Name: Accident and Sickness Expense Limited Benefits Insurance
 Project Name/Number: AEP/Limited Benefits/LOTS2012

Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 07/19/2012	LS-AP10501A (4/12)	AEF	Application for Accident and Health Insurance	Initial:	45.200	LOTS Acc Med Exp App rev.pdf
2	Approved-Closed 07/19/2012	LS-AP1510P-AR (4/12)	POL	Accident and Health Insurance Policy	Initial:	42.900	LOTS Acc Med Exp Policy rev2 AR.pdf
3	Approved-Closed 07/19/2012	LS-AP1520R2 (4/12)	POLA	ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER	Initial:	66.400	Rider 2 Acc Death & Dismemberment.pdf
4	Approved-Closed 07/19/2012	LS-AP1520R3 (4/12)	POLA	CRITICAL ILLNESS BENEFIT RIDER	Initial:	31.500	Rider 3 CI Full rev.pdf
5	Approved-Closed 07/19/2012	LS-AP1520R4 (4/12)	POLA	CANCER ONLY CRITICAL ILLNESS BENEFIT RIDER	Initial:	33.500	Rider 4 CI Cancer Only rev.pdf
6	Approved-Closed 07/19/2012	LS-AP1520R5 (4/12)	POLA	ACCIDENT HOSPITAL INDEMNITY BENEFIT RIDER	Initial:	47.700	Rider 5 Acc Hosp Indemnity \$100-\$250.pdf
7	Approved-Closed 07/19/2012	LS-AP1520R6 (4/12)	POLA	FUNERAL EXPENSE/BEREAVEMENT COUNSELING BENEFIT RIDER	Initial:	47.100	Rider 6 Funeral Exp-Bereavement Benefit.pdf

Form Type Legend:

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

SERFF Tracking #: YTYC-128515437 **State Tracking #:** **Company Tracking #:** AEP2012

State: Arkansas **Filing Company:** Life of the South Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Accident and Sickness Expense Limited Benefits Insurance
Project Name/Number: AEP/Limited Benefits/LOTS2012

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
-------------	--	------------	----------------

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738
(called "We", "Us" or "Our")

"Proposed Insured" refers to you, spouse, and children proposed for coverage in this application.				
1. Proposed Insured		8. Proposed Spouse (if coverage applied for) Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Last _____ First _____ Middle _____		Name _____ Last First Middle		
2. Address		Month Day Year State Country		
Street _____		Birth Date and Place _____ Social Security No. _____ Age _____		
City _____ State _____ Zip Code _____		9. Proposed Insured		Height _____ Weight _____
3. Social Security No. _____		10. Proposed Spouse		Height _____ Weight _____
4. Birth Date and Place Month Day Year State Country		11. Beneficiary		
5. Age _____		Name _____ Last First Middle		
6. Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social Security No. _____ Date of Birth _____ Relationship _____		
7. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Proposed Insured Driver's License		
If no, you are not eligible for coverage.		# _____ State of Issue _____		
13. Policy Owner (if different from Proposed Insured):				
14. List Proposed Insured Child(ren) Information:				
Full Name	Age	Relationship	Birth Date Mo. Day Yr.	Sex M F
a.				<input type="checkbox"/> <input type="checkbox"/>
b.				<input type="checkbox"/> <input type="checkbox"/>
c.				<input type="checkbox"/> <input type="checkbox"/>
d.				<input type="checkbox"/> <input type="checkbox"/>
e.				<input type="checkbox"/> <input type="checkbox"/>

Insurance Plan

Accident Policy

- Coverage Level: Proposed Insured
 Proposed Insured/Spouse
 Family
 Proposed Insured/Children

Deductible Amount, per Insured: \$0 \$250 \$500 \$750 \$1000
Maximum Benefit Payable per Calendar Year, per Insured:
 \$5,000 \$10,000 \$15,000

Accidental Death and Dismemberment Benefit Rider

- Coverage Level: Proposed Insured
 Proposed Insured/Spouse
 Family
 Proposed Insured/Children

Accidental Death or Dismemberment Benefit Amount:
[\$10,000 - \$100,000]

Amount per Insured: _____

Critical Illness Benefit Rider

- Coverage Level: Proposed Insured
 Proposed Insured/Spouse
 Family
 Proposed Insured/Children

Benefit Payable per Lifetime, per Insured:
 \$5,000 \$20,000
 \$10,000 \$25,000
 \$15,000

Cancer Only Critical Illness Benefit Rider

- Coverage Level: Proposed Insured
 Proposed Insured/ Spouse
 Family
 Proposed Insured/Children

Benefit Payable per Lifetime, per Insured:
 \$5,000 \$20,000
 \$10,000 \$25,000
 \$15,000

Accidental Hospital Indemnity Benefit Rider

- Coverage Level: Proposed Insured
 Proposed Insured/Spouse
 Family
 Proposed Insured/Children

Hospital Indemnity Benefit Amount:
 \$100 per day \$250 per day

Funeral Expense/Bereavement Counseling Benefit Rider

- Coverage Level: Proposed Insured
 Proposed Insured/Spouse
 Family
 Proposed Insured/Children

Benefit Amount: [\$2,000/\$250]

Questions 15-18 are only applicable if applying for the Critical Illness Benefit Rider. If you are applying for the Cancer Only Critical Illness Benefit Rider, answer questions 15-16. If you are applying for the full Critical Illness Benefit Rider, answer questions 15-18.

15. Additional Information - In the past 2 years, has any Proposed Insured used tobacco (cigarette, cigars, pipe, snuff, chewing tobacco) or nicotine patches, nicotine gum or any other form of nicotine? Yes No

For a "Yes" answer, please indicate Primary Proposed Insured and/or Spouse. Primary Proposed Insured Spouse

Health Questions		Yes	No
16.	In the past 5 years, has any Proposed Insured been diagnosed or received medical advice for cancer, leukemia, melanoma, malignant tumor, Hodgkin's disease or non-Hodgkin's lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Has any Proposed Insured ever been diagnosed as having or been treated by any member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), or for any disorder of the immune system, or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
18.	In the last 5 years, has any Proposed Insured been diagnosed as having or been treated for or consulted a licensed health care provider for:	<input type="checkbox"/>	<input type="checkbox"/>
	a. Stroke or transient ischemic attack (TIA)?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Disease or disorder of the heart or blood vessels, heart attack or uncontrolled high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Kidney failure or abnormal kidney function?	<input type="checkbox"/>	<input type="checkbox"/>
	e. An organ transplant or been advised of the need of an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>

Health History—Details For Any "Yes" Answers

Question #	Name of Proposed Insured	Proposed Insured	Spouse	Child	Description

All Coverage—Existing or Pending Insurance Question

Does any Proposed Insured have any existing or pending accident or sickness insurance?
(If yes, complete section following)

Name of Proposed Insured	Company Name	Type*	Face Amount	Replace**	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

* Type A = accident, CI = critical illness, O = other

** Replace means that the insurance policy being applied for replaces any accident and sickness policy pending or presently in force including health, accident, critical illness, disability or cancer insurance. If replacement may be involved, complete and submit any state-required replacement forms.

Modal Premiums

Frequency of modal premium: Annual Semi-Annual Quarterly Monthly (Bank Draft only)

Method: Direct Billing Bank Draft (Complete Bank Draft Authorization.) List Bill: Number _____

Credit Card - Initial Premium Only (Complete Credit Card Authorization.)

Policy \$ _____	Rider(s) \$ _____	Total Modal Premium \$ _____
--------------------	----------------------	---------------------------------

AGREEMENT - AUTHORIZATION - ACKNOWLEDGEMENT - UNDERSTANDING

between Proposed Insured ("You or Your") and Life of the South Insurance Company and its affiliates ("We" "Us" or "Our")

Agreement.

Your insurance will not begin until: (a) We have issued Your policy and (b) receive Your first premium in full. You must pay your first premium in full within 45 days of the date Your policy is issued. Even if You pay Your premium in advance, there will be no coverage until the day Your policy is issued. If Your policy is not issued for any reason, We will (a) refund Your premium, and (b) have no liability regarding this application.

The policy You are applying for is NOT major medical insurance. It is a limited benefit policy. This means that it pays benefits only as defined in the policy. Benefits payable are subject to the conditions, limits and exclusions in the policy.

All statements and answers are complete and true to the best of Your knowledge and belief. No agent can: (a) waive any answer, (b) modify this application, (c) bind Us or (d) make any promise or representation not contained in this application.

Authorization.

By signing the application, You authorize Us to release the information obtained in the application in these circumstances only: (a) to reinsurers or other persons or entities performing business or legal services in connection with this application or claims, (b) as may be lawfully required, or (c) as You may further authorize.

A photocopy is as valid as an original. This authorization will be valid for 24 months of the date signed below. You or Your representative may request a copy. You also may revoke this authorization at any time by written notification to Us at Our Home Office.

Acknowledgement

By signing this application, You acknowledge receipt of the Outline of Coverage, Notice to the Proposed Insured and the HIPAA Privacy Notice. If You are completing this application using voice signature, You acknowledge that You already have a copy of the Outline of Coverage and the HIPAA Privacy Notice, and that Notices to the Proposed Insured have either been read to you or provided to You.

Understanding.

If You are receiving Medicaid payments, benefits under the policy may reduce those payments or any Medicaid benefits otherwise payable. Anyone who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Signed at _____
City State Date

X _____ X _____
Signature of Proposed Insured Signature of Owner (if other than Proposed Insured)

Information Sharing (Optional)

By signing below, You further authorize Us to use and/or share the demographic information in this application to provide You with information about other products and/or services offered by Us.

X _____
Signature of Primary Proposed Insured

Agent Section.

I certify that I have asked each question and that the answers have been truly and accurately recorded as given to me. I have recorded any unfavorable information of which I have knowledge concerning any Proposed Insured. I also have provided the required Outlines of Coverage and the HIPAA Privacy Notice.

X _____
Signature of Licensed Agent Printed Name of Agent

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738
(called "We", "Us", or "Our")

GUARANTEED RENEWABLE TO AGE 65, SUBJECT TO CHANGE IN PREMIUM BY CLASS. BENEFITS FOR AN ACCIDENT AS DESCRIBED AND LIMITED IN THIS POLICY. NONPARTICIPATING

WE AGREE TO PAY the benefits described in this Policy, subject to its provisions, exclusions and limitations.

YOU or **YOUR** refers to the Owner of this Policy, which means the Insured unless otherwise stated in the application or later changed.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should **READ THIS CONTRACT CAREFULLY.**

GUARANTEED RENEWABLE TO AGE 65 – SUBJECT TO CHANGE IN PREMIUM BY CLASS. You may continue the coverage on each Insured Person provided by this Policy, until the Policy anniversary on or following the Insured Person's 65th birthday, subject to the Policy's Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Effective Date. No change in premium will become effective until 60 days after We deliver to You, or mail to Your last known address, a written notice of premium change. Premiums may not be changed more often than once every 12 months.

MEDICAID ELIGIBILITY. The Insured Person's current or future eligibility for Medicaid may affect the payment of benefits provided by this Policy. It is possible that the benefits provided by this Policy will not be paid directly to You, because state regulations may require payments to be made to the Medicaid organization or to the medical provider.

TEN DAYS TO EXAMINE POLICY. You may return the Policy within 10 days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

Signed at Our Administrative Office.



Secretary



President

CONTENTS OF POLICY

Policy Data	Page 2	Exclusions	Page 5
Schedule of Benefits and Premiums	Page 2	Claims	Pages 6 & 7
Definitions	Pages 3 & 4	General Provisions	Pages 7 & 8
Benefits	Pages 4 & 5	Family Coverage	Pages 8, 9 & 10

A copy of the application and any supplemental applications will be included after the last page of this Policy.

**THIS IS A LIMITED BENEFIT POLICY.
PLEASE READ IT CAREFULLY.**

POLICY DATA

Insured Person – Insured, [Insured Spouse], [Insured Child(ren)]

Insured	[Name]	Policy Number	[00000]
Gender	[Sex]	Effective Date	[Date]
Premium Period	[Annual]	Age at Issue	[Age]

POLICY SCHEDULE OF BENEFITS AND PREMIUMS

Policy Benefits	Benefit Amounts	Annual Premium
Maximum Benefit Amount per Insured, per Calendar Year	[\$5,000, \$10,000 or \$15,000]	[\$00.00]
Deductible Amount	[\$0, \$250, \$500, \$750 or \$1000]	
Rider Benefits Not subject to Policy Maximum Benefit Amount or Deductible Amount as stated above.		
Accidental Death and Dismemberment Benefit Rider	[\$10,000 - \$100,000]	[\$00.00]
Critical Illness Benefit Rider	[\$5,000 - \$25,000]	[\$00.00]
Cancer Only Critical Illness Benefit Rider	[\$5,000 - \$25,000]	[\$00.00]
Accident Hospital Indemnity Benefit Rider	[\$100 or \$250 A Day]	[\$00.00]
Funeral Expense/Bereavement Counseling Benefit Rider	[\$2,000/\$250]	[\$00.00]
Total Annual Premium		[\$00.00]

Premiums payable other than annually are equal to a percentage of the annual premium and include additional premium charges. The Insured will save money by paying the premiums on an annual basis. The first [ANNUAL] premium is [\$000.00].

DEFINITIONS

ACCIDENT means the unforeseen occurrence of an event, which results in Accidental Injury to an Insured

Person wholly independent of disease, bodily infirmity, illness, infection or any other physical condition.

ACCIDENTAL INJURY means bodily injury to an Insured Person as the result of an Accident, after coverage under this Policy takes effect and while this Policy is in force, which results in Care within 72 hours after the injury is sustained.

AGE means the attained age as of the Insured Person's last birthday.

AMBULANCE means a specifically equipped vehicle, licensed and used to transport the sick or injured.

CALENDAR YEAR means the 1 year period from January 1st to December 31st.

CARE means medical treatment or attention received in an Emergency Room, Hospital, Urgent Care Center, or Physician's office. Such care must be within 72 hours of the Accidental Injury. Care does not include any psychiatric treatment.

DEDUCTIBLE AMOUNT means the dollar amount shown in the Policy Schedule which must be incurred under this Policy by an Insured Person each Calendar Year before benefits are payable under this Policy. If the Insured elects to cover a spouse and/or child(ren), the Deductible Amount will be satisfied when the total of all dollar amounts incurred by the family unit are equal to 2 times the Deductible Amount.

DIAGNOSIS/DIAGNOSED means a definitive Diagnosis made by a Physician, licensed and practicing in the United States and its territories and, where applicable, specializing in a particular field of medicine, which is based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations and where the results are documented in and supported by the Insured Person's medical records.

EMERGENCY ROOM means a specified area within a Hospital that is designated for the emergency Care of accidental injuries. This area must:

- (a) be staffed and equipped to handle trauma;
- (b) be supervised and provide Care by a Physician; and
- (c) provide Care seven days per week, 24 hours a day.

HOSPITAL means an institution that:

- (a) is operated pursuant to law and is licensed as a Hospital by the responsible state agency;
- (b) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of duly licensed Physicians, medical, diagnostic and major surgical facilities for the Care of sick or injured persons on an inpatient basis for which a charge is made; and
- (c) provides 24-hour nursing service by or under the supervision of registered graduate professional nurses (RNs).

It does NOT mean or include:

- (a) convalescent, assisted living, extended care, hospice, rest or nursing facilities; or
- (b) facilities primarily affording custodial, educational or rehabilitative care; or facilities primarily for the aged or for substance abusers; or
- (c) a private monitored room.

INSURED means the person named as "Insured" in the Policy Data (or the Insured Spouse, or the child(ren) if indicated as an "Insured Person" in the Policy Data. Such Insured Spouse becomes the Insured upon the death of the person named as "Insured" in the Policy Data).

PHYSICIAN means a person who:

- (a) is a legally qualified-practitioner of the healing arts and is licensed in the United States or its territories;
- (b) practices within the scope of his or her license;
- (c) is not the Insured Person;
- (d) is not related to the Insured Person as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured Person.

PHYSICAL THERAPY means a branch of rehabilitative health care that uses specially designed exercises and equipment to help patients regain or improve their physical abilities.

PROSTHETIC DEVICE means a removable artificial substitute or replacement of a part of the body.

It does NOT mean or include:

- (a) dental aids, including false teeth;
- (b) eye glasses;

- (c) cosmetic prosthesis such as hair wigs;
- (d) other types of prosthetic devices that are permanently implanted; such as an artificial hip or tooth;
- (e) any experimental prosthesis; or
- (f) an auditory prosthesis (a device that substitutes for or enhances the ability to hear).

SURGERY means a surgical operation or procedure, especially one involving the repair or removal of an organ or tissue due to an Accidental Injury.

UNITED STATES means the 50 states, plus the District of Columbia, and includes Guam, the U.S. Virgin Islands and Puerto Rico.

URGENT CARE CENTER means a facility operated pursuant to law and licensed by the responsible state agency. Such center is dedicated to the delivery of unscheduled, walk-in care outside of a Hospital Emergency Room. The center must be under the supervision of a duly licensed Physician.

BENEFIT PAYMENT CONDITIONS

We will pay the benefits listed below, subject to the conditions and amounts stated in this Policy.

The payment of benefits for an Accident is subject to the following conditions:

- (a) The Accidental Injury and Care occurs while the coverage on an Insured Person is effective under this Policy;
- (b) The initial Care must begin within 72 hours of the Accidental Injury;
- (c) The benefit payment is not precluded by any general or specific exclusion, description, or any failure to meet any condition precedent stated in this Policy; and
- (d) Care for the Accidental Injury is received within the United States.

We reserve the right to request that a Physician of Our choice review any Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of a Diagnosis. We also reserve the right to require that an Insured Person submit to an examination to confirm a disputed Accidental Injury. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review.

BENEFITS

When We receive due written proof that expenses incurred due to an Accident satisfy the Deductible Amount, as shown in the Policy Schedule of Benefits, We will pay for the following listed benefits, less any adjustment or discounts, up to the Maximum Benefit Amount for usual and customary expenses per Insured Person, per Calendar Year as shown in the Policy Schedule of Benefits. For any of the following benefits to be payable, the initial Care must begin within 72 hours of the Accidental Injury.

ACCIDENT EMERGENCY CARE BENEFIT

We will, for each Accidental Injury sustained, pay benefits for emergency Care. Such emergency Care must be received from a Physician, in a Hospital, including an Emergency Room, or an Urgent Care Center in the United States.

ACCIDENT FOLLOW-UP CARE BENEFIT

If an Insured Person receives emergency Care and later requires additional Care, We will pay benefits for such follow-up Care. The benefit is limited to one follow-up visit per day, up to a maximum of three follow-up visits, per Insured Person for each Accidental Injury. The follow-up Care must occur within 30 days of the Accidental Injury or discharge from the Hospital. It must be furnished by a Physician in a Physician's office or in a Hospital on an outpatient basis. Benefits will not be payable for the same visit that the Physical Therapy Benefit is payable or on the same day for which the Accident Emergency Care Benefit is payable.

AMBULANCE BENEFIT

We will, for each Accidental Injury sustained as the result of a covered Accident, pay for transportation of an Insured Person in an Ambulance to a Hospital by a licensed ambulance company. This benefit is only payable for transportation to a Hospital resulting from Accidental Injury for which an Accident Emergency Care Benefit is payable under this Policy.

DRUG BENEFIT

We will pay for drugs that are administered in a Hospital or Urgent Care Center during the Care of an Accidental Injury. There is no payment for a drug prescribed to be taken or used after the initial Care.

FRACTURE BENEFIT

We will pay benefits for Care for a fracture sustained by an Insured Person as the result of an Accident. The fracture must be Diagnosed within 14 days of the Accidental Injury.

INPATIENT HOPITAL SERVICES BENEFIT

We will pay benefits for daily room and board in the most appropriate setting in the Hospital and nursing services. We will also cover other medically necessary covered charges incurred during the inpatient Hospital stay.

MAJOR DIAGNOSTIC EXAMS BENEFIT

We will pay benefits, if an Insured Person requires one of the exams listed below for injuries sustained in an Accident. This benefit is limited to one Major Diagnostic Exam per Accidental Injury. Such exams must be performed within 14 days of the Accidental Injury. Major Diagnostic Exams are limited to the following:

- (a) CT (computerized tomography) scan;
- (b) MRI (magnetic resonance imaging); and
- (c) EEG (electroencephalogram).

PHYSICAL THERAPY BENEFIT

We will pay benefits if an Insured Person is advised by a Physician to seek and subsequently receives Physical Therapy as the result of an Accident. All Physical Therapy visits must be prescribed by a Physician, rendered by a licensed physical therapist, and performed in an office or Hospital on an inpatient or outpatient basis. The Physical Therapy must begin within 30 days of the Accidental Injury or discharge from the Hospital and must be completed within 6 months after the Accidental Injury. Benefits are limited to one Physical Therapy visit per day, up to a maximum of 10 visits for each Accidental Injury.

PROTHESIS BENEFIT

We will pay benefits if any Insured Person receives a Prosthetic Device prescribed by a Physician for functional purposes when such Insured Person suffers the dismemberment of a hand, foot, arm, leg, or sight due to an Accident. This benefit is limited to 1 Prosthetic Device received within 1 year of the Accidental Injury.

X-RAY BENEFIT

We will pay benefits if an Insured Person requires an x-ray or set of x-rays due to an Accidental injury. Such x-ray(s) must be performed within 14 days of the Accidental Injury.

EXCLUSIONS

For any Insured Person:

- (a) We will pay NO benefits under this Policy if covered services provided are not related to a covered Accident.
- (b) We will pay NO benefits for any Accident or any loss caused in whole or in part by, or resulting in whole or in part from the following:
 - i) the Insured Person's suicide or attempt at suicide, or intentional self-inflicted injury, or any attempt at intentional self-inflicted injury while sane or insane;
 - ii) the Insured Person being under the influence of a stimulant (such as – amphetamines or nitrates), depressant, hallucinogen, narcotics; or any other drug intoxicant including those prescribed by a Physician that are misused by the Insured Person;
 - iii) the Insured Person's commission of or attempt to commit an assault or felony;
 - iv) the Insured Person engaging in an illegal activity or occupation;
 - v) the Insured Person's voluntary participation in any riot or civil insurrection;
 - vi) declared or undeclared war, or any act of declared or undeclared war;
 - vii) the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven;
 - viii) the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing, or para kiting or any similar activity;
 - ix) the Insured Person's riding in or driving any motor vehicle in a race, stunt show or speed test;
 - x) the Insured Person practicing for or participating in any semi-professional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
 - xi) the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; and
 - xii) any illness, loss or condition specifically excluded from the definition of any Accident.

PREMIUMS

This Policy is effective for an initial term of 1 Premium Period as stated in the Policy Data. It may be renewed by the timely payment of the renewal premium. The first premium is due on or before the Effective Date. Each

renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Administrative Office. You may request to change the Premium Period, subject to Our rules at the time of Your request.

GRACE PERIOD

If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for a period of 31 days from the premium due date.

LAPSE

If any premium is not paid before the end of the Grace Period, Your Policy will lapse. The date of lapse will be the date following the last day of the Grace Period. **Your Policy will terminate upon lapse and provide NO further benefits.**

REINSTATEMENT

If Your Policy lapses, You may apply to reinstate it by:

- (a) paying the required premium; and
- (b) submitting an application for reinstatement, if We so require.

If We accept the premium without requiring an application, this Policy will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

The reinstated Policy will only cover losses or emergency Care expenses resulting from an Accident sustained after the date of reinstatement. Between the lapse date and reinstatement date, no benefits are payable.

Except for the above and any new provisions We may require for reinstatement, Your rights and Ours under this Policy will be the same as just before the Policy lapsed.

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

UNEARNED PREMIUM REFUND

If the Insured or the Insured Spouse, if covered under this Policy, dies before the end of a Premium Period for which premium has been paid, We will refund the portion of premium that was applied to coverage for the decedent for the time period beyond the end of the Month in which death occurred. Unearned premiums shall be paid in lump sum on a date no later than thirty (30) days after the proof of the Insured's death has been furnished to Us.

UNPAID PREMIUM

We will deduct any premium due from any benefits that become payable to You under this Policy.

CLAIMS

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible. You may provide notice of loss at Our Administrative Office, 10151 Deerwood Park Boulevard, Building 100, Suite 330, Jacksonville, FL 32256, or to any of Our authorized agents. Your notice should include Your name and Policy Number as shown in the Policy Data.

YOUR POLICY MAY NOT APPLY WHEN YOU HAVE A CLAIM! PLEASE READ!

Your Policy was issued based on the information entered in Your application, a copy of which is attached to this Policy. If, to the best of Your knowledge and belief, there is any misstatement in Your application, or if any information concerning the medical history of any Insured Person has been omitted, You should advise Us immediately regarding the incorrect or omitted information; otherwise, Your Policy may not be a valid contract.

CLAIM FORMS

When We receive Your notice of loss, We will send You the forms required to file a claim. If the forms are not sent within 15 days, You will have met the proof of loss requirements if You have provided to Us a written statement of the nature and extent of Your loss within the time allowed for filing a proof of loss.

PROOF OF LOSS

You must provide to Us, at Your expense, written proof of loss within 180 days from the date of loss. If it is not reasonably possible for You to file a written proof of loss within the stated time, Your claim will not be affected if You file a written proof of loss as soon as possible. However, unless You are legally incapacitated, You must file a written proof of loss no later than 15 months from the date of loss.

TIME OF PAYMENT OF CLAIMS

We will pay benefits immediately upon receipt of satisfactory proof of loss.

PAYMENT OF CLAIMS

We will pay all of the benefits provided by this Policy to You or to Your designated Beneficiary in the event of Your death, unless You have assigned the benefits. If You have requested an assignment of benefits in writing, either before or with Your written proof of loss, We can pay all or part of any benefit to a Hospital or person that provided the Care.

We may pay any benefits provided by this Policy that become payable to Your estate to any relative who We determine is entitled to a payment. Such payment will discharge Our liability for that payment.

GENERAL PROVISIONS

ENTIRE CONTRACT – CHANGES

This Policy, riders, and the attached application are the entire contract. This contract is made in consideration of the application and the payment of premiums as required. We have relied on all statements in the application for this Policy as being complete and true to the best of the knowledge and belief of the person signing the application.

No change to this Policy will be valid until approved by 1 of Our officers and unless such approval be endorsed hereon or attached hereto. No agent or other representative has the authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

If an Insured Person's Age or gender is not correct as stated in the application and Policy, all benefits provided by this Policy will be the benefits that the premium paid would have purchased at the Insured Person's correct Age or gender on the Effective Date. If the correct Age is such that We would not have issued this Policy or an Insured Person's coverage under this Policy would have terminated, Our liability under this Policy is limited to a refund of any premiums paid for the period which there was no coverage.

INCONTESTABLE

After 3 years from the Effective Date or reinstatement date of this Policy, no misstatements made by the applicant in the application for this Policy shall be used to void the Policy or deny a claim for loss incurred (as defined in the Policy) commencing after the expiration of such 3 year period.

No claim for loss incurred, as defined in the policy, commencing after three (3) years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy

TERMINATION

Coverage for each Insured Person will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates; or
- (b) the Policy anniversary on or following the date the Insured Person reaches Age 65. (The maximum coverage Age for the Insured and Insured Spouse is Age 65. The maximum age for an Insured Child is explained in the Insured Child Provision.)

This Policy can be continued for any remaining Insured Persons, after coverage has been terminated for an Insured Person. The premium will be recalculated based on the remaining Insured Persons as of the Effective Date of this Policy. The termination of coverage on any Insured Person will not reduce Our liability for any claim originating prior to the termination.

This Policy will terminate on the earliest of:

- (a) the date on which this Policy lapses or terminates;
- (b) the Policy anniversary date on or next following the date that the last Insured Person reaches their maximum coverage age;
- (c) any premium due date requested by You in writing;
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured and the Insured Spouse (if any).

OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application or later changed.

As Owner, You may exercise all rights in this Policy while the Insured Person is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) a legally appointed Guardian responsible for Your property; or
- (b) at Our sole discretion a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, and Policy change requests must be made in writing and in a form acceptable to Us.

If You change Your Beneficiary, address, or request any other action by Us, You should do so on the form prepared for each purpose. You may obtain such forms from Our Administrative Office.

BENEFICIARY

The Beneficiary designated by You in the application or later changed will receive any benefits unpaid at Your death. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated beneficiary is living at the time of the Insured's death, We will pay:

- (a) the personal representative of the Insured's estate; or
- (b) the spouse, child, or parent of the Insured who We determine is entitled to payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) Your Beneficiary designation, if it is not restricted by a previous designation.

We can require that any change on Your Policy be endorsed. Any change will be effective as of the date Your change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Administrative Office.

EFFECTIVE DATE

This Policy will take effect at 12:01 AM (Central Time) on the Effective Date as stated in the Policy Data and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement Provision. The Effective Date for any rider adding coverage for an Insured Person after this Policy is issued will be as described in that rider.

LEGAL ACTIONS

No legal action may be brought to recover any benefits provided by this Policy until 60 days after the date written proof of loss was received. No action may be brought after 3 years from the date written proof was required.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy, which conflicts with any laws of the state where this Policy was issued, is amended to conform to such laws.

NONPARTICIPATION

This Policy is nonparticipating. Premiums do not include a charge for participation in surplus.

TAX CONSEQUENCES

Benefits under this Policy may be taxable. If so, You or Your Beneficiary may incur tax obligations. As with all tax matters, You should consult Your personal tax advisor for more information about how this may effect You.

CANCELLATION BY THE INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us. Cancellation will take effect upon the date We receive written notice, or upon such later date You specify in the notice. Should You cancel, We will return promptly the unearned portion of any premiums paid. Cancellation will not prejudice any claim which originates before the Effective Date of cancellation.

PHYSICAL EXAMINATION AND AUTOPSY

At Our expense We may require:

- (a) a physical examination to be performed on an Insured Person by a Physician of Our choice in the United States, as often as is reasonably necessary while a claim is pending; or
- (b) an autopsy to be performed after an Insured Person's death, if allowed by law.

ASSIGNMENT

You may assign the benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment or payment made without notice of a prior assignment.

FAMILY COVERAGE

INSURED SPOUSE

If the words “Insured Spouse” are NOT shown as an “Insured Person” in the Policy Data, this provision does not apply and We will pay NO benefits for Your spouse.

An **Insured Spouse** means only the Insured’s spouse named in the application for this Policy.

Coverage on the Insured Spouse will terminate on the Policy anniversary on or following the Insured Spouse’s 65th birthday. The termination of coverage on the Insured Spouse will not reduce Our liability for any claim originating prior to the termination of such coverage.

If this Policy is in force and the Insured dies, the Insured Spouse may continue this Policy by payment of the required premiums when they are due. The following conditions will apply:

- (a) the Insured Spouse will become the Insured under this Policy; and
- (b) the premiums will be based on the Insured Spouse’s Age on the Effective Date of this Policy.

If this Policy is in force and the Insured Spouse dies, We will reduce the premium.

If this Policy is in force and the Insured’s marriage to the Insured Spouse is terminated by a divorce decree, the Insured Spouse may obtain a separate Accident Policy, subject to the Conversion Privilege provision below. Coverage provided on any Insured Person by this Policy cannot be continued if the Insured Person is subsequently covered by a separate Accident Policy issued by Us. Coverage on any Insured Person provided by this Policy ceases when coverage on such Insured Person becomes effective under a separate Accident Policy issued by Us.

INSURED CHILD

If the words “Insured Child” are NOT shown as an “Insured Person” in the Policy Date, this provision does not apply and We will pay NO benefits for Your child.

An **Insured Child** under this Policy is the Insured’s child (biological child, legally adopted child or the assumption and retention by the Insured of a legal obligation for total or partial support of a child in anticipation of the adoption of the child, or a stepchild) who is unmarried and dependent on the Insured, and is:

- (a) named in the application and is no more than 18 years of Age on the date of application;
- (b) born after the Effective Date of this Policy, and the Insured is named as the parent on the child’s birth certificate;
- (c) legally adopted by the Insured after the Effective Date of this Policy and before the child’s 19th birthday; or
- (d) foster child from the moment of placement in the foster home.

Coverage on any Insured Child will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates for the failure to meet a condition precedent required in the Policy;
- (b) the premium due date following the Insured Child’s 19th birthday unless:
 - i) the Insured Child remains dependent on the Insured; and
 - ii) the Insured Child is either enrolled as a fulltime student in high school or in an institution of higher learning beyond high school, or has been so enrolled for at least 5 months of each year since his/her 19th birthday, or is eligible to enroll in such an institution but is prevented from enrolling due to illness or injury;
- (c) the premium due date after the Insured Child’s 26th birthday if coverage on the Insured Child is continued past the Insured Child’s 19th birthday under this provision; or
- (d) the Date of Issue of a separate Policy, which is issued to the Insured Spouse and provides coverage on the Insured Child.

The termination of an Insured Child’s Coverage will not reduce Our liability for any claim originating prior to the termination.

If this Policy is in force when an Insured Child’s coverage terminates, such Insured Child may obtain a separate Accident Policy, subject to the Conversion Privilege provision below.

The coverage provided on an Insured Child by this Policy may be continued, so long as the Insured child is legally incapable of self-sustained employment due to mental or physical incapacity.

You must submit satisfactory proof of incapacity or dependency to Us and subsequently as We may require, at our request and expense, but no more frequently than annually after the 2 year period following the date coverage on the Insured Child would otherwise have terminated. The premium for continuing the coverage on the incapacitated or dependent Insured Child shall remain at the child rate.

CONVERSION PRIVILEGE

We will issue a separate Accident Policy to an Insured Spouse or Insured Child as described in this Policy.

Written application with payment of the first premium for such separate Policy must be made:

- (a) by the Insured Spouse within 31 days following termination of marriage by divorce decree;
- (b) prior to the Policy anniversary date on or following the Insured's 64th birthday; or
- (c) by the Insured Child within 31 days following the termination of his or her coverage under this Policy.

A separate Policy will be issued:

- (a) without evidence of insurability;
- (b) on a Policy form currently being issued by Us in Your state of residence, providing Accident coverage can be issued or is still being issued by Us in Your state;
- (c) with the same provisions applicable to such Insured Person, if any, provided by this Policy;
- (d) with a current Effective Date;
- (e) at the premium rate and class in effect for the Insured Person's Age and sex on the date of application for the separate Policy;
- (f) with the same benefits payable, if any, reduced by any benefits previously paid for the Injuries stated in the Policy Schedule of Benefits; and
- (g) with the same Incontestable provision applicable to such Insured Person provided by this Policy, commencing on the date coverage on the Insured Person becomes effective under this Policy.

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738
(called "we", "us", or "our")

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER

This Rider is part of the Policy to which it is attached. Its Benefits are subject to all the terms of this Rider and the Policy. If any term of this Rider should conflict with a term or terms of the Policy, the terms in this Rider shall control for Benefits provided in this Rider.

THIS IS A LIMITED BENEFIT RIDER... PLEASE READ IT CAREFULLY

RIDER SCHEDULE

Insured Person—Insured [Insured Spouse] [Insured Child(ren)]

Insured: Effective Date:
Age/Gender:

Annual Premium
Insured [\$00.00]
[Spouse] [\$00.00]
[Child(ren)] [\$00.00]

Total Annual Premium [\$00.00]

For accidental death or dismemberment occurring during the following months from the later of the Policy or Rider Effective Date:	Accidental Death or Dismemberment Benefit Amount
1-6	\$0
7+	[\$10,000 - \$100,000]

If accidental death or dismemberment to the Insured Person results, within 90 days of the date of the Accident that caused the injury, in any one of the losses specified below, we will pay the percentage shown below of the Accidental Death or Dismemberment Benefit Amount shown above for that loss:

<u>For Loss of</u>	<u>Percentage of Benefit Amount</u>
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
One Hand or One Foot.....	50%
The Sight of One Eye.....	50%

The percentage of the Benefit Amount will be doubled when loss is due to common carrier accidental death or common carrier Accidental Injury.

Common carrier means loss must occur while riding as a fare-paying passenger in or on a licensed public conveyance operated by a common carrier for the regular transport of passengers.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight of an eye means total and irrecoverable loss of the entire sight in that eye.

If more than one loss is sustained by an Insured Person as a result of the same Accident, only one amount, the largest, will be paid.

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738

CRITICAL ILLNESS BENEFIT RIDER

This Rider is part of the Policy to which it is attached. Its Benefits are subject to all the terms of this Rider and the Policy. If any term of this Rider should conflict with a term or terms of the Policy, the terms in this Rider shall control for Benefits provided in this Rider.

THIS IS A LIMITED BENEFIT RIDER... PLEASE READ IT CAREFULLY

RIDER SCHEDULE

Insured Person – Insured [Insured Spouse] [Insured Child(ren)]

Insured:
Age/Gender:

Effective Date:

Waiting Period

Heart Attack 30 days
Stroke 30 days
Invasive Cancer 30 days. If manifested and/or Diagnosed on the 31st to 89th day after the date of coverage on an Insured Person becomes effective – 10% up to a maximum of \$1,000.
If manifested and/or Diagnosed on the 90th day or later after the date coverage on an Insured Person becomes effective – [\$5,000 to \$25,000].

Annual Premium

Insured [\$00.00]
[Spouse] [\$00.00]
[Child(ren)] [\$00.00]

Benefit Payable Per Lifetime Per Insured

Insured [\$5,000-25,000]
[Spouse] [\$5,000-25,000]
[Child(ren)] [\$5,000-25,000]

Total Annual Premium [\$00.00]

CRITICAL ILLNESS CONDITIONS

INVASIVE CANCER – HEART ATTACK – STROKE

DEFINITIONS

CRITICAL ILLNESS means only the above listed illnesses. See the Critical Illness Diagnosis Benefits exclusions and limitations provisions.

DIAGNOSED/DIAGNOSIS/DIAGNOSTIC means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine);

- (a) based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the Insured Person’s medical records; and
- (b) meeting any diagnostic requirements stated in this Rider for the particular critical illness being diagnosed.

INCURS/INCURRED means an event or incident that:

- (a) initially occurs on or after the date coverage on an Insured Person becomes effective under this Rider; and
- (b) initially occurs while coverage on an Insured Person under this Rider is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Rider.

MANIFESTS/MANIFESTED/MANIFESTATION means a condition or symptom for which a person would seek diagnosis, medical advice, care, attention or treatment:

- (a) on or after the date coverage on an Insured Person becomes effective under this Rider; and
- (b) while coverage on an Insured Person under this Rider is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Rider.

PREEXISTING CONDITION means those conditions for which medical advice, diagnosis, care or treatment was received or recommended within the one year period immediately preceding the Effective Date of the Insured Person's coverage.

TRANSIENT ISCHEMIC ATTACK (TIA) means a neurological condition or event with the signs and symptoms of a stroke, but which disappear clinically within a twenty-four hour period, after which no residual signs, symptoms, deficits, or abnormalities are revealed or shown on neuroimaging studies.

WAITING PERIOD means the period that begins on the Effective Date of the Rider and continues for the period shown in the Rider Schedule. There is NO coverage for critical illness that first manifests itself to the Insured during the Waiting Period.

CRITICAL ILLNESS BENEFIT PAYMENT CONDITIONS

When We receive due written proof that expenses incurred are due to a critical illness, We will pay the benefit outlined in the Rider Schedule up to the Benefit Payable Per Lifetime Per Insured shown (subject to all applicable Policy provisions), if a critical illness is both initially Incurred or Manifests, and is diagnosed more than 30 days after the date coverage on the Insured Person becomes effective.

The payment of benefits for a critical illness stated in the Rider Schedule is subject to the following conditions:

- (a) the critical illness initially Incurs and/or Manifests; and
- (b) the critical illness is initially diagnosed while the coverage on an Insured Person is effective under this Rider; and
- (c) the critical illness is diagnosed within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation.

CRITICAL ILLNESS DIAGNOSIS

INVASIVE CANCER

INVASIVE CANCER means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tumor.

For the purpose of this definition, Invasive Cancer does **NOT** include:

- (a) any carcinoma in situ lesion regardless of origin, classified as T_{is}N₀M₀;
- (b) any T₁N₀M₀ lesion treated by endoscopic procedures;
- (c) melanoma, T₁N₀M₀ with maximum Breslow thickness of less than or equal to 1.0mm; or
- (d) prostate cancer T₁bN₀M₀.

INVASIVE CANCER PAYMENT CONDITIONS

If Invasive Cancer initially both Manifests and is diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Rider, We will pay the Benefit Payable as shown in the Rider Schedule.

This critical illness must not have Manifested itself and/or been diagnosed within the first 30 days after the date coverage on the Insured Person becomes effective under this Rider.

DIAGNOSTIC REQUIREMENTS FOR INVASIVE CANCER

Invasive Cancer must be diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a pathological diagnosis cannot be made, provided the medical evidence substantially documents the clinical diagnosis of Invasive Cancer and the Insured Person receives treatment for Invasive Cancer.

HEART ATTACK

HEART ATTACK means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

HEART ATTACK PAYMENT CONDITIONS

If a Heart Attack initially both Incurs and is diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Rider, We will pay the Benefit Payable as shown in the Rider Schedule.

This critical illness must not have Manifested itself and/or been diagnosed within the first 30 days following the date coverage on the Insured Person becomes effective under this Rider.

DIAGNOSTIC REQUIREMENTS FOR HEART ATTACK

This diagnosis must be supported by the following criteria which are consistent with a new Heart Attack:

- (a) typical clinical presentation; and
- (b) new electrocardiographic (EKG) changes consistent with acute myocardial infarction; and
- (c) serial measurements of cardiac biomarkers showing a pattern and a level consistent with a heart attack.

STROKE

STROKE means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism or cerebral thrombosis. This diagnosis must be supported by all of the following conditions:

- (a) evidence of permanent neurological damage at least 6 weeks after the event; and
- (b) findings on magnetic resonance imaging, computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

For the purpose of this definition, Stroke does NOT mean:

- (a) transient ischemic attacks (TIAs); or
- (b) brain damage due to accident or injury, infection, vasculitis, and inflammatory disease, a demyelinating process; or
- (c) vascular disease affecting the eye or optic nerve; or
- (d) ischemic disorders of the vestibular system.

STROKE PAYMENT CONDITIONS

If a Stroke is initially both Incurred and is diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Rider, We will pay the Benefit Payable as shown in the Rider Schedule

DIAGNOSTIC REQUIREMENTS FOR STROKE

The diagnosis of Stroke must be made by a neurologist based on documented neurological deficits and confirmatory neuroimaging studies.

DIAGNOSTIC REQUIREMENTS

ALL CRITICAL ILLNESSES

We reserve the right to require a physical examination of the Insured Person and/or the review of any Critical Illness Diagnosis by a Physician of Our choice in the United States at Our expense. Such Physician must:

- (a) have specialty training and board certification in the field of medicine specific to the critical illness being diagnosed; and
- (b) must follow all standardly accepted procedures and protocols in the diagnosis of the critical illness.

We will not pay for any travel or other expenses of the Insured Person related to any such examination. We reserve the right to select an independent and acknowledged expert in the applicable field of medicine to review the evidence used in making any disputed Critical Illness Diagnosis.

EXCLUSIONS

For any Insured Person:

- (a) We will pay NO benefits for any critical illness that is Incurred or Manifests, whichever is applicable, and/or diagnosed before the first 30 days after the date coverage on the Insured Person becomes effective under this Rider. However, an Insured Child born after the Effective Date of this Rider or any subsequent reinstatement will be covered from birth for the critical illnesses stated in the Rider Schedule.
- (b) We will pay NO benefits for any critical illness or any loss caused in whole or in part by, or resulting in whole or in part from:
 - (i) any illness, loss, or condition specifically excluded from the definition of any critical illness; or
 - (ii) balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure; or

PREEXISTING CONDITION LIMITATION

We will pay NO benefits for critical Illness that are caused by a Preexisting Condition unless the critical illness commences after this Rider has been in force for 12 months from the Effective Date or most recent reinstatement date. We will not use the existence of a Preexisting Condition to deny benefits after this Rider has been in force for a period of 12 months following the date of application for this Rider.

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible, but in no event more than 180 days thereafter. You may provide notice of loss at Our Administrative Office. Your notice should include Your name and Policy Number as shown in the Policy Data of the Policy to which this Rider is attached.

REINSTATEMENT

In addition to the Policy provisions on Reinstatement, the following applies to this Rider:

We will pay NO benefits for a listed critical illness that Incurs or Manifests, whichever is applicable as stated in this Rider, and/or diagnosed before the end of 10 days after the date coverage on the Insured Person becomes effective under this Rider due to reinstatement.

However, an Insured Child born after the Effective Date of this Rider or any subsequent reinstatement will be covered from birth for the listed critical illness stated in the Rider Schedule.

If You do not request a reinstatement within 60 days from the date any unpaid premium was due, no further benefits will be provided by this Rider, and after the stated time, You may be required to apply for a new policy and rider.

TERMINATION

Coverage under this Rider ends on the date the Benefit Payable Per Lifetime Per Insured is paid or on the date the Policy ends.

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738

CANCER ONLY CRITICAL ILLNESS BENEFIT RIDER

This Rider is part of the Policy to which it is attached. Its Benefits are subject to all the terms of the Rider and the Policy. If any term of this Rider should conflict with a term or terms of the Policy, the terms in this Rider shall control for Benefits provided in this Rider.

THIS IS A LIMITED BENEFIT RIDER... PLEASE READ IT CAREFULLY

RIDER SCHEDULE

Insured Person—Insured [Insured Spouse] [Insured Child(ren)]

Insured: Effective Date:
Age/Gender:

Waiting Period

Invasive Cancer 30 days. If Manifested and/or Diagnosed on the 31st to 89th day after the date of coverage on an Insured Person becomes effective – 10% up to a maximum of \$1,000.
If Manifested and/or Diagnosed on the 90th day or after the date of coverage on an Insured Person becomes effective – [\$5,000 to \$25,000].

Annual Premium		Benefit Payable Per Lifetime Per Insured	
Insured	[\$00.00]	Insured	[\$5,000-25,000]
[Spouse]	[\$00.00]	[Spouse]	[\$5,000-25,000]
[Child(ren)]	[\$00.00]	[Child(ren)]	[\$5,000-25,000]
Total Annual Premium	[\$00.00]		

CRITICAL ILLNESS CONDITIONS

INVASIVE CANCER

DEFINITIONS

CRITICAL ILLNESS means only the above listed illnesses. See the Critical Illness Diagnosis Benefits provision for exclusions and limitations.

DIAGNOSED/DIAGNOSIS/DIAGNOSTIC means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine):

- (a) based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the Insured Person’s medical records; and
- (b) meeting any diagnostic requirements stated in this Rider for the particular critical illness being diagnosed.

INCURS/INCURRED means an event or incident that:

- (a) initially occurs on or after the date of coverage on an Insured Person becomes effective under this Rider; and
- (b) initially occurs while coverage on an Insured Person under this Rider is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Rider.

MANIFESTS/MANIFESTED/MANIFESTATION means a condition or symptom for which a person would seek diagnosis, medical advice, care, attention or treatment:

- (a) on or after the date coverage on an Insured Person becomes effective under this Rider; an
- (b) while coverage on an Insured Person under this Rider is in force; and
- (c) that is not excluded by any specific description or exclusion stated in this Rider.

PREEXISTING CONDITION means those conditions for which medical advice, Diagnosis, care or treatment was received or recommended within the 1 year period immediately preceding the Effective Date of the Insured Person's coverage.

WAITING PERIOD means the period that begins on the Effective Date of the Rider and continues for the period shown in the Rider Schedule. There is NO coverage for a critical illness that first Manifests itself to the Insured Person during the Waiting Period.

CANCER ONLY CRITICAL ILLNESS BENEFIT PAYMENT CONDITIONS

When We receive due written proof that expenses incurred are due to the critical illness, We will pay the benefit outlined in the Rider Schedule up to the Benefit Payable Per Lifetime Per Insured shown (subject to all applicable Policy provisions), if the Cancer Only Critical Illness is both initially Incurred or Manifests, and is diagnosed more than 30 days after the date coverage on the Insured Person becomes effective.

The payment of benefits for a critical illness stated in the Rider Schedule is subject to the following conditions:

- (a) the critical illness initially Incurs and/or Manifests; and
- (b) the critical illness is initially diagnosed while the coverage on an Insured Person is effective under this Rider; and
- (c) the critical Illness is diagnosed within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation.

CANCER ONLY CRITICAL ILLNESS DIAGNOSIS

INVASIVE CANCER

INVASIVE CANCER means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tumor.

For the purpose of this definition, Invasive Cancer does **NOT** include:

- (a) any carcinoma in situ lesion regardless of origin, classified as T_{is}N₀M₀;
- (b) any T₁N₀M₀ lesion treated by endoscopic procedures;
- (c) melanoma, T₁N₀M₀ with maximum Breslow thickness of less than or equal to 1.0mm; or
- (d) prostate cancer T₁bN₀M₀.

INVASIVE CANCER PAYMENT CONDITIONS

If Invasive Cancer initially both Manifests and is diagnosed more than 30 days after the date of coverage on the Insured Person becomes effective under this Rider, We will pay the Benefit Payable as shown in the Rider Schedule.

This critical illness must not have Manifested itself and/or been diagnosed within the first 30 days after the date of coverage on the Insured Person becomes effective under this Rider.

DIAGNOSTIC REQUIREMENTS FOR INVASIVE CANCER

Invasive Cancer must be diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a pathological diagnosis cannot be made, provided the medical evidence substantially documents the clinical diagnosis of Invasive Cancer and the Insured Person receives treatment for Invasive Cancer.

We reserve the right to require a physical examination of the Insured Person and/or the review of any critical illness diagnosis by a Physician of Our choice in the United States at Our expense. Such Physician must:

- (a) have specialty training and board certification in the field of medicine specific to the critical illness being diagnosed; and
- (b) must follow all standardly accepted procedures and protocols in the diagnosis of the critical illness.

We will not pay for any travel or other expenses of the Insured Person related to any such examination. We reserve the right to select an independent and acknowledged expert in the applicable field of medicine to review the evidence used in making any disputed critical illness diagnosis.

EXCLUSIONS

For any Insured Person:

- (a) We will pay NO benefits for any critical illness that is Incurred or Manifests, whichever is applicable, and/or diagnosed before the first 30 days after the date coverage on the Insured Person becomes effective under this Rider. However, an Insured Child born after the Effective Date of this Rider or any subsequent reinstatement will be covered from birth for the critical illnesses stated in the Rider Schedule.
- (b) We will pay NO benefits for any critical illness or any loss caused in whole or in part by, or resulting in whole or in part from any illness, loss, or condition specifically excluded from the definition of any Critical Illness; or

PREEXISTING CONDITION LIMITATION

We will pay NO benefits for critical illness that are caused by a Preexisting Condition unless the critical illness commences after this Rider has been in force for 12 months from the Effective Date or most recent reinstatement date. We will not use the existence of a Preexisting Condition to deny benefits after this Rider has been in force for a period of 12 months following the date of application for this Rider.

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible, but in no event more than 180 days thereafter. You may provide notice of loss at Our Administrative Office. Your notice should include Your name and Policy Number as shown in the Policy Data of the Policy to which this Rider is attached.

REINSTATEMENT

In addition to the Policy provisions on Reinstatement, the following applies to this Rider:

We will pay NO benefits for a listed critical illness that Incurs or Manifests, whichever is applicable as stated in this Rider, and/or diagnosed before the end of 10 days after the date coverage on the Insured Person becomes effective under this Rider due to reinstatement.

However, an Insured Child born after the Effective Date of this Rider or any subsequent reinstatement will be covered from birth for the listed critical illness stated in the Rider Schedule.

If You do not request a reinstatement within 60 days from the date any unpaid premium was due, no further benefits will be provided by this Rider, and after the stated time, You may be required to apply for a new policy and rider.

TERMINATION

Coverage under this Rider ends on the date the Benefit Payable Per Lifetime Per Insured is paid or on the date the Policy ends.

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738
(called "we", "us", or "our")

ACCIDENT HOSPITAL INDEMNITY BENEFIT RIDER

This Rider is part of the Policy to which it is attached. Its Benefits are subject to all the terms of this Rider and the Policy. If any term of this Rider should conflict with a term or terms of the Policy, the terms in this Rider shall control for Benefits provided in this Rider.

THIS IS A LIMITED BENEFIT RIDER... PLEASE READ IT CAREFULLY

RIDER SCHEDULE

Insured Person—Insured [Insured Spouse] [Insured Child(ren)]

Insured:
Age/Gender:

Effective Date:

Annual Premium

Insured [\$00.00]
[Spouse] [\$00.00]
[Child(ren)] [\$00.00]

Total Annual Premium [\$00.00]

Accidental Hospital Maximum Benefit
Indemnity Benefit Period per Accident
Amount per Insured Person
[\$100 or \$250 A Day] [90 Days]

If an Insured Person suffers an Accidental Injury that, within 90 days of the date of the Accident that caused the injury, requires him/her to be confined in a Hospital as an Inpatient, We will pay a benefit outlined above, due to that injury for each day of Inpatient Hospital confinement. Only one benefit is provided for any one Accident per Insured Person regardless of the number of injuries for which the confinement is required or the number of times the Insured Person must be confined due to injuries resulting from the same Accident.

Inpatient means an Insured Person: 1) who is confined in a Hospital as a registered bed patient; and 2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

LIFE OF THE SOUTH INSURANCE COMPANY

Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500
Jacksonville, FL 32256 (800) 888-2738
(called "we", "us", or "our")

FUNERAL EXPENSE/BEREAVEMENT COUNSELING BENEFIT RIDER

This Rider is part of the Policy to which it is attached. Its Benefits are subject to all the terms of this Rider and the Policy. If any term of this Rider should conflict with a term or terms of the Policy, the terms in this Rider shall control for Benefits provided in this Rider.

THIS IS A LIMITED BENEFIT RIDER... PLEASE READ IT CAREFULLY

RIDER SCHEDULE

Insured Person—Insured [Insured Spouse] [Insured Child(ren)]

Insured:
Age/Gender:

Effective Date:

Annual Premium

Insured [\$00.00]
[Spouse] [\$00.00]
[Child(ren)] [\$00.00]

Total Annual Premium [\$00.00]

Upon receipt of due written proof of loss of an Insured Person's death due to Accidental Injury, We will pay \$2,000 to cover funeral expenses. Proof must be submitted that funeral expenses were incurred. We will also pay \$250 to cover Bereavement Counseling expenses for the Insured Person's family members. A spouse and/or child/children must be listed as additional Insured Persons and covered by the Policy on the date of the Accident causing the injury and proof must be submitted that Bereavement Counseling was sought and obtained.

Bereavement Counseling means counseling provided by a professional who is duly licensed and qualified in such a capacity and for which a fee is customarily charged.

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:	Life of the South Insurance Company		
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	new program

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Life of the South Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:	Life of the South Insurance Company		
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved-Closed 07/19/2012	AEP Plan Premium Rate Schedule	LS-AP1510P-AR	New		AEP Plan Premium Rate Schedule 7-3-12.pdf

Accident Expense Plan and Riders
Annual Premium Rates

Base Policy - Accident Medical Expense Coverage

Insured Pricing per Member - Annual Premium

Insured Rates

Attained Age	Maximum \$ 5,000	Deductible									
		\$ -		\$ 250		\$ 500		\$ 750		\$ 1,000	
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
18-24		\$ 256	\$ 391	\$ 247	\$ 377	\$ 228	\$ 348	\$ 205	\$ 313	\$ 191	\$ 291
25-39		\$ 217	\$ 304	\$ 209	\$ 293	\$ 193	\$ 271	\$ 174	\$ 243	\$ 162	\$ 227
40-54		\$ 191	\$ 217	\$ 184	\$ 209	\$ 170	\$ 193	\$ 153	\$ 174	\$ 142	\$ 162
55-64		\$ 200	\$ 200	\$ 193	\$ 193	\$ 178	\$ 178	\$ 160	\$ 160	\$ 149	\$ 149

Attained Age	Maximum \$ 10,000	Deductible									
		\$ -		\$ 250		\$ 500		\$ 750		\$ 1,000	
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
18-24		\$ 275	\$ 419	\$ 266	\$ 405	\$ 247	\$ 377	\$ 224	\$ 341	\$ 210	\$ 320
25-39		\$ 233	\$ 326	\$ 225	\$ 315	\$ 209	\$ 293	\$ 190	\$ 265	\$ 178	\$ 249
40-54		\$ 205	\$ 233	\$ 198	\$ 225	\$ 184	\$ 209	\$ 167	\$ 190	\$ 156	\$ 178
55-64		\$ 214	\$ 214	\$ 207	\$ 207	\$ 193	\$ 193	\$ 174	\$ 174	\$ 163	\$ 163

Attained Age	Maximum \$ 15,000	Deductible									
		\$ -		\$ 250		\$ 500		\$ 750		\$ 1,000	
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
18-24		\$ 293	\$ 448	\$ 284	\$ 433	\$ 266	\$ 405	\$ 242	\$ 370	\$ 228	\$ 348
25-39		\$ 249	\$ 348	\$ 241	\$ 337	\$ 225	\$ 315	\$ 205	\$ 287	\$ 193	\$ 271
40-54		\$ 219	\$ 249	\$ 212	\$ 241	\$ 198	\$ 225	\$ 181	\$ 205	\$ 170	\$ 193
55-64		\$ 229	\$ 229	\$ 222	\$ 222	\$ 207	\$ 207	\$ 189	\$ 189	\$ 178	\$ 178

Accident Expense Plan and Riders
Annual Premium Rates

Base Policy - Accident Medical Expense Coverage

Spouse Pricing per Member - Annual Premium

Spouse & Children		Deductible									
\$	Maximum	\$ -		\$ 250		\$ 500		\$ 750		\$ 1,000	
Attained Age		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
18-24		\$ 142	\$ 243	\$ 135	\$ 232	\$ 121	\$ 211	\$ 104	\$ 185	\$ 93	\$ 169
25-39		\$ 113	\$ 178	\$ 107	\$ 170	\$ 95	\$ 153	\$ 80	\$ 132	\$ 71	\$ 120
40-54		\$ 93	\$ 113	\$ 88	\$ 107	\$ 78	\$ 95	\$ 65	\$ 80	\$ 57	\$ 71
55-64		\$ 100	\$ 100	\$ 94	\$ 94	\$ 84	\$ 84	\$ 70	\$ 70	\$ 62	\$ 62
Children		\$ 120		\$ 115		\$ 107		\$ 96		\$ 89	

\$		Deductible									
Attained Age	Maximum	\$ -		\$ 250		\$ 500		\$ 750		\$ 1,000	
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
18-24		\$ 156	\$ 264	\$ 149	\$ 254	\$ 135	\$ 232	\$ 118	\$ 206	\$ 107	\$ 190
25-39		\$ 125	\$ 195	\$ 119	\$ 186	\$ 107	\$ 170	\$ 92	\$ 149	\$ 83	\$ 137
40-54		\$ 104	\$ 125	\$ 99	\$ 119	\$ 88	\$ 107	\$ 75	\$ 92	\$ 67	\$ 83
55-64		\$ 111	\$ 111	\$ 105	\$ 105	\$ 94	\$ 94	\$ 81	\$ 81	\$ 73	\$ 73
Children		\$ 129		\$ 124		\$ 115		\$ 105		\$ 98	

\$		Deductible									
Attained Age	Maximum	\$ -		\$ 250		\$ 500		\$ 750		\$ 1,000	
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
18-24		\$ 170	\$ 286	\$ 163	\$ 275	\$ 149	\$ 254	\$ 132	\$ 227	\$ 121	\$ 211
25-39		\$ 137	\$ 211	\$ 131	\$ 203	\$ 119	\$ 186	\$ 104	\$ 166	\$ 95	\$ 153
40-54		\$ 114	\$ 137	\$ 109	\$ 131	\$ 99	\$ 119	\$ 86	\$ 104	\$ 78	\$ 95
55-64		\$ 122	\$ 122	\$ 116	\$ 116	\$ 105	\$ 105	\$ 92	\$ 92	\$ 84	\$ 84
Children		\$ 137		\$ 133		\$ 124		\$ 113		\$ 107	

Accident Expense Plan and Riders
Annual Premium Rates

Critical Illness Rider Pricing - Annual Premium				
Non-Tobacco				
Adult Rate			Children Rate	
	Maximum			Maximum
\$	5,000		\$	5,000
Issue Age	Female	Male		
18-24	\$15.84	\$18.92		\$18.80
25-29	\$22.92	\$23.89		
30-34	\$30.60	\$29.82		
35-39	\$40.37	\$38.67		
40-44	\$53.99	\$52.85		
45-49	\$74.40	\$78.39		
50-54	\$95.35	\$100.65		
55-59	\$129.62	\$138.45		
60-64	\$145.31	\$156.17		
	Maximum			Maximum
\$	10,000		\$	10,000
Issue Age	Female	Male		
18-24	\$31.68	\$37.85		\$37.60
25-29	\$45.85	\$47.77		
30-34	\$61.19	\$59.64		
35-39	\$80.74	\$77.34		
40-44	\$107.98	\$105.70		
45-49	\$148.79	\$156.77		
50-54	\$190.70	\$201.31		
55-59	\$259.24	\$276.90		
60-64	\$290.62	\$312.34		

Cancer Only Critical Illness Rider Pricing - Annual Premium				
Non-Tobacco				
Adult Rate			Children Rate	
	Maximum			Maximum
\$	5,000		\$	5,000
Issue Age	Female	Male		
18-24	\$7.87	\$4.84		\$ 6.87
25-29	\$13.74	\$7.89		
30-34	\$19.68	\$11.33		
35-39	\$26.61	\$15.83		
40-44	\$35.11	\$21.80		
45-49	\$45.22	\$30.33		
50-54	\$56.80	\$41.72		
55-59	\$70.15	\$55.01		
60-64	\$83.74	\$69.77		
	Maximum			Maximum
\$	10,000		\$	10,000
Issue Age	Female	Male		
18-24	\$15.74	\$9.67		\$ 13.74
25-29	\$27.47	\$15.79		
30-34	\$39.35	\$22.66		
35-39	\$53.22	\$31.66		
40-44	\$70.21	\$43.60		
45-49	\$90.44	\$60.66		
50-54	\$113.60	\$83.45		
55-59	\$140.29	\$110.02		
60-64	\$167.48	\$139.55		

Accident Expense Plan and Riders
Annual Premium Rates

Critical Illness Rider Pricing - Annual Premium			
Non-Tobacco			
Adult Rate		Children Rate	
Maximum 15,000		Maximum 15,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$47.51	\$56.77	\$56.39
25-29	\$68.77	\$71.66	
30-34	\$91.79	\$89.47	
35-39	\$121.12	\$116.01	
40-44	\$161.98	\$158.54	
45-49	\$223.19	\$235.16	
50-54	\$286.05	\$301.96	
55-59	\$388.87	\$415.35	
60-64	\$435.93	\$468.50	
Maximum 20,000		Maximum 20,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$63.35	\$75.69	\$75.18
25-29	\$91.70	\$95.55	
30-34	\$122.39	\$119.29	
35-39	\$161.49	\$154.68	
40-44	\$215.97	\$211.39	
45-49	\$297.58	\$313.54	
50-54	\$381.40	\$402.61	
55-59	\$518.49	\$553.80	
60-64	\$581.23	\$624.67	
Maximum 25,000		Maximum 25,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$79.19	\$94.61	\$93.98
25-29	\$114.62	\$119.44	
30-34	\$152.99	\$149.11	
35-39	\$201.86	\$193.35	
40-44	\$269.96	\$264.24	
45-49	\$371.98	\$391.93	
50-54	\$476.75	\$503.27	
55-59	\$648.11	\$692.25	
60-64	\$726.54	\$780.84	

Cancer Only Critical Illness Rider Pricing - Annual Premium			
Non-Tobacco			
Adult Rate		Children Rate	
Maximum 15,000		Maximum 15,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$23.60	\$14.51	\$ 20.61
25-29	\$41.21	\$23.68	
30-34	\$59.03	\$34.00	
35-39	\$79.84	\$47.49	
40-44	\$105.32	\$65.40	
45-49	\$135.66	\$90.99	
50-54	\$170.41	\$125.17	
55-59	\$210.44	\$165.04	
60-64	\$251.22	\$209.32	
Maximum 20,000		Maximum 20,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$31.47	\$19.34	\$ 27.47
25-29	\$54.95	\$31.58	
30-34	\$78.70	\$45.33	
35-39	\$106.45	\$63.32	
40-44	\$140.42	\$87.21	
45-49	\$180.88	\$121.32	
50-54	\$227.21	\$166.89	
55-59	\$280.59	\$220.05	
60-64	\$334.96	\$279.09	
Maximum 25,000		Maximum 25,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$39.34	\$24.18	\$ 34.35
25-29	\$68.68	\$39.47	
30-34	\$98.38	\$56.66	
35-39	\$133.06	\$79.15	
40-44	\$175.53	\$109.01	
45-49	\$226.10	\$151.65	
50-54	\$284.01	\$208.61	
55-59	\$350.74	\$275.06	
60-64	\$418.70	\$348.87	

Accident Expense Plan and Riders
Annual Premium Rates

Critical Illness Rider Pricing - Annual Premium				
Tobacco				
Adult Rate			Children Rate	
Maximum 5,000			Maximum 5,000	
\$	Female	Male	\$	
Issue Age				
18-24	\$29.68	\$36.42		\$18.80
25-29	\$41.23	\$43.57		
30-34	\$53.65	\$51.94		
35-39	\$70.08	\$65.67		
40-44	\$94.61	\$90.06		
45-49	\$135.12	\$142.04		
50-54	\$174.85	\$183.55		
55-59	\$253.87	\$270.63		
60-64	\$290.62	\$312.34		
Maximum 10,000			Maximum 10,000	
\$	Female	Male	\$	
Issue Age				
18-24	\$59.36	\$72.84		\$37.60
25-29	\$82.46	\$87.15		
30-34	\$107.29	\$103.88		
35-39	\$140.17	\$131.35		
40-44	\$189.21	\$180.12		
45-49	\$270.25	\$284.09		
50-54	\$349.69	\$367.11		
55-59	\$507.74	\$541.27		
60-64	\$581.23	\$624.67		

Cancer Only Critical Illness Rider Pricing - Annual Premium				
Tobacco				
Adult Rate			Children Rate	
Maximum 5,000			Maximum 5,000	
\$	Female	Male	\$	
Issue Age				
18-24	\$14.70	\$9.42		\$ 6.87
25-29	\$25.02	\$14.87		
30-34	\$35.39	\$20.60		
35-39	\$47.77	\$28.18		
40-44	\$64.15	\$39.25		
45-49	\$84.33	\$55.79		
50-54	\$108.26	\$79.03		
55-59	\$137.12	\$107.21		
60-64	\$167.48	\$139.55		
Maximum 10,000			Maximum 10,000	
\$	Female	Male	\$	
Issue Age				
18-24	\$29.41	\$18.84		\$ 13.74
25-29	\$50.03	\$29.74		
30-34	\$70.78	\$41.20		
35-39	\$95.54	\$56.36		
40-44	\$128.30	\$78.51		
45-49	\$168.66	\$111.58		
50-54	\$216.52	\$158.07		
55-59	\$274.25	\$214.43		
60-64	\$334.96	\$279.09		

Accident Expense Plan and Riders
Annual Premium Rates

Critical Illness Rider Pricing - Annual Premium			
Tobacco			
Adult Rate		Children Rate	
Maximum 15,000		Maximum 15,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$89.05	\$109.27	\$56.39
25-29	\$123.69	\$130.72	
30-34	\$160.94	\$155.82	
35-39	\$210.25	\$197.02	
40-44	\$283.82	\$270.18	
45-49	\$405.37	\$426.13	
50-54	\$524.54	\$550.66	
55-59	\$761.61	\$811.90	
60-64	\$871.85	\$937.01	
Maximum 20,000		Maximum 20,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$118.73	\$145.69	\$75.18
25-29	\$164.92	\$174.30	
30-34	\$214.59	\$207.76	
35-39	\$280.33	\$262.70	
40-44	\$378.43	\$360.24	
45-49	\$540.49	\$568.17	
50-54	\$699.39	\$734.22	
55-59	\$1,015.49	\$1,082.53	
60-64	\$1,162.47	\$1,249.34	
Maximum 25,000		Maximum 25,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$148.41	\$182.11	\$93.98
25-29	\$206.15	\$217.87	
30-34	\$268.23	\$259.70	
35-39	\$350.42	\$328.37	
40-44	\$473.03	\$450.30	
45-49	\$675.62	\$710.22	
50-54	\$874.23	\$917.77	
55-59	\$1,269.36	\$1,353.17	
60-64	\$1,453.09	\$1,561.68	

Cancer Only Critical Illness Rider Pricing - Annual Premium			
Tobacco			
Adult Rate		Children Rate	
Maximum 15,000		Maximum 15,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$44.11	\$28.26	\$ 20.61
25-29	\$75.05	\$44.62	
30-34	\$106.17	\$61.80	
35-39	\$143.30	\$84.54	
40-44	\$192.45	\$117.76	
45-49	\$252.99	\$167.37	
50-54	\$324.78	\$237.10	
55-59	\$411.37	\$321.64	
60-64	\$502.45	\$418.64	
Maximum 20,000		Maximum 20,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$58.81	\$37.67	\$ 27.47
25-29	\$100.07	\$59.49	
30-34	\$141.56	\$82.40	
35-39	\$191.07	\$112.71	
40-44	\$256.60	\$157.01	
45-49	\$337.32	\$223.16	
50-54	\$433.04	\$316.13	
55-59	\$548.50	\$428.86	
60-64	\$669.93	\$558.18	
Maximum 25,000		Maximum 25,000	
\$		\$	
Issue Age	Female	Male	
18-24	\$73.51	\$47.09	\$ 34.35
25-29	\$125.09	\$74.36	
30-34	\$176.94	\$103.00	
35-39	\$238.84	\$140.89	
40-44	\$320.75	\$196.27	
45-49	\$421.66	\$278.95	
50-54	\$541.30	\$395.16	
55-59	\$685.62	\$536.07	
60-64	\$837.41	\$697.73	

Accident Expense Plan and Riders
Annual Premium Rates

Accidental Hospital Indemnity Benefit Rider - Annual Premium

Daily Benefit	\$100	\$250
Insured	\$ 7.00	\$ 16.00
Insured+Spouse	\$ 14.00	\$ 32.00
Insured+Children	\$ 24.50	\$ 56.00
Insured+Spouse+Children	\$ 31.50	\$ 72.00

Other Riders

	Benefit	All Ages Per Person
Funeral Expense Benefit	\$ 2,000	\$ 3.82
Bereavement Counseling	\$ 250	

**Accidental Death and Dismemberment Rider
Annual Premium Rate per \$1,000**

Issue Age	Per Person	Unisex
18-24		\$1.28
25-39		\$0.95
40-49		\$1.03
50-59		\$1.08
60-64		\$1.24
Children	\$	1.07

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:	Life of the South Insurance Company		
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/19/2012
Comments:	Due to the technical nature of some of the forms, we are requesting them to be accepted as is.		
Attachment(s):	LOTS AEP Readability rev AR.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	07/19/2012
Comments:	Application is included in the Forms Schedule Tab		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	07/19/2012
Comments:			
Attachment(s):	LOTS AEP Outline of Coverage rev AR.pdf		

		Item Status:	Status Date:
Satisfied - Item:	SERFF Filing Authorization	Approved-Closed	07/19/2012
Comments:			
Attachment(s):	Authorization Letter - Life of the South.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	07/19/2012
Comments:			
Attachment(s):	LOTS AEP Statemnt of Variability rev AR.pdf		

Item Status: **Status Date:**

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:	Life of the South Insurance Company		
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

Satisfied - Item:	Filing Memorandum	Approved-Closed	07/19/2012
Comments:			
Attachment(s):			
LOTS AEP Filing memo rev AR.pdf			

LIFE OF THE SOUTH INSURANCE COMPANY

INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE

READABILITY STATEMENT

		<u>Flesch Score</u>
	The base Policy and Riders package forms	
Application for Accident and Health Insurance	LS-AP10501A (4/12)	45.2
Accident Medical Expense Policy	LS-AP1510P-AR (4/12)	42.9
Accidental Death and Dismemberment Benefit Rider	LS-AP1520R2 (4/12)	66.4
Critical Illness Benefit Rider	LS-AP1520R3 (4/12)	31.5
Cancer Only Critical Illness Benefit Rider	LS-AP1520R4 (4/12)	33.5
Accident Hospital Indemnity Benefit Rider	LS-AP1520R5 (4/12)	47.7
Funeral Expense/ Bereavement	LS-AP1520R6 (4/12)	47.1

We certify that, to the best of our knowledge and belief, each of the forms listed meets the minimum readability. The scores were calculated using an electronic Flesch scoring method.

Benefits for daily room and board, nursing services, and other medically necessary covered charges incurred during the inpatient hospital stay as a result of the Accidental Injury.

MAJOR DIAGNOSTIC EXAMINATIONS

Benefit is limited to 1 Major Diagnostic Exam per Accidental Injury for each Insured Person and must be performed within 14 days of the Accidental Injury.

Major Diagnostic Exams are limited to the following:

- CT (computerized tomography) scan
- MRI (magnetic resonance imaging)
- EEG (electroencephalogram).

PHYSICAL THERAPY BENEFIT

Physical Therapy must begin within 30 days of the Accidental Injury or discharge from the Hospital and must be completed within 6 months after the Accidental Injury. Benefit is limited to 1 Physical Therapy treatment visit per day, up to a maximum of 10 visits for each Accidental Injury.

PROSTHESIS BENEFIT

Benefit limited to 1 Prosthetic Device received within 1 year of the Accidental Injury.

X-RAY BENEFIT

The x-ray or set of x-rays must be performed within 14 days of the Accidental Injury.

BENEFIT PAYMENT CONDITIONS

The payment of benefits for an Accidental Injury is subject to the following conditions:

- (a) The Accidental Injury and Care occurs while the coverage on an Insured Person is effective under the policy;
- (b) The initial Care must begin within 72 hours of the Accidental Injury;
- (c) The benefit payment is not precluded by any general or specific exclusion, description, or any failure to meet any condition precedent stated in the policy; and
- (d) Care for the Accidental Injury is received within the United States.

We reserve the right to request that a Physician of our choice review any Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of a Diagnosis. We also reserve the right to require that an Insured Person submit to an examination to confirm a disputed Accidental Injury. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Diagnosis. We will pay for any such requested examination or review.

EXCLUSIONS

For any Insured Person:

- (a) We will pay NO benefits under the policy if covered services provided are not related to a covered Accident.
- (b) We will pay NO benefits for any Accident or any loss caused in whole or in part by, or resulting in whole or in part from the following:
 - i) the Insured Person's suicide or attempt at suicide, or intentional self-inflicted injury, or any attempt at intentional self-inflicted injury while sane or insane;
 - ii) the Insured Person being under the influence of a stimulant (such as - amphetamines or nitrates), depressant, hallucinogen, narcotics; or any other drug intoxicant including those prescribed by a Physician that are misused by the Insured Person;
 - iii) the Insured Person's commission of or attempt to commit an assault or felony;
 - iv) the Insured Person engaging in an illegal activity or occupation;
 - v) the Insured Person's voluntary participation in any riot or civil insurrection;
 - vi) declared or undeclared war, or any act of declared or undeclared war;
 - vii) the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven;
 - viii) the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing or para kiting or any similar activity;

- ix) the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test;
- x) the Insured Person practicing for or participating in any semi-professional or professional competitive athletic contest for which such Insured Person receives any compensation or remuneration;
- xi) the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; and
- xii) any illness, loss, or condition specifically excluded from the definition of any Accident.

GUARANTEED RENEWABLE TO AGE 65

Your policy may be continued by paying the appropriate premiums when they are due. A Grace Period of 31 days will be granted for each premium payment after the first. The Company retains no right to restrict your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age at the Date of Issue. Such change will not become effective until you have been notified in writing.

TERMINATION DATE

Coverage under the policy for each Insured Person will terminate on the policy anniversary on or next following the date that Insured Person reaches the maximum coverage age. The maximum coverage age for the Insured and Insured Spouse is age 65. The maximum coverage age for an Insured Child is explained in the policy. The policy can be continued for the remaining Insured Person after coverage has been terminated for an Insured Person due to reaching the maximum coverage age.

The policy will terminate on the earliest of:

- (a) the date on which the policy lapses or terminates;
- (b) the policy anniversary on or next following the date that the last Insured Person reaches their maximum coverage age;
- (c) any premium due date requested by the Insured in writing;
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured and the Insured Spouse (if any)

OPTIONAL RIDERS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER (OPTIONAL)

If the Accidental Death and Dismemberment Benefit Rider is selected, the plan pays a death or dismemberment benefit as stated in the Rider Schedule after the policy or Rider has been effective for 7 months or more. The accidental death or dismemberment must occur within 90 days of the date of the accident that caused death or the injury. The Benefit percentages are stated below:

<u>For Loss of</u>	<u>Percentage of Benefit Amount</u>
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
One Hand or One Foot.....	50%
The Sight of One Eye.....	50%

PREMIUMS

Plan: Individual Individual & Spouse Parent & Children Family

Premium Summary

Premiums: Payable until age 65:

(mode)

Primary.....\$ _____
Spouse.....\$ _____
Child(ren).....\$ _____
Total Premium.....\$ _____

CRITICAL ILLNESS BENEFIT RIDER (OPTIONAL)

If the Critical Illness Benefit Rider is selected, the plan pays for the following Critical Illnesses - Invasive Cancer, Heart Attack and Stroke, subject to the Waiting Period and the Benefit Payable Per Lifetime, Per Insured.

PREMIUMS

Plan: Individual Individual & Spouse Parent & Children Family

Premium Summary

Premiums: Payable until age 65:

(mode)

Primary.....\$ _____
Spouse.....\$ _____
Child(ren).....\$ _____
Total Premium.....\$ _____

CANCER ONLY CRITICAL ILLNESS BENEFIT RIDER (OPTIONAL)

If the Cancer Only Critical Illness Benefit Rider is selected, the plan pays for the following Critical Illnesses - Invasive Cancer only, subject to the Waiting Period and the Benefit Payable Per Lifetime, Per Insured.

PREMIUMS

Plan: Individual Individual & Spouse Parent & Children Family

Premium Summary

Premiums: Payable until age 65:

(mode)

Primary.....\$ _____
Spouse.....\$ _____
Child(ren).....\$ _____
Total Premium.....\$ _____

ACCIDENT HOSPITAL INDEMNITY BENEFIT RIDER (OPTIONAL)

If the Accident Hospital Indemnity Benefit Rider is selected, the plan pays for an inpatient hospital room and board for a specified amount per day subject to a maximum number of days as outlined in the Rider Schedule.

PREMIUMS

Plan: Individual Individual & Spouse Parent & Children Family

Premium Summary

Premiums: Payable _____ until age 65:

(mode)

Primary.....\$ _____
Spouse.....\$ _____
Child(ren).....\$ _____
Total Premium.....\$ _____

FUNERAL EXPENSE/BEREAVEMENT COUNSELING BENEFIT RIDER (OPTIONAL)

If the Funeral Expense/Bereavement Counseling Benefit Rider is selected, the plan covers \$2000 of the funeral expenses upon receipt of due written proof of an Insured Person's death due to Accidental Injury. The plan also pays \$250 to cover Bereavement Counseling expenses for the Insured Person's family members. The Insured Person's family members must be listed as additional Insured Persons and covered by the Policy on the date of the accident causing the injury.

PREMIUMS

Plan: Individual Individual & Spouse Parent & Children Family

Premium Summary

Premiums: Payable _____ until age

(mode)

Primary.....\$ _____
Spouse.....\$ _____
Child(ren).....\$ _____
Total Premium.....\$ _____

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

<p>Life Of The South Insurance Company</p> <p>10151 Deerwood Park Boulevard Building 100, Suite 330 Jacksonville, FL 32256</p> <p>(800) 888-2738</p>	<p>The underwriting risks and financial obligations and support functions associated with the products issued by Life of the South Insurance Company are solely its responsibility. Life of the South Insurance Company is responsible for its own financial condition and contractual obligations.</p>
---	---



LIFE OF THE SOUTH.

May 1, 2012

Commissioner of Insurance

**RE: Life of the South Insurance Company
NAIC #: 97691**

To Whom It May Concern:

This letter, or a copy thereof, will authorize Year to Year Consulting, L.L.C. to represent Life of the South Insurance Company, in any matters related to submitting policy forms, rates and/or rules for approval via SERFF or any other means.

Sincerely,

A handwritten signature in black ink, appearing to read "Q. Frank Gottuso", with a long horizontal flourish extending to the right.

Q. Frank Gottuso
Assistant Vice President
Compliance
Life of the South Insurance Company

LIFE OF THE SOUTH INSURANCE COMPANY

INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE

STATEMENT OF VARIABILITY Base Policy and Riders

	Form Numbers
Accident Medical Expense Policy	LS-AP1510P-AR (4/12)
Accidental Death and Dismemberment Benefit Rider	LS-AP1520R2 (4/12)
Critical Illness Benefit Rider	LS-AP1520R3 (4/12)
Cancer Only Critical Illness Benefit Rider	LS-AP1520R4 (4/12)
Accident Hospital Indemnity Benefit Rider	LS-AP1520R5 (4/12)
Funeral Expense/Bereavement Counseling Benefit Rider	LS-AP1520R6 (4/12)

The Policy Data Page and Riders contain brackets, used to designate variable items that may be unique for each policyholder. Descriptions of the bracketed items follow:

The Policy Data Page - 2

Insured Person/Insured: This is the Insured, Insured Spouse, or Insured Child(ren)'s Names and will be unique to each Insured.

Policy Number: Is the unique policy number by which the company distinguishes each policy issued on this form.

Gender: Only options are (M) =Male or (F) =Female

Effective Date: This provides the effective date of the policy.

Premium Period: annual, semi-annual, quarterly, monthly

Age at Issue: This is the issue age of the Insured.

Policy Benefits:

Maximum Benefit Amount per Insured, per Calendar Year

Benefit Amount: all options are stated (\$5,000, \$10,000 or \$15,000)

Deductible Amount: options are: \$0, \$250, \$500, \$750, or \$1000

Rider Benefits

	<u>Benefit Amount Ranges</u>
Accidental Death and Dismemberment Benefit Rider	\$10,000 - \$100,000
Critical Illness Benefit Rider	\$5,000 - \$25,000
Cancer Only Benefit Rider	\$5,000 - \$25,000
Accident Hospital Indemnity Benefit Rider	\$100 or \$250 a day
Funeral Expense/Bereavement Counseling Benefit Rider (only options)	\$2,000 / \$250

Last paragraph, last sentence on page 2 [annual, semi-annual, quarterly, monthly]. This denotes the number of premiums payable each year, as selected by the proposed insured in establishing his or her planned modal premium payments.

LIFE OF THE SOUTH INSURANCE COMPANY

RIDERS

Accidental Death And Dismemberment Benefit Rider

Insured Person: Insured, Spouse, Children

Annual Premium dependent on proposed applicant's selections and subject to filed rates.

	<u>Range</u>
Benefit Amount at 7+ months	\$10,000 - \$100,000

Critical Illness Benefit Rider

Insured Person: Insured, Spouse, Children

Annual Premium dependent on proposed applicant's selections and subject to filed rates.

	<u>Range</u>
Benefit Payable per Lifetime Per Insured	\$5,000-\$25,000

Cancer Only Critical Illness Benefit Rider

Insured Person: Insured, Spouse, Children

Annual Premium dependent on proposed applicant's selections and subject to filed rates.

	<u>Range</u>
Benefit Payable per Lifetime Per Insured	\$5,000-\$25,000

Accident Hospital Indemnity Benefit Rider

Insured Person: Insured, Spouse, Children

Annual Premium dependent on proposed applicant's selections and subject to filed rates.

	<u>Range</u>
Accidental Hospital Indemnity Benefit Amount	\$100 or \$250 a day
Maximum Benefit Period per Accident per Insured Person	30-180 days

Funeral Expense/Bereavement Counseling Benefit Rider

Insured Person: Insured, Spouse, Children

Annual Premium dependent on proposed applicant's selections and subject to filed rates.

LIFE OF THE SOUTH INSURANCE COMPANY

INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE FILING MEMORANDUM

The purpose of this filing is to introduce a new product in the company's portfolio of programs. Life of the South Insurance Company (LOTS) has no prior rate history or form production under this type of product and will not be replacing any previously approved policy forms. The Accident and Sickness Expense Limited Benefits program has a base Policy and optional Riders. Actuarial Memorandums and Exhibits are provided for justification of the rate schedules for the base Policy and individual Riders.

The base Policy covers expenses related to an accident such as; ambulance benefits, emergency care, inpatient hospital and follow-up care. The base policy also covers drug benefit costs while in the hospital or emergency care facility, fracture benefits, diagnostic and X-ray benefits, physical therapy and prosthetic device benefits. Maximum dollar benefits and deductibles are selected by the insured.

The Optional Riders are:

Accidental Death and Dismemberment – provides for a benefit of \$10,000 to \$100,000 as selected by the insured for accidental death or dismemberment. One half the Accidental Death Benefit is paid for dismemberment resulting in the loss of one hand, one foot or one eye as a result of a covered accident.

Critical Illness Benefit – provides benefits payable per lifetime per insured upon proof that expenses were incurred on the occurrence of a heart attack, stroke or invasive cancer. The benefit ranges from \$5,000 to \$25,000. The proposed insured individual selects the benefit.

Cancer Only Critical Illness – provides benefits payable per lifetime per insured upon proof that expenses were incurred on the occurrence of an invasive cancer only. The benefit ranges from \$5,000 to \$25,000. The proposed insured selects the benefit.

Accident Hospital Indemnity – provides a benefit of \$100 or \$250 per day of hospital confinement expenses due to a covered accident. The proposed insured selects the benefit.

Funeral Expense/Bereavement Counseling – provides \$2,000 toward funeral expenses and \$250 toward bereavement counseling services for the family of an insured person upon accidental death.

The base Policy and Riders package forms

Application for Accident and Health Insurance	LS-AP10501A (4/12)
Accident Medical Expense Policy	LS-AP1510P-AR (4/12)
Accidental Death and Dismemberment Benefit Rider	LS-AP1520R2 (4/12)
Critical Illness Benefit Rider	LS-AP1520R3 (4/12)
Cancer Only Critical Illness Benefit Rider	LS-AP1520R4 (4/12)
Accident Hospital Indemnity Benefit Rider	LS-AP1520R5 (4/12)
Funeral Expense/ Bereavement	LS-AP1520R6 (4/12)

This plan will be sold by captive agents in the accident and critical illness market. The company may at some point in the future offer this plan through electronic means and will comply with laws and or regulations concerning the electronic application process in the state in which this plan is sold.

SERFF Tracking #:	YTYC-128515437	State Tracking #:		Company Tracking #:	AEP2012
State:	Arkansas	Filing Company:	Life of the South Insurance Company		
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only				
Product Name:	Accident and Sickness Expense Limited Benefits Insurance				
Project Name/Number:	AEP/Limited Benefits/LOTS2012				

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)
07/02/2012	Form	Accident and Health Insurance Policy	07/19/2012	LOTS Acc Med Exp Policy rev2 AR.pdf (Superseded)