

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

JUN 19 2014

INSURANCE COMMISSIONER
OKLAHOMA

IN RE: APPROVAL OF LIMITED LINE)
CREDIT INSURANCE FORMS FOR WICHITA) Case No. 14-0370-PRJ
NATIONAL LIFE INSURANCE COMPANY.)

**ORDER APPROVING LIMITED LINE CREDIT INSURANCE FORMS
OF WICHITA NATIONAL LIFE INSURANCE COMPANY**

Wichita National Life Insurance Company ("Wichita National") has requested that John D. Doak, Insurance Commissioner for the State of Oklahoma, approve limited line credit insurance forms for use in Oklahoma.

JURISDICTION

1. The Insurance Commissioner, John D. Doak, is charged with the duty of administering and enforcing the provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301. 36 O.S. § 307.
2. Wichita National is a licensed domestic insurance company holding Oklahoma certificate of authority number 5127 and NAIC Company ID 70548.
3. The Insurance Commissioner has the authority to designate any form of insurance offered in connection with the extension of credit that is limited to partially or wholly extinguishing a credit obligation as limited line credit insurance. 36 O.S. §§ 1435.2(10) and 1435.8(A)(8).

FINDINGS OF FACT

4. “‘Limited line credit insurance’ includes credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability, guaranteed automobile protection insurance, known as ‘gap’ insurance, and any other form of insurance offered in connection with an extension of credit that is limited to partially or wholly extinguishing that credit obligation that the Insurance Commissioner determines should be designated a form of limited line credit insurance.” 36 O.S. § 1435.2(10).

5. Only qualified, licensed insurance producers or limited lines producers may sell or offer limited line credit insurance. 36 O.S. §§ 1435.8(A)(8) and 1435.20(A)(4).

6. Wichita National, upon approval by the Insurance Commissioner, will offer six different forms of coverage, titled “Single Premium Level Term Insurance,” “Single Premium Monthly Decreasing Term Insurance,” “Mortgage Protection,” “Annual Renewable Term to Age 80,” “Ten Year Level Term,” and “Twenty Year Level Term:” forms SP-L (01-01), SP-D (01-01), 1010(4/02), Form 111(4/02), Form 1040(4/02), and Form LT(4/02) respectively. These coverage forms are attached to this Order as exhibit “A.”

7. Wichita National represented and agreed that it will offer these coverage forms in connection with the extension of credit, and that the coverage is sold only with a designation, either assignment or beneficiary, indicating the

lender's interest in the coverage, thus limiting the purpose of the coverage to the extinguishment, in whole or in part, of the debt.

CONCLUSION OF LAW

8. The coverage forms attached as Exhibit "A" when sold in accordance with the terms of this Order fall within the definition of limited line credit insurance.

ORDER

Based on the foregoing Findings of Fact and Conclusion of Law, the Insurance Commissioner hereby APPROVES the Wichita National forms attached to this Order as Exhibit "A" for use in Oklahoma as limited line credit insurance. The Insurance Commissioner further orders that the forms attached as Exhibit "A" will be considered limited line credited insurance when it is offered (1) by qualified, licensed insurance producers or limited lines producers; (2) in connection with the extension of credit; and (3) only with a designation, either assignment or beneficiary, indicating the lender's interest in the coverage.

IT IS SO ORDERED.

WITNESS My Hand and OFFICIAL Seal this 17 day of June 2014.





James A. Mills, Chief of Staff for
JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

CERTIFICATE OF MAILING

On this 19th of June 2014, a true and correct copy of the above and foregoing *Order Approving Limited Line Credit Insurance Forms for Wichita National Life Insurance Company*. was mailed, via certified mail, to:

Wichita National LIC
c/o Randy Gilliland
P.O. Box 1709
Lawton, OK 73502

J. Angela Ables
Kerr, Irvine, Rhodes & Ables
201 Robert S. Kerr, Suite 600
Oklahoma City, OK 73102


Susan D. Dobbins

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Po:

Sent To
Street, Apt
or PO Box
City, State,

Wichita National LIC
c/o Randy Gilliland
P.O. Box 1709
Lawton, OK 73502
sms/14-0370-PRJ/Order



PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the mailpiece to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Wichita National LIC
c/o Randy Gilliland
P.O. Box 1709
Lawton, OK 73502
sms/14-0370-PRJ/Order

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7001 0320 0004 4248 1367

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15/0

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0004 4248 1350

| | |
|---------------------------------------------------|-------------------------------|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Po | J. Angela Ables |
| Sent To | Kerr, Irvine, Rhodes & Ables |
| Street, Apt. or PO Box | 201 Robert S. Kerr, Suite 600 |
| City, State | OKC, OK 73102 |
| | sms/14-0370-PRJ/Order |

PS Form 3800, January 2001 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

J. Angela Ables
Kerr, Irvine, Rhodes & Ables
201 Robert S. Kerr, Suite 600
OKC, OK 73102
sms/14-0370-PRJ/Order

Legal Division

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Angela Ables

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Vany Su

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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(Transfer from service label)

7001 0320 0004 4248 1350

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USPS Tracking™

[Customer Service ›](#)

Have questions? We're here to help.

Tracking Number: 70010320000442481350

Product & Tracking Information

Postal Product:**Features:**
Certified Mail™

| DATE & TIME | STATUS OF ITEM | LOCATION |
|--------------------------|------------------|-------------------------|
| June 20, 2014 , 12:26 pm | Delivered | OKLAHOMA CITY, OK 73102 |

Your item was delivered at 12:26 pm on June 20, 2014 in OKLAHOMA CITY, OK 73102.

| | | |
|--------------------------|--------------------------------------|-------------------------|
| June 20, 2014 , 5:46 am | Processed through USPS Sort Facility | OKLAHOMA CITY, OK 73107 |
| June 19, 2014 , 10:15 pm | Depart USPS Sort Facility | OKLAHOMA CITY, OK 73107 |
| June 19, 2014 , 8:39 pm | Processed through USPS Sort Facility | OKLAHOMA CITY, OK 73107 |

Available Actions

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WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building
711 S. W. "D" Avenue
Lawton, Oklahoma 73501
580 353-5776

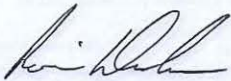
Wichita National Life Insurance Company, hereinafter called the Company, will pay the FACE AMOUNT to the Beneficiary upon receipt of due proof that the death on the Insured occurred prior to the expiration date of this policy and while this policy was in force, subject to the provisions of this and the following pages, all of which are a part of this policy.

This policy is issued in consideration of the application and the payment of the Single Premium specified below.

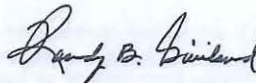
20 DAY RIGHT TO EXAMINE POLICY

If for any reason this Policy is not satisfactory, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or to the Company, within 20 days after it is first received. Upon cancellation, any premium paid for this Policy will be returned.

The Company has signed this Policy on the Issue Date at its Home Office in Lawton, Oklahoma. The Issue Date shall be used to determine policy months, years, and anniversaries.



SECRETARY



PRESIDENT

REGISTRAR

BENEFICIARY— Unless changed as provided in this policy, the Beneficiary shall be as designated in the application for this policy.

INSURED

POLICY NUMBER

FACE AMOUNT

ISSUE AGE

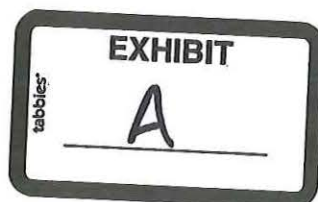
SINGLE PREMIUM

ISSUE DATE

TERM PERIOD

EXPIRATION DATE

SINGLE PREMIUM LEVEL TERM INSURANCE—NON-PARTICIPATING
SINGLE PREMIUM MONTHLY DECREASING TERM INSURANCE—NON-PARTICIPATING



WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building
711 S. W. "D" Avenue
Lawton, Oklahoma 73502
580 353-5776

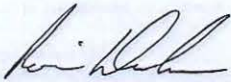
Wichita National Life Insurance Company, hereinafter called the Company, will pay the FACE AMOUNT to the Beneficiary upon receipt of due proof that the death on the Insured occurred prior to the expiration date of this policy and while this policy was in force, subject to the provisions of this and the following pages, all of which are a part of this policy.

This policy is issued in consideration of the application and the payment of the Single Premium specified below.

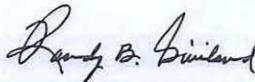
20 DAY RIGHT TO EXAMINE POLICY

If for any reason this Policy is not satisfactory, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or to the Company, within 20 days after it is first received. Upon cancellation, any premium paid for this Policy will be returned.

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SECRETARY



PRESIDENT

REGISTRAR

BENEFICIARY— Unless changed as provided in this policy, the Beneficiary shall be as designated in the application for this policy.

INSURED

POLICY NUMBER

FACE AMOUNT

ISSUE AGE

SINGLE PREMIUM

ISSUE DATE

TERM PERIOD

EXPIRATION DATE

SINGLE PREMIUM MONTHLY DECREASING TERM INSURANCE—NON-PARTICIPATING

WICHITA NATIONAL LIFE INSURANCE COMPANY

711 S.W. "D" Avenue
Lawton, Oklahoma 73501
A Legal Reserve Capital Stock Company
(Hereinafter called; we, our or us)

Wichita National Life Insurance Company, subject to the terms of this Policy will pay the death benefit when due proof of the Insured's death is received at our Home Office at 711 S.W. "D" Avenue, Lawton, Oklahoma 73501.


This Policy is issued in consideration of the application and payment of the premiums.

This page and the following pages are the Policy.

This Policy may be returned within 10 days after the policyholder receives it by delivering or mailing it to the Home Office or the agent through whom it was purchased. Immediately on such delivery or mailing, the Policy shall be deemed void from the beginning. Any premium paid on it will be refunded.

WNL, when used in this Policy, means Wichita National Life Insurance Company.


Secretary


President

A BRIEF DESCRIPTION OF THIS POLICY

This is a LEVEL PREMIUM TERM LIFE INSURANCE POLICY

— Monthly Reducing Term-Mortgage Protection
Level Premiums Payable to Specified Age
or Until Prior Death of Insured

— This Policy is Non-Participating

TABLE OF PREMIUMS - MORTGAGE PROTECTION POLICY

PREMIUMS ARE GUARANTEED FOR THE FIRST YEAR

| SCHEDULED PREMIUMS | MAXIMUM PREMIUMS |
|--------------------|------------------|
| ANNUAL | ANNUAL |
| SEMI ANNUAL | SEMI ANNUAL |
| QUARTERLY | QUARTERLY |
| MONTHLY | MONTHLY |
| MONTHLY | MONTHLY |
| BANK DRAFT | BANK DRAFT |

BENEFICIARY - As stated in the application for this policy, unless changed in accordance with the policy provisions.

OWNER - Shall be the insured unless changed in accordance with the policy provisions.

POLICY NUMBER

INSURED

FACE AMOUNT

POLICY DATE

AGE/SEX

PREMIUM CLASS

WICHITA NATIONAL LIFE INSURANCE COMPANY

711 S.W. "D" Avenue
Lawton, Oklahoma 73501
A Legal Reserve Capital Stock Company

(Hereinafter called; we, our or us)

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Secretary


President

A BRIEF DESCRIPTION OF THIS POLICY

ANNUAL RENEWABLE TERM INSURANCE TO AGE 80

- Amount of Insurance Payable at Death of the Insured During the Term Period--
- Premiums Payable During Lifetime of the Insured During the Term Period--
- Premiums may be Adjusted - Premiums Guaranteed for first term period--
- This Policy is Convertible and Non-Participating--

BENEFICIARY - As stated in the application for this policy, unless changed in accordance with the policy provisions.

OWNER - Shall be the insured unless changed in accordance with the policy provisions.

POLICY NUMBER

INSURED

FACE AMOUNT

POLICY DATE

AGE/SEX

PREMIUM CLASS

WICHITA NATIONAL LIFE INSURANCE COMPANY

711 S.W. "D" Avenue
Lawton, Oklahoma 73501
A Legal Reserve Capital Stock Company
(Hereinafter called; we, our or us)

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L. D. L.
Secretary

Roy A. Bink
President

A BRIEF DESCRIPTION OF THIS POLICY

This is a LEVEL PREMIUM TERM LIFE INSURANCE POLICY

- The Policy proceeds are payable if the Insured dies while the policy is in force
 - Premiums are payable for ten years
- The Policy has a Conversion Provision and a Change of Premium Provision
 - This policy is Non-participating
 - Premiums are guaranteed for first year

TABLE OF PREMIUMS - TEN YEAR LEVEL TERM

PREMIUMS ARE GUARANTEED FOR THE FIRST YEAR

| SCHEDULED PREMIUMS | MAXIMUM PREMIUMS |
|--------------------|------------------|
| ANNUAL | ANNUAL |
| SEMI ANNUAL | SEMI ANNUAL |
| QUARTERLY | QUARTERLY |
| MONTHLY | MONTHLY |
| MONTHLY | MONTHLY |
| BANK DRAFT | BANK DRAFT |

BENEFICIARY - As stated in the application for this policy, unless changed in accordance with the policy provisions.

OWNER - Shall be the insured unless changed in accordance with the policy provisions.

POLICY NUMBER

INSURED

FACE AMOUNT

POLICY DATE

AGE/SEX

PREMIUM CLASS

WICHITA NATIONAL LIFE INSURANCE COMPANY

711 S.W. "D" Avenue
Lawton, Oklahoma 73501
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L. D. Del
Secretary

Ray A. Briel
President

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- The Policy proceeds are payable if the Insured dies while the policy is in force
 - Premiums are payable for ten years
- The Policy has a Conversion Provision and a Change of Premium Provision
 - This policy is Non-participating
 - Premiums are guaranteed for first year

TABLE OF PREMIUMS FOR 20 YEAR LEVEL TERM

PREMIUMS ARE GUARANTEED FOR THE FIRST YEAR

| SCHEDULED PREMIUMS | MAXIMUM PREMIUMS |
|--------------------|------------------|
| ANNUAL | ANNUAL |
| SEMI ANNUAL | SEMI ANNUAL |
| QUARTERLY | QUARTERLY |
| MONTHLY | MONTHLY |
| MONTHLY | MONTHLY |
| BANK DRAFT | BANK DRAFT |

BENEFICIARY - As stated in the application for this policy, unless changed in accordance with the policy provisions.

OWNER - Shall be the insured unless changed in accordance with the policy provisions.

POLICY NUMBER

INSURED

FACE AMOUNT

POLICY DATE

AGE/SEX

PREMIUM CLASS