

**State:** Arkansas      **Filing Company:** Life of the South Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**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: H14I Individual Health - Hospital Indemnity  
Sub-TOI: H14I.000 Health - Hospital Indemnity  
Filing Type: Form/Rate  
Date Submitted: 07/16/2012  
SERFF Tr Num: YTYC-128569039  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AEP2012.70 FR  
  
Implementation: On Approval  
Date Requested:  
Author(s): Kathleen Lohmann, Erich Lohmann, Tamara Matyiko  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 07/19/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## 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: YTYC-128566542

### 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.

Application LS-AP10501SA-1 (4/12) has been submitted with filing YTYC-128566542 for review and has not yet been 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 Company	CoCode: 97691	State of Domicile: Georgia
2350 Prince Av., Bldg. 1 Ste 4	Group Code: 17	Company Type: L&H
Athens, GA 30603	Group Name:	State ID Number:
(904) 351-9660 ext. [Phone]	FEIN Number: 58-1458103	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	1 form at \$50.00 per form, 1 rate at \$50.00
	state of domicile requires \$25 per form, \$75 per rate = \$100.
Per Company:	No

**SERFF Tracking #:** YTYC-128569039      **State Tracking #:**      **Company Tracking #:** AEP2012.70 FR

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

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<b>Company</b>	<b>Amount</b>	<b>Date Processed</b>	<b>Transaction #</b>
Life of the South Insurance Company	\$100.00	07/16/2012	60910509

<b>SERFF Tracking #:</b>	YTYC-128569039	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AEP2012.70 FR
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company		
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance				
<b>Project Name/Number:</b>	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	07/18/2012	07/18/2012

### Response Letters

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

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance		
<b>Project Name/Number:</b>	AEP/Limited Benefits/LOTS2012		

## Disposition

Disposition Date: 07/19/2012

Implementation Date:

Status: Approved-Closed

Comment:

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

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	SERFF Filing Authorization	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Supporting Document</b>	Filing memorandum	Approved-Closed	Yes
<b>Form (revised)</b>	Accident Hospital Indemnity Benefit Policy	Approved-Closed	Yes
<b>Form</b>	Accident Hospital Indemnity Benefit Policy	Replaced	Yes
<b>Rate</b>	Accident Hospital Indemnity Premium Rate Schedule	Approved-Closed	Yes

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

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

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	07/18/2012
Submitted Date	07/18/2012
Respond By Date	08/18/2012

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Dear Kathleen Lohmann,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Accident Hospital Indemnity Benefit Policy, LS-1570P-AR (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*

<b>SERFF Tracking #:</b>	YTYC-128569039	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AEP2012.70 FR
<b>State:</b>	Arkansas	<b>Filing Company:</b>		Life of the South Insurance Company	
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance				
<b>Project Name/Number:</b>	AEP/Limited Benefits/LOTS2012				

## Response Letter

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

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Dear Rosalind Minor,

### **Introduction:**

This is in response to objection dated July 18, 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 Hospital Indemnity Benefit Policy, LS-1570P-AR (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.

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 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-1570P-AR	POL	Accident Hospital Indemnity Benefit Policy	Initial	42.400	LOTS Acc Hospital Indemnity Policy rev AR.pdf	Date Submitted: 07/19/2012 By: Erich Lohmann

*Previous Version*

<i>1</i>	<i>LS-1570P-AR</i>	<i>POL</i>	<i>Accident Hospital Indemnity Benefit Policy</i>	<i>Initial</i>	<i>42.400</i>	<i>LOTS Acc Hospital Indemnity Policy rev.pdf</i>	<i>Date Submitted: 07/19/2012 By: Erich Lohmann</i>
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No Rate/Rule Schedule items changed.

**Conclusion:**

Your acknowledgment of receipt of this filing will be appreciated.

Sincerely,  
Erich Lohmann

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance		
<b>Project Name/Number:</b>	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-1570P-AR	POL	Accident Hospital Indemnity Benefit Policy	Initial:	42.400	LOTS Acc Hospital Indemnity Policy rev AR.pdf

### Form Type Legend:

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

**GUARANTEED RENEWABLE TO AGE 65, SUBJECT TO CHANGE IN PREMIUM BY CLASS.  
BENEFITS FOR AN ACCIDENT HOSPITAL INDEMNITY 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 65<sup>th</sup> 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 4
Schedule of Benefits and Premiums	Page 2	Claims	Page 5
Definitions	Page 3	General Provisions	Pages 5, 6 & 7
Benefits	Page 3	Family Coverage	Pages 7 & 8

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**

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

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

**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.

**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).

**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.

**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.

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

### **ACCIDENT HOSPITAL INDEMNITY BENEFIT PAYMENT CONDITIONS**

We will pay the benefits explained in the Accident Hospital Indemnity Benefits provision below, subject to the conditions and amounts stated in this Policy.

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

- (a) The confinement in a Hospital as an Inpatient occurs while the coverage on an Insured Person is effective under this Policy;
- (b) 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
- (c) Hospital confinement is 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.

## ACCIDENT HOSPITAL INDEMNITY BENEFITS

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 in the Policy Schedule, 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.

## 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 confinement in a Hospital as an Inpatient 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.

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.

Between the lapse date and reinstatement date, no benefits are payable.

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 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 65<sup>th</sup> 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 Hospital Indemnity 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 19<sup>th</sup> 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 19<sup>th</sup> 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 19<sup>th</sup> 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 26<sup>th</sup> birthday if coverage on the Insured Child is continued past the Insured Child's 19<sup>th</sup> 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 Hospital Indemnity 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 Hospital Indemnity 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 64<sup>th</sup> 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 Hospital Indemnity 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.

<b>SERFF Tracking #:</b>	YTYC-128569039	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AEP2012.70 FR
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company		
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance				
<b>Project Name/Number:</b>	AEP/Limited Benefits/LOTS2012				

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	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%

<b>SERFF Tracking #:</b>	YTYC-128569039	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AEP2012.70 FR
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company		
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance				
<b>Project Name/Number:</b>	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	Accident Hospital Indemnity Premium Rate Schedule	LS-1570P-AR	New		LS-1570P Accident Hospital Indemnity Plan Premium Rate Schedule 7-3-12.pdf

Accident Hospital Indemnity Plan  
Annual Premium Rates

Accidental Hospital Indemnity Benefit Plan - 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

<b>SERFF Tracking #:</b>	YTYC-128569039	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AEP2012.70 FR
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company		
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance				
<b>Project Name/Number:</b>	AEP/Limited Benefits/LOTS2012				

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	07/19/2012
Comments:	Due to the technical nature of some of the forms, we are requesting they be accepted as is.		
Attachment(s):	LOTS 1570 Readability rev AR.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Application	Approved-Closed	07/19/2012
Comments:	Application is included in SERFF Filing YTYC-128566542 for review.		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Outline of Coverage	Approved-Closed	07/19/2012
Comments:			
Attachment(s):	LOTS 1570 Outline of Coverage AHI AR.pdf		

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

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Statement of Variability	Approved-Closed	07/19/2012
Comments:			
Attachment(s):	LOTS SA 1570 Statemnt of Variability rev AR.pdf		

**Item Status:** **Status Date:**

<b>SERFF Tracking #:</b>	YTYC-128569039	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AEP2012.70 FR
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company		
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance				
<b>Project Name/Number:</b>	AEP/Limited Benefits/LOTS2012				

Satisfied - Item:	Filing memorandum	Approved-Closed	07/19/2012
Comments:			
Attachment(s):			
LOTS 1570 Filing memo rev AR.pdf			

# LIFE OF THE SOUTH INSURANCE COMPANY

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## INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE

### READABILITY STATEMENT

		<b><u>Flesch Score</u></b>
Accident Hospital Indemnity Benefit Policy	LS-1570P-AR (4/12)	44.5

We certify that, to the best of our knowledge and belief, the form listed meets the minimum readability required. The score was calculated using an electronic Flesch scoring method.

**NOTICE:** Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued.

**LIFE OF THE SOUTH INSURANCE COMPANY**

Home Office: 2350 Prince Av., Bldg. 1 Ste 4, Athens, GA 30603  
Administrative Office: 10151 Deerwood Park Boulevard, Building 100, Suite 500,  
Jacksonville, FL 32256 (800) 888-2738

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**OUTLINE OF COVERAGE**

**Policy Form LS-1570P-AR**

**Read Your Policy Carefully**

This outline provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

**ACCIDENT HOSPITAL INDEMNITY LIMITED BENEFIT COVERAGE**

Accident Hospital Indemnity coverage is designed to provide Insured Persons coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the Policy. Such policies do *not* provided any benefits other than the fixed daily indemnity for hospital confinement.

**BENEFITS SCHEDULE**

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

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 in the Policy Schedule, 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.

**BENEFIT PAYMENT CONDITIONS**

We will pay the benefits explained in the Accident Hospital Indemnity Benefits provision below, subject to the conditions and amounts stated in this Policy.

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

- (a) The confinement in a Hospital as an Inpatient occurs while the coverage on an Insured Person is effective under this Policy;
- (b) 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
- (c) Hospital confinement is 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 this Policy if covered services provided are not related to a covered Accident.
- (b) We will pay NO benefits for any confinement in a Hospital as an Inpatient 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.

## **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**

### **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).

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

<p><b>Life Of The South Insurance Company</b></p> <p><b>10151 Deerwood Park Boulevard</b> <b>Building 100, Suite 330</b> <b>Jacksonville, FL 32256</b></p> <p><b>(800) 888-2738</b></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>
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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

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## INDIVIDUAL ACCIDENT AND SICKNESS EXPENSE LIMITED BENEFITS INSURANCE

### STATEMENT OF VARIABILITY Individual Policies

	<b>Form Numbers</b>
Accident Hospital Indemnity Benefit Policy	LS-1570P-AR (4/12)

The Policy Data Page contains brackets, used to designate variable items that may be unique for each policyholder. Descriptions of the bracketed items are as follows:

#### **LS-1570P-AR (4/12) 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.

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

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

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

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## 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.

LOTS has developed individual policy coverages to be offered in case the base Policy and Riders is not desired nor affordable as a package by the proposed insured. Actuarial Memorandums and Exhibits are provided for justification of the rate schedules for each individual Policy.

The following coverage will be offered to a proposed insured to be purchased separately from the base Policy package.

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

### The individual Policy and Application

Accident Hospital Indemnity Benefit Policy  
Application for Accident and Health Insurance

LS-1570P-AR (4/12)  
LS-AP10501SA-1 (4/12)

The Application LS-AP10501SA-1 (4/12) that will be used with this policy has been included in SERFF filing YTYC-128566542 for review.

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.

<b>SERFF Tracking #:</b>	YTYC-128569039	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AEP2012.70 FR
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life of the South Insurance Company		
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity				
<b>Product Name:</b>	Accident and Sickness Expense Limited Benefits Insurance				
<b>Project Name/Number:</b>	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)
07/12/2012	Form	Accident Hospital Indemnity Benefit Policy	07/19/2012	LOTS Acc Hospital Indemnity Policy rev.pdf (Superseded)