Americo Life, Inc. **Attachment 6.1**

TDI Race Based Premium Exam

Summary of Substandard Policies Provided by Americo and Phase II Samples

Substandard Policies on Listings Provided by Americo

Era	(A) 12/31/01 In Force Policies	(B) Pre-12/31/01 Transaction File [1]	(A) + (B) Estimated In force Policies as of Late 1980's
Pre-1966 Issues	612	594	1,206
Post-1966 Issues	13,242	5,171	18,413
Total	13,854	5,765	19,619

Samples Drawn by Examiners (Phase II)

Era	(C) 12/31/01 In Force Samples	(D) Pre-12/31/01 Transaction Samples	(C) + (D) Estimated In force Samples as of Late 1980's
Pre-1966 Issues	483	73	556
Post-1966 Issues	67	20	87
Total	550	93	643

Samples Drawn by Examiners as % of Substandard Policies Provided (Phase II)

Era	(C)/(A) 12/31/01 In Force Samples %	(D)/(B) Pre-12/31/01 Transaction Samples %	(C+D)/(A+B) Estimated In force Samples % as of Late 1980's
Pre-1966 Issues	78.9%	12.3%	46.1%
Post-1966 Issues	0.5%	0.4%	0.5%
Total	4.0%	1.6%	3.3%

(1) The transaction file consisted of all policies terminated from the Life 70 system between the late 1980's and 12/31/01 (no pre-1966 issues on the transaction file were issued on the Vantage One system).

ATTACHMENT 6.2

AMERICO

P.O. Box 13487
Kansas City, MO 64199-3487

September 5, 2001

Major W. Park, Jr.
Direct Line: 816-391-2216
Fax: 816-391-2246
email: major.park@americo.com

COPY

William O. Goodman
Special Litigation Counsel
Legal and Compliance Division
Texas Department of Insurance
333 Guadalupe
P.O. Box 149104
Austin, Texas 78714-9104

Re: Race Based Underwriting and Other Practices

Dear Mr. Goodman:

Your letters of August 28, 2001 addressed to Gary Lee Muller, President of

Americo Financial Life and Annuity Insurance Company
National Farmers Union Life Insurance Company
Ohio State Life Insurance Company
Great Southern Life Insurance Company
United Fidelity Life Insurance Company
Financial Assurance Life Insurance Company

have been received and forwarded to me for response.

Late last year all of the companies in our holding company system, except United Fidelity Life Insurance Company, were requested by the Minnesota Department of Insurance to prepare and file the NAIC Uniform Race Based Pricing Survey. Pursuant to your request, I enclose a copy of these Surveys submitted to Minnesota.

At the same time that we prepared a response to Minnesota, we undertook a similar investigation into the prior operations of United Fidelity Life ("UFL") its predecessors and its assumed policies. A copy of a Survey response prepared for UFL as of December 7, 2000 is enclosed in response to your August 28 request. We do not believe that another 60 days of investigation will reveal anything more than what we were able to discover during approximately 90 days in the year 2000. As a result, we have not conducted a new or supplemental investigation on behalf of UFL.

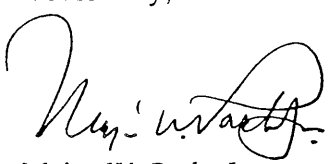
We note, that definitive responses to the issues raised in the NAIC Survey can only be provided after a thorough examination of records covering the company's entire assumed business since UFL wasn't organized until 1977. Many of the records necessary to disclose the type of operations the Survey seeks to uncover were records that the companies whose business was assumed, were not required to, and did not retain, or if passed on to UFL, were not retained. Indeed, while UFL possesses some records dating back to its founding in 1977, normal record retention practices and other factors necessarily have left the company with incomplete records for the period prior to the most recent years, other than policy files for in-force policies. As a result, in reaching conclusions contained in the Survey, UFL, together with outside legal counsel specially retained for the purpose of reviewing the records, has had to review and interpret records and other information that was often quite old, incomplete, and /or inconclusive, particularly for other than recent periods. Therefore, our responses to the Survey should be understood to reflect the company's best effort to respond to the Department based on information available to it.

UFL has assumed business from several insurers. With respect to this business, liabilities assumed by UFL were limited by state staututes and regulations, liquidation orders and/or by assumption treaties; therefore, the company would typically not receive any information other than the policy files and would have limited liability. Rate information was often unavailable for the assumed blocks of business and in some cases, plan codes contained too few policies to make any rate comparisons.

UFL has concluded that it is not presently marketing, nor has it marketed life insurance policies with premium rates, face amount, or nonforfeiture values that relect or were based upon the race or national origin of the insured. Further, it is our company policy to eliminate the impact of ratings assigned at the point of underwriting after a period of years.

In the event I can be of further assistance , please feel free to write or call 800-366-6565, Ext 2216.

Yours truly,



Major W. Park, Jr.
Secretary / Counsel
Legal/Compliance Department

ATTACHMENT 7

Matt McAllister

From: <major.park@americo.com>
To: <matt.mcallister@arcval.com>
Cc: "John MacBain" <john.macbain@arcval.com>
Sent: Wednesday, October 09, 2002 3:08 PM
Subject: Re: Fw: Race based premium exam / Americo Companies

Matt, with respect to the 4th paragraph of you original memo below, I am told by Mitch Dougan that there is no documentation of the methodology used in connection with the removal of substandard ratings, therefor, there is nothing I can provide.

(1) With respect to the underwriting history, our Manager of Underwriting is Bill Whitsell (214-954-8280); probably the most knowledgable is J.P. Perkins , Chief Underwriter (214-954-8275) (or for either person, 800-231-0801) who has been with us substantially longer than Mr Whitsell; but, neither has been with the company going back to the 60'or 70's.

(2) I have requested the two policy forms and I will mail them to you as soon as they can be located and copied.

Major,

Thank you for the package of information that you have sent recently. In your letter you asked us to document any outstanding requests. The only prior outstanding item at this point has to deal with the company practice in dealing with the removal of substandard ratings (see August 12th email below, 4th paragraph). In addition, please provide the following at your earliest convenience:

1) The name and phone number of a contact in Americo that is familiar with the historical underwriting practices of the company. I believe we may have discussed this briefly at some point and that there was a person in Dallas that might be helpful in this area.

2) Copies of the policy forms for policy # 33513 (UFL/Beneficial Std) and # A0471110 (AFLAIC/Coastal States).

If you have any questions please feel free to contact me.

Thanks,

Matt

----- Original Message -----
From: major.park@americo.com
To: Matt McAllister
Sent: Thursday, September 26, 2002 4:55 PM
Subject: Re: Fw: Race based premium exam / Americo Companies

We have continued to work on this information and I am told that we should have the remaining information on a disc in just a couple of more days. I will be back in touch again next week hopefully to close out our responses.

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Race Distribution Based on Phase II Samples

Attachment 8

Issuing Company	Sample Policies					
	Race: White		Race: Non-white		Race: Unknown	TOTAL
	Number	% (1)	Number	% (1)	Number	Number
American Pacific Life	0	--	0	--	1	1
American Preferred LIC	0	0%	1	100%	0	1
Beneficial Standard LIC	21	43%	28	57%	2	51
Central National LIC of Omaha	3	100%	0	0%	1	4
Charter National LIC	0	--	0	--	1	1
Coastal States LIC	4	50%	4	50%	0	8
College LIC of America	75	94%	5	6%	9	89
Empire LIC	1	100%	0	0%	5	6
Fidelity Interstate LIC	2	50%	2	50%	2	6
First Pyramid LIC of America	10	100%	0	0%	0	10
Great Plains LIC	1	100%	0	0%	0	1
Great Western LIC	2	100%	0	0%	0	2
GSL	20	87%	3	13%	0	23
Guardian	2	100%	0	0%	0	2
Guardsman LIC	6	100%	0	0%	32	38
Integrated Resources LIC	0	--	0	--	1	1
Kennesaw Life & Accident IC	4	80%	1	20%	0	5
Lee National LIC	0	0%	1	100%	0	1
Life of Mid-American IC	4	100%	0	0%	0	4
Lincoln National LIC (Beneficial Standard LIC)	1	100%	0	0%	0	1
Loyalty LIC	0	--	0	--	1	1
National College & University LIC	1	100%	0	0%	0	1
National Educators LIC	9	82%	2	18%	2	13
National Executive LIC	2	100%	0	0%	0	2
National Investors LIC	39	100%	0	0%	9	48
National Life Assurance Co. of Canada	5	100%	0	0%	0	5
National Underwriters LIC	1	100%	0	0%	0	1
NFU	11	100%	0	0%	5	16
Ohio LIC	2	100%	0	0%	0	2
OSL	36	100%	0	0%	89	125
Presidential	0	--	0	--	1	1

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Race Distribution Based on Phase II Samples

Attachment 8

Issuing Company	Sample Policies					
	Race: White		Race: Non-white		Race: Unknown	TOTAL
	Number	% (1)	Number	% (1)	Number	Number
Puritan LIC	8	100%	0	0%	3	11
Pyramid LIC	6	100%	0	0%	0	6
Southern Christian LIC	1	100%	0	0%	0	1
Southern States LIC	2	100%	0	0%	0	2
State Life and Health IC	2	100%	0	0%	0	2
UFL	1	50%	1	50%	2	4
University LIC of America	11	100%	0	0%	11	22
Valley Forge LIC	0	--	0	--	2	2
Victory LIC	17	100%	0	0%	2	19
Victory Mutual LIC of Chicago	0	0%	15	100%	4	19
Unknown (2)	2	100%	0	0%	83	85
Total	312	83%	63	17%	268	643

(1) Percentages based on the samples where race had been identified.
(2) Insufficient data provided for requested samples.

ATTACHMENT 9.1

DECLARATIONS IN LIEU OF MEDICAL EXAMINATION

PART II OF APPLICATION TO **BENEFICIAL STANDARD LIFE INSURANCE COMPANY** HOME OF

1. Full Name (Print): BETTY JEAN THAMES — Race and Nationality: AMER NEGRO

2. Exact Height: 5 ft 2½ in — Exact Weight: 122 lbs. — When were you last weighed? APRIL 18 1952

3. Have you gained or lost weight during the last twelve months?
Gained _____ lbs. Lost _____ lbs. Cause of gain or loss: NOT MORE THAN 10 OR 2 LBS OVER YEAR TIME

4. Family Record	Age if Living	State of Health	Age of Death	Year of Death	Cause of Death	How Long Ill
Husband	33	GOOD				
Father			62	1939	PARALYZED BY ACCIDENT	
Mother			46	1924	PNEUMONIA	
Brothers No. Living 4	22	GOOD				
	17	GOOD				
	16	GOOD				
Brothers No. Dead 0						
Sisters No. Living 2	169	GOOD				
	38	GOOD				
Sisters No. Dead 1			NOT KNOWN	NOT KNOWN	UNKNOWN	

5. Have there been any cases of insanity, tuberculosis or suicide in your family? If so, state details: NO

6. Have you ever had or been told you had any ailment, injury or disease listed below, or have you ever consulted a physician or practitioner, or received treatment for any ailment, injury or disease listed below?

	Answer Yes or No Hereunder	If "YES" underline each ailment, injury or disease, ailment, injury or disease, stating number of severity and results. State name and address of state dates.)
A. Of the brain or nervous system (severe headaches, fits, paralysis, nervous breakdown, shellshock, insanity, loss of consciousness, spinal disease, delirium tremens, sunstroke, etc., included).	NO	APPENDECTOMY 193[illegible]
B. Of the nose, throat or lungs (asthma, bronchitis, habitual cough, pleurisy, pneumonia, spitting or raising of blood or any affection of the chest, lungs, nose or throat, included).	NO	TONSILECTOMY 1937
C. Of the heart or blood vessels (high blood pressure, fainting spells, palpitation of the heart, varicose veins, included).	NO	COMPLETE RECOVERY
D. Of the digestive organs (appendicitis, colic, stating kind, dysentery, fistula, gallstones, indigestion, jaundice, liver complaint, piles, typhoid, ulcer of stomach or bowels, vomiting of blood included).	AS NOTED	NO COMPLICATIONS
E. Of the urinary or generative organs (painful, difficult or frequent urination, gravel, one or any disease of kidneys or bladder, stricture, diabetes, gonorrhea, included).	NO	
F. Other ailments or injuries: Malaria, gout, rheumatism, influenza, goiter, dropsy. Cancer, tumor, syphilis, swollen glands. Tuberculosis of lungs, spine, joints, or any other part of the body. Discharge from the ear, impairment of speech, sight or hearing. Lameness, loss of limb, spinal curvature.	NO	
G. Any surgical operations? If so, state dates and full details of all surgical operations.	YES AS NOTED	

7. What clinics, hospitals, physicians or practitioners, not named above have you consulted, been examined by or been treated by within the last five years

Name and Address of Each	Reason for and Diagnosis of the Consultation, Examination or Treatment	Date	Dr.

8. Have you ever been told that you had albumin, casts, pus or sugar in your urine? If so, state details: NO

9. Have you a hernia or rupture? If so, state details and if truss is worn: NO

10. Have you ever undergone any special tests such as electro-cardiograph, blood sugar, Wassermann, basal metabolism or X-Ray? If so, state the details: NO

11. What is the name and address of your family physician? None Consulted since 1939

12. Do you now or have you ever used any alcoholic beverages? If so, state kind, amount and frequency: OCCASIONAL HIGHBALL

13. Have you ever used alcoholic beverages to excess? If so, state when and for how long: NO

14. Have you ever used opium, morphine, cocaine or any other narcotic drug? If so, state details: NO

15. Within the last five years have you ever been advised to restrict your diet or have you ever taken insulin? If so, state details: NO

16. What change in occupation or residence have you made, been advised to make or contemplate making on account of your health? NO

17. Are you now or have you ever been closely associated with a consumptive? If so, state details: NO

18. Have you ever received any pension, insurance benefits or compensation of any kind for illness or injury? If so, state details: NO

19. Have you now, or have you ever had any illness, disease, deformity, accident or injury other than stated hereon? If so, state details, dates, names and addresses of physicians or practitioners if consulted: NO

20. Are your habits moral, temperate and correct? YES

21. TO BE COMPLETED WHEN THE PROPOSED INSURED

A. How long married?	5 NO	F. Have you a state how m each
B. Number of children born?	NO	NO
C. Age of youngest child?		G. Have you a disease of etc.? If so,
D. Are the menstrual functions now regular?	YES	NO
E. Are you now pregnant? If so, state number of months.	NO	

I hereby declare and agree that I have read the questions, statements and answers contained herein, that they are complete and true, that no material suppressed thereunder, that this application (Part I and Part II) shall form a part of any policy of insurance issued, that no information acquired by any rep[illegible] bind the Company unless it shall have been set out in writing in this application. I further agree that I will take a medical examination by a duly appointed [illegible] any, if in the opinion of the Company such examination is necessary as further evidence of insurability. I hereby authorize any physician or other person who or who may hereafter attend or examine me, to disclose or to testify to any knowledge or information thus acquired, and I expressly waive, on behalf of shall have or claim any nature in any policy issued hereunder, all provisions of law to the contrary.

Dated at San Francisco, Calif this 21 day of April

[signature] 211-2262 — Witness (Soliciting Agent)

FOR Betty Jean [signature] — Signature of Proposed Insur[illegible]

FORM 5752 PRINTED IN U.S.A.

ADDITIONAL QUESTIONS TO BE ANSWERED WHEN THE APPLICANT IS A WOMAN

1. With whom do you reside? HUSBAND

2. Have you any source of income other than your stated occupation? If so, state source and amount of annual income therefrom. SHARE OF SOUSE'S INCOME

3. Who will pay the premiums on this insurance? SELF OR HUSBAND

4. If married, widowed or divorced, what was your full maiden name? BETTY JEAN HERBERT

5. If married what is your husband's name and occupation? WILSON JAMES SHOG CONTROL CLERK

6. What amount of insurance does he carry and in what Companies? Amount $2500.00 Company UNITY MUT

7. What amount of his insurance is in your favor? $1000.00 WILL CHANGE TO WIFE AS BENEFICIARY

8. If he is not insured, why not?

I hereby declare and agree that the above statements and answers are complete and true and shall form a part of my application on the reverse side hereof.

Dated San Francisco, Calif. this 21 day of April

Witness to Signature of Applicant — Signature of Applicant: Betty Jean James

AGENT'S REPORT—Consult the applicant where necessary. This report must be completed and signed before this application will be accepted by your Agency.

1. If applicant resides in the country, state location.

_____ miles in a _____ direction from

on _____ road or route

2a. State any other occupations of the applicant during the last two years.

2b. Does the applicant's occupation require payment of an extra premium on either Life, (or if applied for) Disability or Double Indemnity Insurance? If so, state exact classification as found in rate book, (e.g. Automobile—Garage Employee—Mechanic)

3. Name three references, not relatives, who reside in the same community as applicant.

Name	Address	Occupation
NAOMI GIBSON	2681 BUSH ST SF	MAID
HARRY ROBSON	624 BROOKHURST "	STACK CLERK ALCTON CO
JOE SIMON	2891 PINE ST "	U.S. P.O. CLERK

4. What, approximately is the applicant's net worth and annual income? Net Worth $ NOT DETERMINED Annual Income $ 2250.00

5. What rating have you quoted? TABLES RACE [ ] Occupation [X] Other Reasons

6. Additional Remarks

APPLICANT HAS BENEFICIAL HEALTH PLAN 83-47891

Have known applicant's husband for over three years. Both high type negroes above average in health & sound habits. Home well furnished and shop-minding well kept.

INCOME APPLICANT 1.5 P.Mo.
HUSBAND 300 P. "

7. If the applicant has made or contemplates making an aerial flight other than as a there paying passenger on a regular commercial line, have you had an Aviation Supplemental completed? None required

8. Are you satisfied that the applicant is of temperate habits and of good reputation? YES

9. What settlement have you taken with this application? Cash $ Note $ Cold

10. Is this application submitted on a Non-Medical Basis? If not, applicant [was / will be] examined by

Dr.

on

at

Note: Two medical examinations are required when amount applied for $20,000. Home Office Specimen required when amount applied for together insurance in force in this Company totals $15,000 or more or when the Appl over 55 years old.

11. Send policy to Agent

12. Source of Business (Check answers).

How long have you known applicant?
- Stranger [ ]
- 6 Months [ ]
- 6 Months to 2 Years [ ]
- Over 2 Years [X]

How did you meet applicant?
- Yo
- Beneficial Standard Policyhold
- Orga
- Referred Le
- Cold Conv
- Direct-by-m

13. Is the applicant related to you by blood or marriage? If so, state relatio No

14. TO BE ANSWERED BY CALIFORNIA AGENTS ONLY

(a) Is the applicant related to your spouse, your employer, or your emp spouse? If so, state relationship. No

(b) Does the applicant have controlling interest in your employer's busines No

(c) Does your employer have a controlling interest in the applicant's busine No

I hereby certify that I personally solicited and secured this application; that the answers and statements in the Agent's Report are complete and true to the best of my knowled belief; that I know of nothing against the risk which is not fully set forth in these papers, and that I have taken no cash, note, or other valuable consideration in connection with this cation, except as stated above, and that no Agent of this or any other Company other than the undersigned has any interest in commissions or any policy issued thereof.

Other interested Agents No. — Soliciting Agent

I have scrutinized this application and determined that all required answers and statements have been made both in the application and in the Agent's Report.

Agency or Branch Office — Agency Clerk or Cashier

AGREEMENT CONTAINED IN APPLICATION

I hereby declare and agree that I have read the questions, statements and answers contained herein, that they are complete and true, that no material information or facts have been withheld hereunder, that this application (Part I and Part II) shall form a part of any policy of insurance issued, that no information acquired by any representative of the Company shall be binding on the Company unless it shall have been set out in writing in this application, that no waiver or modification shall bind the Company unless in writing and signed by the President or Secretary, that any policy issued shall not take effect unless and until the full first premium has been paid and the policy delivered to me during my good health, exceptin such conditions as may be disclosed in this application, and during my lifetime (except as provided in the Receipt bearing the same number as this application of the full first premiu been paid at the time of making this application and acknowledged above and the Receipt issued), and that the acceptance by me of any policy issued shall constitute the ratification of corrections, or changes made by the Company and noted in the space provided "For Home Office Endorsements Only"

ATTACHMENT 9.2

Beneficial Standard Life Insurance Compa

61494

HOME OFFICE: LOS ANGELES

1. Full Name (Print name. Do not use initials)
SUSAN S. PARKER
Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐

2. Date of Birth: 4-14-1920 | Age Nearest Birthday: 38 | Place of Birth—State or Country: ALABAMA

3. Residence Address: 3930 PORTLAND AVE | Street and Number (or R.F.) | City or Town: MINNEAPOLIS | Length of Residence at This Address: Yrs. 9 Mos.
County: HENNEPIN | State: MINN
State all Previous Residence Addresses during last five years.
3722 - ~~[illegible]~~ STEVENS SO MPLS MINN

4. Name of Employer
SELF

5. Business Address
3930 PORTLAND AVE | Send Mail To: Residence ☒ Business ☐

6. Occupation (State exact duties)
HOUSE WIFE | Time Engaged in This Occupation: 11 Yrs. Mos.

7. Have you any other occupation or do you contemplate changing your occupation? If so, state details.
NO

8. Are you now a member or do you contemplate becoming a member of the Military, Naval or Air Service (or of any organization or auxiliary force related thereto) of any country; or do you contemplate travelling beyond the continental limits of the United States and Canada within the next year? If so, state details.
NO

9. In what Companies, Societies or Orders is your life now insured?

Company or Association	Amount	Plan	Year Taken
NONE			

10. What amounts of Double Indemnity are included in the above policies?
NONE

11. Do you now carry any Accident and Health Insurance in any Company? If so, state amounts below.

	Cancellable	Non-Cancellable	Company
Monthly Indemnity	$ NONE		
Principal Sum	$	$	

12. Are you now negotiating for any other Life, Accident or Health Insurance? If so, state Companies and amounts.
NO

13. Plan of Insurance (Use notebook terms)
LIFE PAID UP AT 85

14. Amount of Insurance
$ 1000

15. Do you wish the premium loan provision to be autor

16a. Beneficiary, with right of revocation to whom insuranc death (State relationship)
MARY R. SWAIN

Give name and relationship of Contingent Beneficiary, if any: CYNTHIA DAVID K.

16b. Date of birth and age of beneficiary: Mo. 8 D

16c. Address of beneficiary
3347 - 3RD AVE SO

17. Additional instructions including request for additi

18. Have you made during the past two years or de flights other than as a passenger on commercial ai
NO

19. Have you ever applied for Life, Accident or Heal which was declined, postponed, cancelled, withdr or rate? If so, state Companies and dates.
NO

20. Will life insurance in any Company be disconti If so, state Companies and amounts.
NO

21. What amount have you paid on account of the first premium? I hereby agree to the terms of the Rece bearing the same number as this application.

22. For Home Office Endorsements Only.

I hereby declare and agree that I have read the questions, statements and answers contained herein, that they are [illegible] and true, that no mate suppressed thereunder, that this application (Part I and Part II) shall form a part of any policy of insurance issued, that no information acquired by any bind the Company unless it shall have been set out in writing in this application, that no waiver or modification shall bind the Company unless in writ the Secretary, that any policy issued shall not take effect unless and until the full first premium has been paid and the policy delivered to me duri such conditions as may be disclosed in this application, and during my lifetime (except as provided in the Receipt bearing the same number as this appli been paid at the time of making this application and acknowledged above and the Receipt issued), and that the acceptance by me of any policy issued al of corrections, or changes made by the Company and noted in the space provided "For Home Office Endorsements Only," provided, however, no change sl insurance or benefits, unless agreed to in writing by me.

Dated at MINNEAPOLIS this 19 day of OCT

Donald L. Rule 699-3702 | No. | S. Susan S
Witness to Signature of Applicant (Soliciting Agent) | Signature

№ 161305

Other Soliciting Agents | No. | Signature of Parent o

8778

RECEIPT THIS RECEIPT MUST BE DETACHED AND DELIVERED TO APPLICANT WHEN PAYMENT IS MADE; OTHERWISE IT MUST NOT BE DETACHED.

№ 161305

Received from ..... (the Applicant)

for insurance made to Beneficial Standard Life Insurance Company. Provided this sum is equal to the full first premium* on the form and amount of poli and such application is approved at the Company's Home Office for the form and amount of insurance therein applied for; then, but not otherwise, such [illegible] shall be effective from the date of completion

ADDITIONAL QUESTIONS TO BE ANSWERED WHEN THE APPLICANT IS A WOMAN

1. With whom do you reside? SELF

2. Have you any source of income other than your stated occupation? If so, state source and amount of annual income therefrom. A.D.C.

3. Who will pay the premiums on this insurance? SELF

4. If married, widowed or divorced, what was your full maiden name? SUSAN S SWAIN

5. If married what is your husband's name and occupati WIDOW

6. What amount of insurance does he carry and in what Companies? Amount —

7. What amount of his insurance is in your favor? $ -

8. If he is not insured, why not? —

I hereby declare and agree that the above statements and answers are complete and true and shall form a part of my application on the reverse side

Dated at MINNEAPOLIS this 19 day of OCT

Donald L Rub 699-3702 — Witness to Signature of Applicant

Susan S. [illegible] — Signature of Applicant

AGENT'S REPORT—Consult the applicant where necessary. This report must be completed and signed before this application will be ac

1. If applicant resides in the country, state location.

_____ miles in a _____ direction from

on _____ road or route

2a. State any other occupations of the applicant during the last two years.

SAME

2b. Does the applicant's occupation require payment of an extra premium on either Life, (or if applied for) Disability or Double Indemnity Insurance? If so, state exact classification as found in rate book, (e.g. Automobile—Garage Employee—Mechanic)

NEGRO

3. Name three references, not relatives, who reside in the same community as applicant.

Name	Address	Occupation
ROBERT C. WALLACE	3427-3 Ave So	SALESMAN
CASSOLINE NORRIS	3347-3 Ave So	MALVINE UNEMPLOYED
MARGARET HUGGAR	226-E 43 - HOUSEWIFE	

4. What, approximately is the applicant's net worth and annual income?

Net Worth $ 5,000 — Annual Income $ 1800

5. What rating have you quoted? Occupation / Other Reasons

6. Additional Remarks

7. If the applicant has made or contemplates making an aerial flight other than as a fare paying passenger on a regular commercial line, have you had an Aviation Supplement completed? No

8. Are you satisfied that the applicant is of temper reputation? YES

9. What settlement have you taken with this applicatio

Cash $ — Note

10. Is this application submitted on a Non-Medical Bas

If not, applicant { was / will be } examined by

Dr.

on

at

Note: Two medical examinations are required w $20,000. Home Office Specimen required when a insurance in force in this Company totals $15,000 over 55 years old.

11. Send policy to 1400 PORTLAND

12. Source of Business (Check answers).

How long have you known applicant? — How di

Stranger ☒ — Ben

6 Months ☐

6 Months to 2 Years ☐

Over 2 Years ☐

13. Is the applicant related to you by blood or mar

14. TO BE ANSWERED BY CALIFORNI

(a) Is the applicant related to your spouse, yo spouse? If so, state relationship.

(b) Does the applicant have controlling interest

(c) Does your employer have a controlling intere

I hereby certify that I personally solicited and secured this application; that the answers and statements in the Agent's Report are complete and tr belief; that I heard of nothing against the risk which is not fully set forth in these papers, and that I have taken no cash, note, or other valuable conside cation, except as stated above, and that no Agent of this or any other Company other than the undersigned has any interest in commissions on any policy

Other interested Agents — No. — Donald L Ru — Soliciting Agent

I have reviewed this application and determined that all required answers and statements have been made both in the application and in the Agent

D. L. O'Rub 699-3702 — Agency or Branch Office — Agency Clerk or Cash

AGREEMENT CONTAINED IN APPLICATION

I hereby declare and agree that I have read the questions, statements and answers contained herein, that they are complete and true, that no m appeared thereunder, that this application (Part I and Part II) shall form a part of any policy of insurance issued, that no information acquired by an bind the Company unless it shall have been set out in writing in this application, that no waiver or modification shall bind the Company unless in w the Secretary, that any policy issued shall not take effect unless and until the full first premium has been paid and the policy delivered to me d such conditions as may be disclosed in this application, and during my lifetime (except as provided in the Receipt bearing the same number as this ap

017 77

PART II OF APPLICATION TO

DECLARATIONS IN LIEU OF MEDICAL EXAMINATION
BENEFICIAL STANDARD LIFE INSURANCE COMPANY

1. Full Name (Print) SUSAN S. PARKER — Race and Nationality NEGRO

2. Exact Height 5 ft. 8½ in. — Exact Weight 120 lbs. — When were you last weighed? 4 MONTHS AGO

3. Have you gained or lost weight during the last twelve months?
Gained ____ lbs. Cause of gain or loss
Lost NONE lbs.

4. Family Record

	Age If Living	State of Health	Age at Death	Year of Death	Cause of Death	How Long Ill
Wife or Husband			39	1955	HEART ATTACK	MONTHS
Father	78	GOOD				
Mother	67	GOOD				
Brothers — No. Living 1	29	GOOD				
Brothers — No. Dead —						
Sisters — No. Living 2	35	GOOD				
	33	GOOD				
Sisters — No. Dead —						

5. Have there been any cases of insanity, tuberculosis or suicide in your family? If so, state details. NO

6. Have you ever had or been told you had any ailment, injury or disease listed below; or have you ever consulted a physician or practitioner, or received treatment for any ailment, injury or disease listed below?

	Answer Yes or No Here under	If "YES" underline each ailment, injury or disease, stating severity and results. State name and address of physician and state dates.
A. Of the brain or nervous system (severe headaches, fits, paralysis, nervous breakdown, shellshock, insanity, loss of consciousness, spinal disease, delirium tremens, sunstroke, etc., included).	NO	
B. Of the nose, throat or lungs (asthma, bronchitis, habitual cough, pleurisy, pneumonia, spitting or raising of blood or any affection of the chest, lungs, nose or throat, included).	NO	
C. Of the heart or blood vessels (high blood pressure, fainting spells, palpitation of the heart, varicose veins, included).	NO	
D. Of the digestive organs (appendicitis, colic stating kind, dysentery, fistula, gallstones, indigestion, jaundice, liver complaint, piles, typhoid, ulcer of stomach or bowels, vomiting of blood included).	YES	APPENDECTOMY
E. Of the urinary or generative organs (painful, difficult or frequent urination, gravel, stone or any disease of kidneys or bladder, stricture, diabetes, gonorrhea, included).	NO	
F. Other ailments or injuries: Malaria, gout, rheumatism, influenza, goiter, dropsy. Cancer, tumor, syphilis, swollen glands. Tuberculosis of lungs, spine, joints, or any other part of the body. Discharge from the ear, impairment of speech, sight or hearing. Lameness, loss of limb, spinal curvature.	NO	
G. Any surgical operations? If so, state dates and full details of all surgical operations.		1937 APPENDECTOMY

7. What clinics, hospitals, physicians or practitioners, not named above have you consulted, been examined by or been treated by within the last

Name and Address of Each	Reason for and Diagnosis of the Consultation, Examination or Treatment	Date
	NONE	

8. Have you ever been told that you had albumin, casts, pus or sugar in your urine? If so, state details. NO

9. Have you a hernia or rupture? If so, state details and if truss is worn. NO

10. Have you ever undergone any special tests such as electro-cardiograph, blood sugar, Wassermann, basal metabolism or X-Ray? If so, state the details. NO

11. What is the name and address of your family physician?
DR. WM. R. GOODCHILD

12. Do you now or have you ever used any alcoholic beverages? If so, state kind, amount and frequency.

13. Have you ever used alcoholic beverages to excess? If so, state when and for how long.

14. Have you ever used opium, morphine, cocaine or any other narcotic drug? If so, state details.

15. Within the last five years have you ever been advised to restrict your diet or have you ever taken insulin? If so, state details.

16. What change in occupation or residence have you made, been advised to make or contemplate making on account of your health?

17. Are you now or have you ever been closely associated with a consumptive? If so, state details.

18. Have you ever received any pension, insurance benefits or compensation of any kind for illness or injury? If so, state details.

19. Have you now, or have you ever had any illness, disease, deformity, accident or injury other than stated herein? If so, state details, dates, names and addresses of physicians or practitioners if consulted.

20. Are your habits moral, temperate and correct?

21. TO BE COMPLETED WHEN THE PROPOSED

A. How long married?	1925
B. Number of children born?	2
C. Age of youngest child?	3
D. Are the menstrual functions now regular?	Yes
E. Are you now pregnant? If so, state number of months.	NO

F. Ha

G. Ha

I hereby declare and agree that I have read the questions, statements and answers contained herein, that they are complete and true, that no suppressed thereunder, that this application (Part I and Part II) shall form a part of any policy of insurance issued, that no information acquired by blind the Company unless it shall have been set out in writing in this application. I further agree that I will take a medical examination by a duly pass, if in the opinion of the Company such examination is necessary as further evidence of insurability. I hereby authorize any physician or other pe or who may hereafter attend or examine me, to disclose or to testify to any knowledge or information thus acquired, and I expressly waive, on b shall have or claim any interest in any policy issued hereunder, all provisions of law to the contrary.

Dated at MINNEAPOLIS this 19 day of OCT

Witness (Soliciting Agent) — Signature of Proposer

FORM 5750 — PRINTED IN U. S. A.

The Beneficial Standard Life Insurance Company of Los Angeles, California, is considering an application for insurance on my life. To act fairl full particulars of the illness for which you treated me.

It will be a help to me if you will furnish them all the information which they request.

Yours very truly,

Date

POL. NO.	51494	AMOUNT	1,000	NAME	PARKER, Susan S (Mrs)	ENDORSEMENT
REG. DATE	11-6-57			ADDRESS	3930 Portland Ave Minneapolis	
PAID TO	5-6-58	MODE 2	AGE 38			
		BORN	4-14-20			
				STATE	Minn	

	PLAN OR AMOUNT	CODE	OTHER U.S.L. POLS.			
LIFE	L 85	404(47)				
EX.	A	AO				
W.P.						
D.I.						
???						
A.B.						
HOSP.						

	CON	AGENT	NO.	COMM. RATE 1ST YR.	2ND YR.	REN'L.	INIT A
G	1	D Rule	699	10.0	2.5	2.5	X
S	1	" (N)	3702	45.0	20.0	5.0	
G							X
S							

	ANNUAL	FORM	THF. YRS.		CODE		INITIAL	SEMI-ANNUAL	C
LIFE	27.32	404D	04	A.P.L.	Yes	A.S.&H. TOT.			
EX.	2.71		04	CV.YR	2	LIFE TOT.			
W.P.				REIN	No	TOTAL	15.62	15.62	
D.I.				RACE	4	ASSIGNMENT:		PREMIUM DEPOSIT NO.	
X X				T.R. EX					
A.B.				VAL BAS.	223				
H.				COUI					
A.S.&H. TOT.									
LIFE TOTAL				MED.	No				
TOTAL	30.03								

FOR 2 AGENTS ONLY

PRIMARY BENEFICIARY: MARY R. SWAIN, Mother

CONTINGENT BENEFICIARY: see file

SETTLEMENT OPTION:

Americo Life, Inc. **Attachment 10**

TDI Race Based Premium Exam

Summary of Phase II Sample Data Indicating Potential Race Based Pricing Activities

Issuing Company	Estimated Date/Era	Applicable Attachments
Coastal States LIC	1954	10.1
Fidelity Interstate LIC	1959	10.2
National Investors LIC	1963	10.3

ATTACHMENT 10.1

APPLICATION FOR LIFE INSURANCE TO

COASTAL STATES LIFE INSURANCE COMPA

ADULT PART I

ATLANTA GEORGIA N

PRINT ALL NAMES IN FULL, USING TITLES SUCH AS DR., REV., ETC. ON MARRIED WOMEN USE MAIDEN NAME

1. Full Name of Proposed Insured MISS EVELYN J RAYE
(First Name) (Middle Name)

2. (a) Present Residence 313 N.W. 53 STREET — Street or R. F. D. — City, Town, or Village: MIAMI — County: Dade

(b) Business Address BETHUNE ELEMENTARY School N.W. 43 Street N.W. 27 Ave — Dade

(c) Lived in above 5 Yrs.: If less than 2 yrs. give previous residence below — (d) Send Notices to ☐ Busi

(e) Previous Residence NO

DEC 6 1954 AGENCY DEPT.

3. If in country, lives ____ miles in ____ direction from ____ on ____

4. (a) Occupation? Public School Teacher — (b) Exact duties? 2nd Grade — (c) How long so engaged? 7 yrs — (d) Name and add Dade Com Public

5. (a) Any other duties? Is change contemplated? When? NO — (b) Former occupation? —

6. Race? NEGRO — 7. ☐ Male ☑ Female — 8. ☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

9. Place of birth? Florida (City and State) — 10. Date of birth? 11/2 /1925 (Month Day)

12. (a) Plan of Policy? ORDINARY LIFE END at 85 — (b) Amount of Insurance? $1000 — (c) Supplemental Agreements? (Check each one desired.) ☐ Disability Waiver ☑ Double Indemnity ☐ Disability Income ☐ — (d) 2

13. (a) Full Name of Beneficiary? NAOMI RAYE — (b) Relationship? MOTHER — (c) Date of Birth April

(d) Full Name of Contingent Beneficiary, if any? ESTATE — (e) Relationship? — (f) Date of Birth

14. Amount of Insurance now in force on life of Proposed Insured? (List policies below)

(a) Company, Association, or Society	(b) Amt. Life	(c) Amt. D.I.	(d) Mo. Income	(e) Year Issued
Ins. Co. of Ga.	$500			

15. Is the Automatic Premium Loa to be made operative? YE

16. Have you ever been an airplan flying or do you contemplate do N

17. Have you ever been refused life ment or been offered a higher dates and particulars) N

18. ADDITIONS OR AMENDMENTS (For Home Office Use Only) Issued Table A

19. SPECIAL REQUEST (use special sheet if thi

It is hereby agreed that this Application, including Part II, is made in consideration of and shall become a part of any contra ments and answers given herein are true and complete, that no policy issued on this application shall take effect until approved Office and the full first premium paid while the proposed Insured is in good health, that acceptance of Policy issued hereon shal and all changes noted by the Company under "Additions or Amendments," and that any statement, information or promises made binding on the Company or affect any of its rights, unless entered herein or submitted in writing to the President or Secretary of cation. I have paid Company Representative $ ____ and hold receipt for this amount.

Dated at MIAMI this 2 day of Dec

Witnessed by William Sanes — Company Representative — X Evelyn J. Ra (Signature of Proposed Insured)

Company Representative — (If Proposed Insured is a minor—signatu

(This receipt must not be detached unless settlement toward first premium has been made at time of application and shall only under the conditions hereafter set forth.)

FORM 4400-4-51

APPLICATION PART TWO, to THE COASTAL STATES LIFE INSURANCE COMPANY, Atlanta, Georgi

Every question must be asked the applicant by the Medical Examiner and the applicant's answers recorded in the Examiner's own handwriti signature must be made in the Examiner's presence. Examinations must be made in private.

1a. Full name	EVELYN RAY
1b. Date of birth	NOV. 29 1925
2. For how much insurance are you applying?	?
3. Residence	MIAMI, FLA.
4. Occupation, and how long so engaged?	SCHOOL TEACHER
5. Have you ever been a pilot or received instructions? Date ..... If so, give details.	No
6a. What are your habits in regard to the use of alcoholic beverages?	OCC. SOCIAL DRINK
6b. Have you ever used alcoholic beverages to excess or intoxication? If so, give full details.	No
6c. Have you ever used morphine, cocaine or any narcotic drug? If so, give full details.	No
7a. Has any proposal or application to insure your life ever been made to any Company, Society, Association or Agent upon which a policy has not been issued as applied for?	No
7b. Have you an application now pending in another Company? If so, what Company?	No
8. Have you ever been discharged from military or naval service or been given a deferred draft classification for physical reasons? If so, give full details.	No

9. FAMILY RECORD	Living: Age	Living: State of Health
Father	87	good
Mother	71	good
Brothers and Sisters		good.
Number Living 5	46 ↓	
Number Dead 0	37	

10. Have you been associated with a tuberculous person the past year? If so, give date and details.	NO
11. Have you now any disease or disorder? If yes, give full particulars.	NO
12. When did you last consult a physician and for what?	May 1
Name of physician	Dr. Mon
Address of physician	
Illness	Low B
Duration of illness	2 m
13. Have you ever been in a hospital, clinic, sanatorium or institution for observation, treatment or operation? If so, give date and details.	None
Names of institutions	
Addresses of institutions	
Names of physicians or surgeons	

14. Have you ever had any of the following diseases or symptoms? Answer each group "Yes" or " and explain belo

a. Apoplexy, Paralysis, Epilepsy, Loss of Consciousness, Dizziness, Nervous Breakdown, Headaches.	No
b. Asthma, Pleurisy, Spitting Blood, Chronic Cough, Tuberculosis, or other lung disease.	No
c. Heart Disease, Angina P[illegible]oris, Chest Pains, Dropsy, Rheumatic Fever, Anemia.	No
d. Stomach or Duodenal Ulcer, Appendicitis, Disease of Bowel, Liver, Gall Bladder or Spleen.	No
e. Kidney Disease, Sugar in Urine, Blood in Urine, Kidney Colic or Stone, Diabetes.	No
f. Syphilis or a positive blood test, Tumor, Cancer or Goitre.	No
g. Has any physician in past five years found your blood pressure above normal?	No
h. Have you ever had X-ray, electrocardiogram or blood studies? If so, give full particulars.	No
i. Have you consulted any physicians or practitioners the past five years for any other causes?	No

In regard to those answered "Yes," give full particulars below.

Disease or Injury	Date	Number of Attacks	Details	Names and

15. To be answered when risk is a female.

a. If married, how long? No b. Number of children had? NONE c. No. living? d. Age of youngest?

f. Have you ever miscarried? If so, give dates, cause and details. No g. Have you passed the Menopause? If so, when? No h. Have you ever h of the breast, ut

I hereby agree that the above questions and answers shall form Part Two of my pending application for insurance, and also of a surance in this Company, unless I then undergo another medical examination which by its terms is made a part of such application and I expressly waive on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder all pr hospital official or employee, or other person who has heretofore attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information thereby acquired and from testifying with reference thereto, and I expressly authorize all to the extent permitted by law.

Witness Samuel Gertman M. D. Medical Examiner.

Dated this 6 day of Jan

E. Evelyn

FORM 441 (REV. 12-61)

Part Three—MEDICAL EXAMINER'S REPORT TO BE FILLED OUT IN PRIVATE

Make a very careful examination of heart and lungs with stethoscope against bare skin.

1a. Actual Weight Ordinary Clothing	144	1c. Actual Height in Shoes	5 Ft. 3 In.	2. Measurements of Chest, bared.	Forced Inspiration	Forced Expiration	Girth of Abdomen	3. Race
1b. Did you weigh him?	No	1d. Did you measure him?	No		38½	35	30	COL

4. Has applicant gained or lost weight during the past year? No	lbs. lost ..... lbs. gained ..... Cause	5a. Pulse Sealed 68	5b. Is Pulse Intermittent? If yes, describe and give frequency per minute. No	5c. Evide No

		DETAILS
6. Do you find any evidence of past or present disease:		
6a. Of the Heart? *Describe and if murmur is present give timing and location. Give degree of hypertrophy.*	No	
6b. Of the Lungs? *Describe and give location.*	No	
6c. Of any of the Abdominal Organs? *Palpate for any areas of tenderness, masses, or enlargement of liver or spleen.*	No	
6d. Of the Skin, Ear, Middle Ear, Eyes, Throat?	No	
7. Nervous System. a. Are the knee-jerks absent? b. Are pupils unequal in size or the reflexes to light absent or sluggish? c. Are reflexes abnormal?	a. No b. No c. No	
8. Is there any enlargement of thyroid? *Is it symmetrical, asymmetrical, nodular, diffuse?*	No	
9. Are the lymphatic glands enlarged? *If so, describe.*	No	
10a. Is there a hernia? Describe it. b. Was it ever strangulated?	a. b. No	
11a. Is there any evidence of varicose veins or ulcers? b. Do they extend above the knees?	a. b. No	
12. Is applicant lame, maimed or deformed? *If so, describe fully.*	No	
13. Does applicant's appearance indicate good health?	Yes	

14. Were the circumstances under which you completed examination satisfactory? *If not, give details.*	Yes
15. Was the urine examined voided by the applicant in your presence?	Yes.
16. What are the past and present habits of the applicant with regard to the use of stimulants and narcotics? Also general standing in the community?	Good
17. Are you in any way related to the applicant or agent? *Which one and how related?*	No
18. How long have you known the applicant and how intimately?	Never.

ADDITIONAL REMARKS—State any additional facts which may influence the character of the risk.

BLOOD PRI

Time of Day .....

Auscultatory Systolic 132

Did you take Diastolic at.—

Disappearance of all Sound (P or Change of Sound (Phase IV)?

URINAL

Specific gravity? 1020

Albumen? neg

Sugar? neg

Have you mailed Speci

Mail specimen if ever ag sugar or any abnormality of system or history thereof, or applied for is $25,000 or mor

Name of Agent requesting exam. B. S.

I certify that I have carefully examined Miss Evelyn Kayl whose signature is affixed to the forego

examination was made in private at { my office / applicant's residence / applicant's place of business } this 6 day of Jan.

Examined at DADE (Town) — MIAMI (County) — FLA. (State)

Samuel Perlin (Medical Ex

1010 HUNTIN (P. O. Address of M

MIAMI, FL

A FEE OF $7.50 WILL BE PAID BY THE COMPANY FOR THIS EXAMINATION.

This report is the property of the Company. It must not be given to the agent, withdrawn or destroyed by anyone. It shou promptly to the Home Office of the Company. This examination must bear date of day when actually

2953

COASTAL STATES LIFE INSURANCE COMP

DECLARATION OF INSURABILITY IN LIEU OF MEDICAL EXAMINATION
Do not use Dashes or Ditto Marks. Every Question Must Be Answered

APPLICATION PART TWO, TO THE COASTAL STATES LIFE INSURANCE COMPANY, ATL

1. Print Full Name: First MISS EVELYN Middle J. Last RAYE
2a. Race: NEGRO b. Sex: FEMALE
3a. Height: 5 Ft. 3 3/4 In. b. Weight: 160 lbs. c. Change in Past 2 Years: NO Gain ... lbs. Loss ... lbs.

4. FAMILY RECORD	LIVING Age	LIVING State of Health	DEAD Age at Death	DEAD Cause of Death
Father	90	Good		
Mother	71	Good		
Brothers and Sisters 1	45	Good		
5	from 29 to 43	All five		Good
Number Living				
Number Dead				

5. Name of Family Physician: NONE
Address: Excellent health

6. When did you last consult a physician or surgeon and for what? checked up 19
Name of physician or surgeon? yearly by
Address of physician or surgeon? School System
Illness?
Duration of Illness?

7. Have you ever undergone a surgical operation? NO
If so, give date and details.
Name of surgeon?
Address of surgeon?

QUESTIONS FOR FEMALE

8. a. Is your functional health regular? Yes
b. Married? NO If so, give date NO
c. No. of children? NO Age of last NO
d. Now pregnant? NO Mos. Advanced NO
e. Have you passed climacteric? NO
Have you ever had: (If "Yes" give details under question 21 below.)
f. Disease or tumor of breast or pelvic organs? NO
g. Miscarriage or uterine hemorrhage? NO
h. Difficult labor, Caesarean operation, or stillbirth? NO

9. When were you last examined for life insur
Company?
Amount?
Was policy issued standard?
If not, at what rating?

10. Are negotiations for other insurance on yo
If so, give Company and Amount.

11. Have you ever been discharged from mili
been given a deferred draft classification f
If so, give details.

12. Are you now a member of the armed
National Guard, or have you been ordered
If so, give details.

13. Has change of residence or occupation ev
for the benefit of your health or do you
occupation for any reason? If so, give de

14. Do you now use malt or alcoholic liquors
toxicants to excess? If so, give kind, freq

15. Have you ever used morphine, cocaine or
If so, give full details.

16. Has any member of your family now li
ing tuberculosis or have you associated
the past year? If so, give details.

17. Are you now receiving or have you ever
or pension from any source on account
so, give details of disability, amount rec

18. Have you any defect of sight in either
If so, give details.

19. Have you any deformity, amputation,
disease or disorder? If so, give details

20. Have You Ever Had:
a. Heart disease, high blood pressu
of breath?
b. Asthma, bronchitis, pleurisy, chr
c. Epilepsy, fainting spells, dizzine
condition?
d. Arthritis, rheumatism, goitre, he
e. Disease of the kidneys, bladder,
abdominal organ?
f. Cancer, tumor, syphilis, hemorrh
g. Any serious illness, disease or
mentioned?

21. In regard to those answered "yes" in question 10 give full particulars below.

Disease or Injury	Date	Number of Attacks	Duration	Results	N
	NONE				

I hereby declare that my answers to the questions on Part I and Part II of my application
true, and are offered to the Company as a consideration for a Policy. I expressly waive, on behalf of
have or claim any interest in any policy issued hereunder, all provisions of law forbidding any phys
tofore attended or examined me, or who may hereafter attend or examine me, from disclosing any
thereby acquired, and I expressly authorize such persons to make such disclosures, all to the exte

Dated this 2 day

Witness William Sanes

X Evelyn
Signature of Propose

Form 4410—9-52

AGENT'S REPORT

1. How long and how well have you known Applicant and Proposed Insured? just met	ADDITIONAL QUESTIONS TO BE A IF PROPOSED INSURED IS A MARRIE
2. Are you related? If so, how? NO	6. Occupation of husband?
3. Were all questions on this application answered in your presence? If not, why? yes	7. Amount of insurance on husband's life?
4. Does Proposed Insured impress you as being in sound health, [illegible] of temperate habit and healthy appearance, of good character and reputation without deformity and clearly in possession of all faculties except as noted hereon? yes - excellent health and refined person.	8. Who will pay premiums on policy applied for?
	9. Should premium notices be sent to Insured's addre
5. Have you quoted any substandard rating to applicant? If so, how much and for what purpose? NO	10. If husband is not Original Beneficiary, why not?
11. Have you requested inspection and attached duplicate hereto? yes	13. If any other representative is entitled to Commisel name here and his share.
12. Examination will be made non-medical 19	14. Who is to deliver policy?
by Dr. _____ of _____ (USE REGULARLY APPOINTED EXAMINERS WHEN POSSIBLE)	15. Where is it to be mailed?

I hereby swear the above answers are complete and true and I recommend the Proposed Insured as a desirable risk. I have r or agreement with anyone whereby the applicant, or any other person has received or is to receive directly or indirectly, in settlemen proposed insurance, any concession or rebate from the regular premium, according to this Company's table of rates, and I assume full of any policy issued and for payment of first premium thereon to the Company.

William James of _____

Soliciting Agent General Agency

FORM 4400-4-51 BACK

ADDITIONAL REMARKS

If you desire DR's EXAM because of color, please notify, one right away.

USE THIS FORM FOR AGES 15 AND OVER

INSURABILITY REQUIREMENTS

Ages	Amounts	Forms Required
15 – 45	$1,000 – $5,000	Non-medical Part II (Form 4410)
"	5,001 – 24,999	Medical Examination (Form 4411)
46 – 65*	1,000 – 3,000	Non-Medical Part II and Medical Inspectio
"	3,001 – 24,999	Medical Examination (Form 4411)
All Ages	25,000*– & Over	Two Medical Examinations (Form 4411)

NOTES

1. The amounts of insurance above include any previous Coastal States policies in force.
2. *Home Office specimen is required for amounts of $25,000 and over applied for through age 55, and for all amo over.
3. For the SLA and TSA plans the above amount may be doubled to determine insurability requirements. Ages 4(non-medically through $10,000.
4. For ages [illegible] additional amounts up to $5,000 may be accepted non-medically within one year on standard [illegible] females provided the last non-medical policy has been in force at least one year. The limit written without [illegible] these limits may be doubled for SLA and TSA.

Date _____

To any physician or clinic, sanitarium or hospital:

I am making application for insurance to Coastal States Life Insurance Company. The Medical Dep more definite than I am able to give concerning your observation and treatment. Will you kindly furnis dates, treatment and prognosis in order that they be in position to act on my application.

_____ Appli

NEW BUSINESS WORKSHEET

Date Appl.	Date Rec'd.	Report No.	Amt. Remitted
12-2-54	12-8-54		COD

Pol. No.	Amount	Plan	Payable
47111	1,000	OLE 685	ANN

	Ann.	S. Ann.	Qtly.	Mo.
Life	19.49	10.04	5.12	1.73
Ad	2.14	1.11	.54	.19
D. I.	1.50	.78	.40	.14
Total	23.13	11.93	6.09	2.06

District

MISS EVELYN J. RAYE
3130 N.W. 53RD. ST.

City MIAMI, FLA. State
Co. DADE

Age 29 Born 11-20-25 State Birth FLA
Occ. TEACHER

C/

Special - Rating Etc.

Commissions

Agent	No.	%	Amt.
Ga.			
SA W SANES	722X		
SA			

2924

Benef. & Rel. NAOMI RAYE, MOTHER Age

2nd Benef. & Rel. Age

Equal or Cont.

Options: 5 e 2011 e

FORM NUMBERS	REINSURANCE		
FMOE 6-52	Benefit	Amount	Cess. No. & Co.
PLE 6-51	Life		
UCE 6-52	D.I.		
DI R-52	Dis.		
Photo OM 1-47	A & S		

☒ Hold for insp. 12-8
☒ Medical 12-12
☐ Phys. State
☐ Micro
☐ B. P.
☐ Exact Ht. Wt.
☐ Aviation Q.
☐ Other Cos.
☐ Age Amend
☐ Glucose
☐ Heart Chart
☐ E K G

None

Med. Rec'd	Dr.	Pd. $	Date	By
1-6-55	Dr. [illegible]	Pd. $ 7-50	Date [illegible]	By [illegible]
Med. Rec'd	Dr.	Pd. $	Date	By

SPECIAL INSTRUCTIONS: DI ✓ [illegible]

Table A Tress [illegible] 14 [illegible]

Policy Mailed to W. SANES
Effective Date 1-6-55 Date Mailed JAN 13 1955 By: MMM

Address: MIAMI, FLA.

Form 210!

PAYMENT RECORD PRIOR TO ISS

Refund: Overcharge:
C.O.D. 23.13 Shortage:

Pd. [illegible]

Codes:

None

PREVIOUS RECORDS

Pol. No.	Amount	Date	
None Rec			12-2

NUMERICAL RATING

Occupation
Ht. FL In. Wt.

Less Credits for

ROUTING

Number Book	12
Insp. Requ.	18
Ack. Letter	
Worksheet & Folder	
Index Card	
App. Checked	12
Calculations	1
Calculations Ck'd	JAN
Prel. Reins	
Reins. Sched.	
Approved:	
By:	
Imp. Codes Rep.	
Policy Made	
Policy Checked	1
Policy Signed	JAN
Ditto Master	1
Cards Posted	

Set up

ATTACHMENT 10.2

Fidelity Interstate Life Insurance Company

LIFE POLICY DELIVERY REQUIREMENTS

To Mr. Hirshfield 07-104 Date 3/16/59

612493

From - LIFE DIVISION Policy Doris Heolfolk

Commission Check Enclosed

Additional Premium Required:

Collect on Delivery $ 1.26

Retain as Commission $ ~~1.26~~

Remit to Life Dept. $

Refund to Insured $

Signed Forms (In addition to Policy Receipt)

Amendment of Application

Settlement Agreement

ADDITIONAL

Commission Agent	7.99
Overwrite	.73
	8.72

RETURN SIGNED POLICY RECEIPT F1735

Previously Submitted 13.26

Policy Rated or Changed

Life Table A

Extra

Waiver of Premium

Double Indemnity

A & S

Plan

Amount

Mode of Payment

Reason for Action:

Physical Condition

Physical History

Confidential

Build

Occupation

Aviation

Other XXXX

296

ATTACHMENT 10.3

Underwriting Requirements	First Req.	First Follow-up	Second Follow-up	Rec'd
☑ A. Inspection				
☑ B. M.I.B. ☐ No Card ☐ CODE Received ☐ CODE sent _____ 19__				
☐ C. A.P.S.—Dr. Attn. to				
☐ D. A.P.S. on From Dr.				
☐ E.				
☐ F. Diabetic Quest. on _____ From Dr. _____				
Additional Underwriting Requirements — Complete Form 82	First Req.	First Follow-up	Second Follow-up	Rec'd
☐ 1. Bank of ☐ Insured ☐ Payor ☐ Wife ☐ _____ Child because of: ☐ Amount ☐ Age ☐ Medical History ☐ Agent's family ☐ Confidential. Examiner to pay attention to _____				
☐ 2. Appointment for _____ with Dr. for: ☐ Chest X-ray. ☐ Electrocardiogram. ☐ Heart Chart. ☐ One ☐ Two urine specimens. ☐ One ☐ Two blood pressure readings.				
☐ 3. Write Dr _____ Arrange appointment for ☐ Insured ☐ Other _____				
☐ 4. Name and address of Dr.				
☐ 5. Complete the following (attach forms) or supply info.: ☐ A-4 Aviation ☐ Diabetic (Applicant) ☐ Parent's Consent ☐ Ag'ts Report ☐ Auth. to write Dr ☐ Payor App. ☐ PAC Auth. ☐ Amend to app.; Questionnaire				
☐ 6. Date of birth on app. _____ Other info. _____				
☐ 7. Age and date of birth on application do not agree.				
☐ 8. Full given name of				
☐ 9. Relationship of				
☐ 10. Further information for inspection company regarding: ☐ Correct present add. ☐ Former add. ☐ Former business add. ☐ Name and add. of references. ☐ Other _____				
Other: _____				

Underwriting Factors	Debits Credits
Occupation	
Ht.-Wt.	
Build	
Family History	
B.P.	
Plan	
Morals	
Habits	
Race	
Aviation	
Ins. Interest	
Income	
Over-ins.	
Personal History	
Physical	
Other	

Notes to Med. Div.

Date Ins.

Opinion of Med. Dir.

Date

Americo Life, Inc.
TDI Race Based Premium Exam
Comparison of Race Distribution Based on Phase II and III Samples

Attachment 11

Issuing Company	Phase II (Substd.) Samples				Phase III (Std.) Samples			
	White		Non-white		White		Non-white	
	Number	% (1)	Number	% (1)	Number	% (1)	Number	% (1)
Beneficial Standard LIC	21	43%	28	57%	32	97%	1	3%
Coastal States LIC	4	50%	4	50%	24	100%	0	0%
Victory Mutual LIC of Chicago	0	0%	15	100%	0	0%	14	100%

(1) Percentages based on the samples where race had been identified.

ATTACHMENT 11.1

LIFE RATING FORM

Made By ... BZ
Date 8-26-98

APPLICANT ... Minnie B. Davidson

AGENT ... D. Fullmer

Bureau Reports and Claims
Action by other Companies

Amt $500 ... Plan 20 PL ... W. P. NO ... D. I. NO ... Pay ...

B.D. 12-23-10 Age 42 Sex W ... Race C ... M ☐ S ☐

Occupation ... Housewife & Domestic

Height 5 ft 1 in. Weight 140 (131)

Chest Insp. ... Exp. ...

Abdomen ...

Average B. P.

	Age	Sys.	Diast.
B. P. Sys. 138	10	100	67
	15	115	76
Diast. 80	20	120	79
	30	122	81
P. P. 58	40	1[illegible]6	83
Pulse 86	50	129	85
	55	131	86
Temp. 98.6	60	134	87

Remarks and Special Information

Microscopic, if abnormal

Sp. Gr.	1010	
Reaction	5.5	
Alb.	0	
Sugar	0	
Casts		
Pus		
Blood		

Watch for and rate extra for bad comb.

	Minus	Plus
Build		95
Race		50
Family History		
Personal History		
Physical Condition		
Habits		
Moral Hazard		
Occupation		
Plan		

Family History F 60 1949

Personal History 10/49 Dr. Carroll
Tumor - Liberal

Physical Condition Left Tube M
Hysterectomy &
Salpingectomy

Habits 0

Moral Hazard-Finances, Beneficiary husband
0 ... 0

Net Rating 145

Offer—Life Plan and Rating 20 PL
W. P.)
D. I. 1 mm
Payor - none

Action Issue Table B
Sup Jmg

REINSURANCE

Date 9/4/52 [signature]
Underwriter

Form 816a

ATTACHMENT 11.2

FORM 60 **VICTORY MUTUAL LIFE INSURANCE COMPANY** **POLICY DATA SHEET**

POLICY NO.	CLASS	DIVIDENDS	NAME	RE-INSURANCE NO.	AMOUNT RE-INSURANCE
48391		4	PROCTOR, DOROTHY E (MISS)		

AMOUNT	DATE PAID	RIDER FORMS	ADDRESS	DATE CEDED	BENEFICIARIES	RELATI
500			646 LENOX AVENUE NEW YORK		MARGARET FURST - AUNT	

PLAN	EFFECTIVE DATE OF ISSUE MO. DAY YEAR	APPLICATION NO.	STATE	FIRST PREMIUM DUE $	PAID
W L	DEC 4 1935	63116	N Y	2 96	1 --

FORM NO.	TRUE AGE	RATED TO	CHANGE OF BENEFICIARY	AGENT	BAL-ANCE $
500	29		YES	YORKE, I	1 96

OCCUPATION	AUTOMATIC PREM. LOAN	DISTRICT	BORN MO. DAY YEAR	STATE	OTHER POLICY NOS:
WAITRESS	YES	NEW YORK	7-9-1906	N Y	

PD.	TOTAL PREMIUM	LIFE GROSS	FIRST YEAR RENEWAL NET	FIRST YEAR RENEWAL NET	DISABILITY GROSS	DISABILITY NET	D. I. GROSS	LEVEL NET	REMARKS
A.	11 16		4.03	8.60					
S.	5 80		2.02	4.30					
Q.	2 96x		1.01	2.15					
M.									

HELD FOR	BY	DATE SENT	DATE REC'D
☐ DATE OF BIRTH			
☐ BENEFICIARY			
☐ AVIATION QUES.			
☐ INSPECTION REPORT			
☐ ALTERNATE "			
☐ ATTENDING PHYSICIAN			
☐ " "			
☐ " "			
☐ REINSURANCE			
☐ "			
☐ CODE DETAILS			
☐ " "			
☐ " IDENTIFICATION			
☐ " "			
☐ MEDICAL			
☐ RECHECK EXAMINER			
☐ H. O. SPECIMEN			
☐ 2D B. P. & SPECIMEN			
☐ EXACT WEIGHT			
☐ HEART CHART			
☐			
☐			
☐			

INSERT DOCTORS' NAMES BELOW:

NO.	BY	DATE MAILED	FOLLOW-UP BY	FOLLOW-UP DATE MAILED
1ST LETTER-1				
" " 2				
" " 3				
" " 4				
" " 5				

HUSBAND'S, WIFE'S OR INSURANT'

RATING	DATE OF	IMPAIRMENT RECORD	IN'LS
S. & F. H.		Laparotomy 7 years ago for fibroids = Standard	
RES.			
OCC.			
HABITS			
PHY. CON.			
PER H.			
RACE			
TOTAL			
DATE OF BIRTH IN PREVIOUS RECORD			

IMPAIRMENTS ON EXAMINATION:

REPORTED

UNDERWRITERS APPROVAL:

MEDICAL DEPT. APPROVAL: 12/2-35

RECORD OF PREVIOUS LIFE POLICIES

POLICY NO.	DATE	PLAN	AMOUNTS LIFE	AMOUNTS DIS. INCOME	AMOUNTS DOUBLE IND.	HAS OR WILL TERMINATE
TOTAL INSURANCE IN FORCE						
PREVIOUS RE-INSURANCE						
AMOUNT RETAINED						

POLICY MAILED TO

DATE MAILED

REMARKS:

RE-INSURANCE REMARKS

	LIFE	DIS. INC.	D. I
AUTOMATIC			

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Race Distribution Based on Phase IV Samples

Attachment 12

Issuing Company	Sample Policies					
	Race: White		Race: Non-white		Race: Unknown	TOTAL
	Number	% (1)	Number	% (1)	Number	Number
Beneficial Standard LIC	97	61%	63	39%	4	164
Coastal States LIC	1	25%	3	75%	0	4
Fidelity Interstate LIC	5	50%	5	50%	0	10
National Investors LIC	3	100%	0	0%	0	3
Victory Mutual LIC of Chicago	0	0%	36	100%	2	38
Unknown (2)	0	--	0	--	65	65
Total	106	50%	107	50%	71	284

(1) Percentages based on the samples where race had been identified.
(2) Insufficient data provided for requested samples.

ATTACHMENT 12.1

(COASTAL STATES LIFE INSURANCE COMPANY)

NEW BUSINESS WORK SHEET

POLICY NO.	DATE OF APP.	PRT. REMITTER	MODE	PLAN	LIFE NET
92304	92563	146	C-10	FPOL-L1	11930

NAME OF INSURED	AGE	COV.	ST.	AMT. INS.	DATE OF BIRTH	STATE OF BIRTH	DATE RECEIVED	SUP. NET
JNMORGAN	34	980	10C	9000	102929	GA	6-20-63	

LIFE / LIFE EXTRA / SUP. RIDER / SUP. EXTRA / TOTAL LIFE / PAYOR OTR

PAYOR: JOSEPH N MORGAN, 205 A HENDERSON, SYLVESTER GEORGIA

WIFE: ROWENA R MORGAN

OCC. TEACHER

SUP. CODE: 89 / 94

AGENT'S NAME	SUB.	GEN.	ST.	COMM. CODE	QUOT.	GROSS ANN. LIFE	CNR. MOD	SUP. PLAN	SUP. AMOUNT	P.D.	MODE NO. COMM.	MODE TOT.	SUP. GR.
1 WC REYNOLD	0109	003	WF	0000	BA	9000	11643	PP				13.80	
2													

GEORGIA — STATE WRITTEN

	LIFE	D.I.	DIS.W	MISC.	NO COMM.	TOTAL
AN	145 16	6 00	4 22			155 38
SA	74 76	3 09	2 18			80 03
QT	38 11	1 58	1 11			40 80
MO	12 88	54	38			13 80

SUP. MODE PREM. — APPL.

WKLY PREM DIV
3,900 W-1,000

S.T OR IRREGULAR

FORM NOS.
O-FP(1-63)
O-P+SO-FPT
O-NFH (1-63)
OCV-FPOL
O-Benefits-FP
PNET
OB(7-62)

BENEF. & REL. — AGE

2ND BENEF. & REL.

EQUAL OR CONT.

OPTIONS 5,000.00 / 1,000.00 / 1,000.00 / 1994

CODES: None on Either

PREVIOUS RECORDS

POLICY NO	AMOUNT	DATE	STATUS
None			

NUMERICAL RATING

BUILD
OCC.

REINSURANCE

BENEFIT	AMOUNT	CO & CASE NO
LIFE		
DIS	none	
D.I.		

LESS	CREDIT FOR	TOT.	DI	DIS. W.	CODES REPORTED
BENEFIT	LIFE				
RATING	See Below		Std	Std	none
REASON	Special Class Risk				

SPECIAL INSTRUCTIONS:

Need for insured & Wife age

Special Class premium $13.80 per month
per Mr. Harker.

Charge extra Prem - Pay Comm. on RU

Americo Life, Inc. **Attachment 13**

TDI Race Based Premium Exam

Summary of Race Distribution Based on Phase V Samples

Issuing Company	Sample Policies					
	Race: White		Race: Non-White		Race: Unknown	TOTAL
	Number	% (1)	Number	% (1)	Number	Number
American Republic Life	0	--	0	--	1	1
Beneficial Standard LIC	14	70%	6	30%	0	20
Carolina Home LIC	1	100%	0	0%	0	1
Central National LIC	1	100%	0	0%	0	1
College LIC of America	174	98%	3	2%	4	181
Farm and Ranch LIC	1	100%	0	0%	0	1
Fidelity Standard LIC	2	67%	1	33%	0	3
Financial Assurance LIC	1	100%	0	0%	0	1
First Equity LIC	1	100%	0	0%	0	1
First Pyramid LIC of America	1	100%	0	0%	0	1
FL State Life and Health IC	0	0%	1	100%	0	1
Great Plains LIC	2	100%	0	0%	0	2
Great Western LIC	1	100%	0	0%	0	1
Guardsmen LIC	0	--	0	--	2	2
Investors Guaranty LIC	0	--	0	--	1	1
Kennesaw Life & Accident IC	3	100%	0	0%	0	3
Lee National LIC	1	33%	2	67%	0	3
Life of Mid-American IC	5	100%	0	0%	0	5
National Educators LIC	6	67%	3	33%	0	9
NFU	16	94%	1	6%	2	19
National Investors LIC	16	100%	0	0%	0	16
OSL	4	100%	0	0%	6	10
Puritan LIC	9	90%	1	10%	8	18
Pyramid LIC	15	100%	0	0%	2	17
Security Benefit LIC	0	--	0	--	1	1
Southern Equitable	1	100%	0	0%	0	1
Southern States LIC	3	75%	1	25%	0	4
UFL	6	100%	0	0%	4	10
Victory LIC	18	100%	0	0%	2	20
Unknown (2)	0	0%	1	100%	11	12
Total	302	94%	20	6%	44	366

(1) Percentages based on the samples where race had been identified.
(2) Insufficient data provided for requested samples.

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Race Distribution Based on Phase II, IV & V Samples

Attachment 14

Issuing Company	Sample Policies					
	Race: White		Race: Non-white		Race: Unknown	TOTAL
	Number	% (1)	Number	% (1)	Number	Number
American Pacific Life	0	--	0	--	1	1
American Preferred LIC	0	0%	1	100%	0	1
American Republic Life	0	--	0	--	1	1
Beneficial Standard LIC	132	58%	97	42%	6	235
Carolina Home	1	100%	0	0%	0	1
Central National LIC of Omaha	4	100%	0	0%	1	5
Charter National LIC	0	--	0	--	1	1
Coastal States LIC	5	42%	7	58%	0	12
College LIC of America	249	97%	8	3%	13	270
Empire LIC	1	100%	0	0%	5	6
Farm and Ranch Life	1	100%	0	0%	0	1
Fidelity Interstate LIC	7	50%	7	50%	2	16
Fidelity Standard	2	67%	1	33%	0	3
Financial Assurance	1	100%	0	0%	0	1
First Equity Life	1	100%	0	0%	0	1
First Pyramid LIC of America	11	100%	0	0%	0	11
FL State Life and Health	0	0%	1	100%	0	1
Great Plains LIC	3	100%	0	0%	0	3
Great Western LIC	3	100%	0	0%	0	3
GSL	20	87%	3	13%	0	23
Guardian	2	100%	0	0%	0	2
Guardsman LIC	6	100%	0	0%	34	40
Integrated Resources LIC	0	--	0	--	1	1
Investors Guaranty	0	--	0	--	1	1
Kennesaw Life & Accident IC	7	88%	1	13%	0	8
Lee National LIC	1	25%	3	75%	0	4
Life of Mid-American IC	9	100%	0	0%	0	9
Lincoln National LIC (BSLIC)	1	100%	0	0%	0	1
Loyalty LIC	0	--	0	--	1	1
National College & University LIC	1	100%	0	0%	0	1
National Educators LIC	15	75%	5	25%	2	22
National Executive LIC	2	100%	0	0%	0	2
National Investors LIC	58	100%	0	0%	9	67

Americo Life, Inc.

Attachment 14

TDI Race Based Premium Exam

Summary of Race Distribution Based on Phase II, IV & V Samples

	Sample Policies					
Issuing	**Race: White**		**Race: Non-white**		**Race: Unknown**	**TOTAL**
Company	**Number**	**% (1)**	**Number**	**% (1)**	**Number**	**Number**
National Life Assurance Co. of Ca	5	100%	0	0%	0	5
National Underwriters LIC	1	100%	0	0%	0	1
NFU	27	96%	1	4%	7	35
Ohio LIC	2	100%	0	0%	0	2
OSL	40	100%	0	0%	95	135
Presidential	0	--	0	--	1	1
Puritan LIC	17	94%	1	6%	11	29
Pyramid LIC	21	100%	0	0%	2	23
Security Benefit	0	--	0	--	1	1
Southern Christian LIC	1	100%	0	0%	0	1
Southern Equitable	1	100%	0	0%	0	1
Southern States LIC	5	83%	1	17%	0	6
State Life and Health IC	2	100%	0	0%	0	2
UFL	7	88%	1	13%	6	14
University LIC of America	11	100%	0	0%	11	22
Valley Forge LIC	0	--	0	--	2	2
Victory LIC	35	100%	0	0%	4	39
Victory Mutual LIC of Chicago	0	0%	51	100%	6	57
Unknown (2)	2	67%	1	33%	159	162
Total	720	79%	190	21%	383	1,293

(1) Percentages based on the samples where race had been identified.
(2) Insufficient data provided for requested samples.

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Rating Reasons [1] in Phase II, IV and V Samples

Attachment 15

	Race: White				Race: Non-white				Race: Unknown				
Issuing Company	Med./Occ./ Misc.	Race	None Found	Subtotal	Med./Occ./ Misc.	Race	None Found	Subtotal	Med./Occ./ Misc.	Race	None Found	Subtotal	TOTAL Number
American Pacific Life	0	0	0	0	0	0	0	0	0	0	1	1	1
American Preferred LIC	0	0	0	0	0	0	1	1	0	0	0	0	1
American Republic Life	0	0	0	0	0	0	0	0	0	0	1	1	1
Beneficial Standard LIC	100	0	32	132	71	11	15	97	4	0	2	6	235
Carolina Home	0	0	1	1	0	0	0	0	0	0	0	0	1
Central National LIC of Omaha	1	0	3	4	0	0	0	0	0	0	1	1	5
Charter National LIC	0	0	0	0	0	0	0	0	0	0	1	1	1
Coastal States LIC	0	0	5	5	1	3	3	7	0	0	0	0	12
College LIC of America	198	0	51	249	8	0	0	8	6	0	7	13	270
Empire LIC	0	0	1	1	0	0	0	0	0	0	5	5	6
Farm and Ranch Life	1	0	0	1	0	0	0	0	0	0	0	0	1
Fidelity Interstate LIC	5	0	2	7	7	0	0	7	1	0	1	2	16
Fidelity Standard	2	0	0	2	1	0	0	1	0	0	0	0	3
Financial Assurance	0	0	1	1	0	0	0	0	0	0	0	0	1
First Equity Life	0	0	1	1	0	0	0	0	0	0	0	0	1
First Pyramid LIC of America	1	0	10	11	0	0	0	0	0	0	0	0	11
FL State Life and Health	0	0	0	0	1	0	0	1	0	0	0	0	1
Great Plains LIC	0	0	3	3	0	0	0	0	0	0	0	0	3
Great Western LIC	1	0	2	3	0	0	0	0	0	0	0	0	3
GSL	18	0	2	20	1	0	2	3	0	0	0	0	23
Guardian	1	0	1	2	0	0	0	0	0	0	0	0	2
Guardsman LIC	0	0	6	6	0	0	0	0	2	0	32	34	40
Integrated Resources LIC	0	0	0	0	0	0	0	0	0	0	1	1	1
Investors Guaranty	0	0	0	0	0	0	0	0	0	0	1	1	1
Kennesaw Life & Accident IC	3	0	4	7	0	0	1	1	0	0	0	0	8
Lee National LIC	0	0	1	1	2	0	1	3	0	0	0	0	4
Life of Mid-American IC	5	0	4	9	0	0	0	0	0	0	0	0	9
Lincoln National LIC (BSLIC)	1	0	0	1	0	0	0	0	0	0	0	0	1
Loyalty LIC	0	0	0	0	0	0	0	0	0	0	1	1	1
National College & University LIC	0	0	1	1	0	0	0	0	0	0	0	0	1
National Educators LIC	8	0	7	15	5	0	0	5	1	0	1	2	22
National Executive LIC	0	0	2	2	0	0	0	0	0	0	0	0	2
National Investors LIC	40	0	18	58	0	0	0	0	5	0	4	9	67

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Rating Reasons [1] in Phase II, IV and V Samples

	Race: White				Race: Non-white				Race: Unknown				
Issuing Company	Med./Occ./ Misc.	Race	None Found	Subtotal	Med./Occ./ Misc.	Race	None Found	Subtotal	Med./Occ./ Misc.	Race	None Found	Subtotal	TOTAL Number
National Life Assurance Co. of Canada	0	0	5	5	0	0	0	0	0	0	0	0	5
National Underwriters LIC	0	0	1	1	0	0	0	0	0	0	0	0	1
NFU	10	0	17	27	1	0	0	1	5	0	2	7	35
Ohio LIC	0	0	2	2	0	0	0	0	0	0	0	0	2
OSL	10	0	30	40	0	0	0	0	15	0	80	95	135
Presidential	0	0	0	0	0	0	0	0	1	0	0	1	1
Puritan LIC	8	0	9	17	1	0	0	1	11	0	0	11	29
Pyramid LIC	13	0	8	21	0	0	0	0	1	0	1	2	23
Security Benefit	0	0	0	0	0	0	0	0	0	0	1	1	1
Southern Christian LIC	0	0	1	1	0	0	0	0	0	0	0	0	1
Southern Equitable	1	0	0	1	0	0	0	0	0	0	0	0	1
Southern States LIC	2	0	3	5	1	0	0	1	0	0	0	0	6
State Life and Health IC	0	0	2	2	0	0	0	0	0	0	0	0	2
UFL	6	0	1	7	0	0	1	1	1	0	5	6	14
University LIC of America	5	0	6	11	0	0	0	0	10	0	1	11	22
Valley Forge LIC	0	0	0	0	0	0	0	0	2	0	0	2	2
Victory LIC	14	0	21	35	0	0	0	0	2	0	2	4	39
Victory Mutual LIC of Chicago	0	0	0	0	34	0	17	51	2	0	4	6	57
Unknown [2]	1	0	1	2	1	0	0	1	4	0	155	159	162
Total	455	0	265	720	135	14	41	190	73	0	310	383	1,293

(1) As determined by examiners through review of documents provided by Americo.

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Rating Reasons [1] in Phase II, IV and V Samples (Target Only)

Attachment 15.1

	Race: White				Race: Non-white				Race: Unknown				
Issuing Company	**Med./Occ./ Misc.**	**Race**	**None Found**	**Subtotal**	**Med./Occ./ Misc.**	**Race**	**None Found**	**Subtotal**	**Med./Occ./ Misc.**	**Race**	**None Found**	**Subtotal**	**TOTAL Number**
Beneficial Standard LIC	100	0	32	132	71	11	15	97	4	0	2	6	235
Carolina Home	0	0	1	1	0	0	0	0	0	0	0	0	1
Coastal States LIC	0	0	5	5	1	3	3	7	0	0	0	0	12
Fidelity Interstate LIC	5	0	2	7	7	0	0	7	1	0	1	2	16
GSL	18	0	2	20	1	0	2	3	0	0	0	0	23
Lee National LIC	0	0	1	1	2	0	1	3	0	0	0	0	4
National Educators LIC	8	0	7	15	5	0	0	5	1	0	1	2	22
National Investors LIC	40	0	18	58	0	0	0	0	5	0	4	9	67
OSL	10	0	30	40	0	0	0	0	15	0	80	95	135
Pyramid LIC	13	0	8	21	0	0	0	0	1	0	1	2	23
UFL	6	0	1	7	0	0	1	1	1	0	5	6	14
Victory LIC	14	0	21	35	0	0	0	0	2	0	2	4	39
Total	214	0	128	342	87	14	22	123	30	0	96	126	591

(1) As determined by examiners through review of documents provided by Americo.

Americo Life, Inc. **Attachment 16**

TDI Race Based Premium Exam

Summary of Race Distribution Based on Phase VI Samples (Pre-1950 issues)

	Sample Policies			
Issuing Company	**Race: White**	**Race: Non-white**	**Race: Unknown**	**TOTAL**
	Number	**Number**	**Number**	**Number**
Acme LIC	2	0	0	2
Banks Savings LIC	16	0	2	18
Central LIC	11	0	0	11
College LIC of America	18	0	2	20
Cosmopolitan LIC	11	0	0	11
Dixie Insurance Co	2	0	0	2
General LIC of America	7	0	0	7
Lee National LIC	2	0	0	2
National Educators LIC	15	1	4	20
National Farmers Union	1	0	1	2
National Life Assurance Co. of Canada	2	0	0	2
National Security LIC	4	0	1	5
National Union Security Association	7	0	0	7
Oklahoma LIC	1	0	0	1
Planet Ins Co	1	0	0	1
Prof & Business Men's LIC	2	0	0	2
Progressive LIC	1	0	0	1
Puritan LIC	3	0	0	3
Pyramid LIC	49	0	2	51
South Plains LIC	0	0	1	1
Southern States LIC	2	0	0	2
TX State LIC	10	0	0	10
United Fidelity	1	0	0	1
United Fidelity LIC	6	0	0	6
United Fidelity Life	5	0	0	5
Victory LIC	0	1	3	4
Victory Mutual LIC	0	89	28	117
Unknown (1)	2	0	184	186
Total	181	91	228	500

Americo Life, Inc. **Attachment 16**

TDI Race Based Premium Exam

Summary of Race Distribution Based on Phase VI Samples (Pre-1950 issues)

Five Policy Samples Reviewed that were Rated at Issue

Issuing Company	Race	Rating	Reason for Rating (2)
College LIC of America	White	Table E	Asthma
National Educators LIC	Black	Table B? (hard to read)	Race
National Educators LIC	Unknown	Table B	Bronchitis
Victory Mutual LIC	Black	Table A	Weight
Victory Mutual LIC	Black	Table D	Medical-enlarged thyroid

(1) Insufficient data provided for requested samples.
(2) As determined by examiners through review of documents provided by Americo.

Attachment 17.1
(National Educators LIC)

APPLICATION TO NATIONAL EDUCATORS LIFE INSURANCE COMPANY
of Fort Worth, Texas

$1,000.00 ONLY **BY MAIL**

PART I

I hereby make application for insurance in the NATIONAL EDUCATORS LIFE INSURANCE COMPANY, Fort Worth, Texas, and agree that the statements and agreements herein are made for the purpose of securing this insurance and I declare that all such statements are complete and true without exception unless such exception is indicated.

1. My full name is (Print full name here)
Dickson James Emmett
Given Middle Surname

2. My residence is No. ..... Street
(or) Rural Route No. ..... being about ..... miles ..... from
Hawkins Wood Texas
(City or Town) (County) (State)
Where I lived Hawkins 8 years
I previously lived at Crockett, Tex

3. My business address is No. ..... Street
Hawkins Texas
(City or Town) (State)
Where I am employed by Jarvis College
(Name of Employer)
in the position of Teaching

4. I do not contemplate foreign travel, or change of residence or occupation, except None

5. I was born in the State of Tex on 5 4 1909
Month Day Year

5a. My age on last birthday was 33

6. I am married ~~single, widow, widower~~. (Strike out three.)

7. I apply for $1000.00 insurance on the 20 Pay L Plan.
Check with X ( ) Waiver of Premium ( ) Double Indemnity

8. I desire policy dated ..... and I agree that the policy years shall end on successive anniversaries of said date. I also agree that the insurance hereby applied for shall not take effect until the payment of the first premium and the approval of this application by the Company.

9. I wish the policy to be paid at my death to
Thelma Chatman Dickson
(Print Full Name of Beneficiary or Beneficiaries)
related to me as Wife
and aged 33 years - reserving the right to change the beneficiary.

10. I am now insured in any company, association or society, except:
In None for $ ..... issued .....
In ..... for $ ..... issued .....
In ..... for $ ..... issued .....
In ..... for $ ..... issued .....

I have never made an application for any Life, Accident or Health Insurance upon which a policy was issued at an increased rate or upon which a policy was not issued, or, if issued, was canceled or recalled, except:
None

FOR HOME OFFICE ENDORSEMENTS ONLY

12.

JUL 20 1942

1942-7-20
1909-5-4
33-2-16

(33)

13. I agree (a) that I will present myself promptly to an authorized examiner of the Company for examination, if required, and hereby relieve the Company of any responsibility for securing such examination; (b) that no statements, promises, representations, notices or information made or given by or to the person soliciting or taking this application, or by or to any other person, shall be binding on the National Educators Life Insurance Company or in any manner affect its rights unless same be reduced to writing and submitted to the Company at its Home Office as a part of this application; (c) that any physician may disclose to the National Educators Life Insurance Company, its successors or assigns, any facts or information communicated to or acquired by him as my physician, and I waive any and all provisions of law which now or may hereafter exist, exempting or prohibiting any physician from disclosing any facts acquired in his professional capacity or rendering such physician incompetent as a witness; (d) that in case the Company should issue a policy different from that applied for herein or in case of apparent errors or omissions in this application, the Company is hereby authorized to amend it by recording the change in Section 12 above, and that my acceptance of any policy issued as a result of this application shall constitute a ratification by me of said application so changed or amended.

14. I have paid with this application the sum of $ 33.56 to apply on the first premium, on condition that, if risk is not assumed by the Company, the sum paid by me shall be returned by the Company.

15. I hereby authorize any physician to furnish to the National Educators Life Insurance Company, its successors or assigns, any facts or information communicated to or acquired by him as my physician.

Dated at Tatum, this 18th day of July, 1942

J. A. Pollard
Signature of Witness

Emmett James Dickson
Signature of Applicant

(OVER)

$1,000.00 ONLY JUL 20 1942 BY MAIL

NON-MEDICAL PART 1A

DECLARATIONS OF APPLICANT IN LIEU OF MEDICAL EXAMINATION

In continuation of and forming a part of my application to the NATIONAL EDUCATORS LIFE INSURANCE COMPANY, I declare that the statements and answers herein are also complete and true without exception.

1. If any insurance on your life has been secured without medical examination, state amount, company, and date issued; otherwise write "none."	None	4. Exact weight (clothed)?	221 pounds
2. Race and Nationality?	Negro	5. Has there been any change in your weight within past 3 years? (If so, give details.)	no
3. Exact Height (in shoes)?	6 feet 3 inches	6. Have you ever changed or been advised to change occupation or residence for your health? (If so, give details.)	no

7. FAMILY RECORD	IF LIVING Age	IF LIVING Condition of Health	IF DEAD Age at Death	IF DEAD Year of Death	IF DEAD Cause of Death	IF DEAD Previous Health
Wife or Husband	33	Good				
Father	58	Good				
Mother	50	Good				
Brothers						
No. Living 2	32, 30	all good				
No. Dead						
Sisters						
No. Living 1	28	Good				
No. Dead						

8. Are you now in good health and without deformity or impairment of sight or hearing? (If not, give details.)	yes
9. Have you within the past 3 years been associated with a consumptive as a relative, nurse or occupant of same house? (If so, give details.)	no
10. Have you any deformity or disability such as spinal curvature, lameness, loss or impairment of limbs, vision, hearing or speech? (If so, give details.)	no
11. Were you ever told or have you reason to believe you have abnormal blood pressure, or sugar, casts or pus in urine? (If so, give details.)	no
12. Have you ever been on a special diet or received drug injections? (Give details.)	no
13. Have you ever had or been affected with: Cancer, Tuberculosis, Syphilis, Epilepsy, Apoplexy, Paralysis, Mental Derangement, Kidney or Heart Disease, or Gall Stones? (If so, give dates, details, and physicians attending.)	no
14. Have you lost any time from work during the past 3 years on account of illness or injury? (Give dates and full details.)	no
15. (a) Have you ever had a surgical operation? (If so, give details below)	no
(b) Do you contemplate a surgical operation? (If so, give details below)	no
16. Have you had any illness or received any medical or surgical advice or treatment within the past 15 years? (If so, give details below.)	Answer definitely "Yes" or "No." no

DISEASE OR INJURY	DATE Year	DATE No.	DURATION	RESULTS	MEDICAL ATTENDANT

17. Have you ever raised or spit blood?	no	21. Are you now or have you ever engaged in the illicit sale or manufacture of intoxicants?	no
18. (a) Are you ruptured? (Describe.)	no		
(b) Is truss worn all or part time?	no		
19. Do you use or have you ever used cocaine, morphine, opium or any other drug? (If so, give details.)	no	22. Have you ever received compensation from the Government, any health and accident company, or any other source on account of illness or injury?	no
20. (a) To what extent do you use alcoholic beverages?	none	23. (a) Name of physician you usually consult?	Dr. M. L. Edwards
(b) Have you ever used them to intoxication?	no		
(c) If not used, how long have you been a total abstainer?	Life	(b) His address?	Hawkins, Tex

FEMALE QUESTIONAIRE

1. How many children have you borne? _____ Date of last confinement? _____ Respective ages of living children? _____
2. Give dates and causes of any miscarriages you have had _____
3. Are you now pregnant? _____ If so, how far advanced? _____ Have you passed, or are you now passing the change of life? _____
4. Do you have or have you had any menstrual disorder? _____ Do you have or have you had any disease or tumor of the breast? _____

Who is to pay premiums on the policy sought? _____ Relationship of such person? _____

Dated at Tatum this 17th day of July 1942

WITNESS: J. A. Policard Signature of Witness (OVER) Emmett James Dickson Signature of Applicant

L-ADULT

VERY IMPORTANT
Is name spelled correctly? If initials only appear, what is first name?

THE HOOPER-HOLMES BUREAU, INC.
LIFE UNDERWRITING INSPECTION REPORT
Form No. 175-J

CONFIDENTIAL

Name: DICKSON: ROBERT JAMES

Residence Address: Hawkins, Texas
Business Address: Teacher - Jarvis College
Date of Birth: 5-3-09
Date Rec'd: R-7-21-42---L--
District:

Insurance Carried Other Companies $:
Amt. Carried Your Company $:
Applied for Your Company $: 1000.
Applied for Other Companies $:
Agent: JAP
Dates Inspected:

Co. No. 4545 - 1

IDENTIFICATION

AGE : 33
OCCUPATION : teacher
MARITAL STATUS : married
BENEFICIARY : Thelma C. Dickson
RACE & NATIONALITY: Negro - American

FINANCES

NET WORTH $ 400.
EARNED INCOME $ 1200.
OTHER INCOME $ -
TOTAL INSURANCE $ 2000
INSURANCE HISTORY? No (Answer "Yes" or "No.")

INSURABLE INTEREST

1. What is relationship of BENEFICIARY to APPLICANT? wife
2. Is beneficiary DEPENDENT on applicant ? yes
3. Is beneficiary A PROSPECTIVE dependent of applicant ? yes
4. Would beneficiary suffer LEGITIMATE FINANCIAL LOSS if applicant should die ? yes
5. If ESTATE beneficiary who would be ultimate beneficiary? -

Is applicant a desirable life insurance risk so far as you can learn? Yes

ANY QUESTIONABLE FEATURE

1. Finances ? no
2. Habits ? no
3. Health ? no
4. Occupation? no
5. Standing ? no
6. Beneficiary ? no
7. Recreation ? no
8. Aviation ? no
9. Military Service? no
10. Environment ? no

Review answers above to be sure there are no errors, typographical or otherwise.
Remarks must be brief. Covers: Time known and when last seen; Permanency in this country; How long in present occupation; Past occupations and prospect of return to them; Physical description; Personal and Family Health history. Follow Life Guide throughout.

OK
MK

OCCUPATION - FINANCES:
The applicant is a teacher at the Jarvis College at Hawkins, Texas where the has been for over 5 years. He is a steady employee and expects to assume his activities at the college in the Fall. Is not known to have any regular work during the summer vacation period. Income is sufficient for his demands and merchants advise that he keeps his obligations paid promptly.

HABITS - HEALTH - HABITS:
Is 33 years of age and married living with his wife and family in [illegible] under ordinary conditions. Mingles with a good class of [illegible] of his own race and personal reputation is favorable. Presents [illegible] appearance and informants know of no past serious illnesses [illegible] Subject to no drinking criticism.

[illegible]
Reported to have a 2A classification and no inclination toward military service.

R-8-3-42---DALLAS OFFICE

AUG 4 1942

H. H. B.
L-ADULT

Policy No.	Amount	Date of Policy	PREM. PAYABLE
468	$1,000.00	8-10-42	Annually

Name: Dickson, Lynes Ernest

Add. Jarvis College

Town Hawkins

County Wood State Texas

Occup. Teacher

Born 2-4-1909

Other Nos.

Agent J.A.P., B.A.

Beneficiary Thelma Chatman Dickson, Wife

Plan 20 Pay Life Age 35

Kind	Annual	S.A.	Q.	Mo.
Life	37.51	15.87	8.09	2.75
Dis.				
D.I.				
Essex	3.05	1.59	.81	.28
P.P.				
Total	33.56	17.46	8.90	3.03

Prem. Reduces 19 To

Nets 1st Yr. Res.

NATIONAL EDUCATORS LIFE INSURANCE CO.
Fort Worth, Texas

Date

MEMORANDA

3.03
70
6060

AGENT:

Joint With:

AGENTS' ACCOUNT DETAILS	ITEMS
Total Premium (see details above)	$ 33.56
DEDUCT: 55 % Commission on $ 33.56 and % on $ and % on $	$ 26.85
Total net due Company	$ 6.71
Cash with Application	$ 33.56
Balance Due	$ —

NOTICE: This Policy must be delivered before or returned for cancellation. O. K.

Form 698

HOME OFFICE MEMORANDUM

P.A.

NAME	PLAN	POLICY DATE	AGE	AMOUNT	POLICY NO.
Emmett Dennis Dickson ~~Dickson James Emmett~~ (col.)	20 P. Life	6-10-42	33	1,000.00	468

TEACHING ADDRESS, STREET No. OR R. R.	CITY	COUNTY	STATE
Jarvis College	Hawkins	Wood	Tex.

HOME ADDRESS, STREET No. OR R. R.	CITY	COUNTY	STATE
Hawkins		"	"

OCCUPATION	DATE OF BIRTH	BENEFICIARY	RELATION
Teacher	5-4-1909	Thelma Chatman Dickson	Wife

PREVIOUS INSURANCE OR REJECTIONS

NUMBER	AMOUNT	STATUS
	$	

PREMIUMS

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	R. D.
LIFE	$ 30.51	15.87	8.09	2.75	
DIS.					
D. I.					
EXTRA 0	3.05	1.59	.81	.28	
TOTAL	$ 33.56	17.46	8.90	3.03	

DATE APP. RECD.	APPLICATION REGISTER	INITIAL TERM FROM	PREMIUM	1st YR.	NET PREMIUM RENEWAL
7-20-42	7-20-42	No. MONTHS	$ 33.56		

POLICY WRITTEN BY	POLICY CHECKED BY	CARDS WRITTEN BY	CARDS CHECKED BY	REGIONAL SUPERVISOR	AGENT
G.P.	WL R & GP	AM	AM & GP		

POLICY SENT TO	DATE POLICY MAILED	DISTRICT MANAGER	AGENT
applicant			JA P

MEDICAL DEPARTMENT

IMPAIRMENT RECORD	NON-MEDICAL	MEDICAL	INSPECTION ORDERED
none	yes		7-20-42

INDEX CLEAR	IMPAIRMENT RECORD	STATEMENT FEE	EXAMINER	REPORT RECEIVED	INSPECTION RECEIVED
yes	none				8-4-42

REPORTED

DATE

INFORMATION WANTED

REINSURANCE

COMPANY	POLICY OR CESSION No.	LIFE	DISABILITY BENEFIT	ACCIDENTAL BENEFIT

APPROVED	POSTPONED No.	DECLINED No.	LAPSED AND RESTORED
8-5-42 MR.			LAPSED
			RESTORED
			LAPSED
			RESTORED
			LAPSED
			RESTORED

Attachment 17.2
(Pyramid LIC)

SYNOPSIS

NAME Harvey A. Tardy's Fam AGE 3 Wks RESIDENCE Texas RACE W

HOW INDEXED Tardy

INDEXED BY MLO DATE 4-17

OTHER FILES 36136 A-C-Bend applications

CODES None

	*	Per Cent	Code
Residence			
Race	*		
Code	*		
Occupation			
Build			
Per. Hist.			
Phys. Cond.			
F. H.			
Habits			
Inspection			
Finances			
Plan	*		
Beneficiary	*		
Ins. in Force			
Agent	*		
Examiner			
T O T A L			

OCCUPATION Baby RATING _____ AVIATION ACTIVITIES _____

PERSONAL HISTORY AND PHYSICAL CONDITION

3 Wks. $500 1-8 8 N 8

URINALYSIS _____

FAMILY HISTORY _____

HABITS, MORALS, ETC. ok

NETWORTH _____ ANNUAL INCOME _____ FINANCES ALLOW _____ INS.

POLICY AMT. 500 PLAN POLICY FG W.P. DIS. _____ D.I. _____ B.I. _____ D.H. _____ F.R.P. _____

BENEFICIARY Father

OTHER INSURANCE		OTHER PYRAMID INSURANCE		RETENTION THIS POLICY		REINSURED THIS POLICY	
Life		Life		Life	500	Life	
W.P. Dis.	?	W.P. Dis.	None	W.P. Dis.		W.P. Dis.	
D.I.	?	D.I.		D.I.		D.I.	
B.I.		B.I.		B.I.		B.I.	
D.H.		D.H.		D.H.		D.H.	
F.R.P.		F.R.P.		F.R.P.		F.R.P.	

Agent R. L. Ewing Contracted Yes W.A.B. _____

Examiner MM Appointed _____ W.E.B. _____ Medical Entered _____

Remarks:

(addition)

RATE _____

BENEFITS NOT GRANTED _____

APPROVED 4/22/39 Jo Petty

Form 3-019-2

Attachment 17.3
(College LIC)

Roll 1029

COLLEGE UNIVERSITY CORP.
COLLEGE LIFE INSURANCE
UNIVERSITY LIFE INSURANCE

APPLICATION DATA SHEET

Name	Amount	Date Rec'd	Date Appl.	Agent
James Scott Fleming	7,500	1-25-49	1-19-49	Sohn

Age	Birth Date	Mass. Ord. By Agent	Mass Ord. by H. O.	Date Mass. Received
22	[illegible]	Yes		1-24-49

UNDERWRITERS' DATA		D	C	IRREGULARITIES		Agent	Mass
Build	Height 6'3" Weight 160# 10-15# loss	4		Age	OK		✓
Measurem't	Chest 38" Abdomen 29"			Ipce	W		✓
Plan				H. Ltr.	W		✓
Occupation				Previous Record			
Family History	T.B. Long. Cause			Amend.	W		✓
Medical History	Elbow injury '47 - 1 mo.			Request	W		✓
	Appendectomy '43			Settle.	OK		✓
Current Findings				Bene.	OK		✓
BP. 124/82 Temp. 98.6 Pulse 66 Micro				Complete	OK		✓
Retinal vessels corrected to 20/20 w/ lenses							
4-F in draft because [illegible]							

DATE	UNDERWRITERS' ACTION	SPECIAL NOTES
1/25/49	Ltd w/ bene, subj RCB, Christie Clinic	
	[illegible]	
	Ronald Leonard	See Reverse Side
3-24-52	Approved by Medical Director [illegible]	

UNDERWRITERS' REQ.	
Form 120	
✓ Form 1011	1-25-
Form 1032	
Form 1036	
Inspection	
Western Un.	

Memo:

REINSURANCE ACTION

Preliminary	Formal
Application To: Am. United L.N.L.	Cession to: Am. United L.N.L.
Life: $ Rate	Life: $ Rate
MID $ W.P. $ Rate	MID $ Rate
Date Forwarded / Date Received	Date Forwarded
DI to L.N.L. $ 5000 / 7500 Rate	DATE 1-19-54 Cession No. 2611 RO

RECAPTURED

Accepted $ 7500 Rate std MID $ 35-00 WP $ none DI $ 30-00 Hal Med. Spec.

Requirem'ts for Issue	Hold	113-B	1014-B	1012		
						none

S.E. Insurance: From	To
Requirements for Delivery	1044 ✓ 1012 Send to Nelson at Glenning Temple

UNDERWRITER	
Date	By
1/25/49	[illegible]
APPROVED	
Date	By

Form 1024

Attachment 17.4
(University LIC)

COLLEGE UNIVERSITY CORP.
COLLEGE LIFE INSURANCE
UNIVERSITY LIFE INSURANCE

APPLICATION DATA SHEET

Name	Policy No.	App. Rec'd.	Amount	App. Dated	App. Log Record
Cheryl Lynn Walker	513 603	1-11-67	1,500	1-6-67	Jan. 11-9

Age	Birth Date	Agent	IPB Amount	Date Exam Rec'd.	By:
9	3-3-58	Fulton		Non-med	PJ.

UNDERWRITERS DATA

		Dr.	Cr.
Build & Measurements	Height 4 ft. 4 in. Weight 74 lbs. Overweight: % Underweight: Chest: — Abd'men: —		
Current Findings	B.P: — Temp: — Pulse: — Micro: —		
Medical History	Neg.		
Plan & Occupation			
Military	☐ N.R.O.T.C. ☐ A.F.R.O.T.C. ☐ R.O.T.C. ☐ Active duty in:		
Family History			

IRREGULARITIES

Age	OK	Settlement	OK
Race	W	Complete	Y
Base.	OK		

PREVIOUS INSURANCE

Policy Number	Amount
65018 (SA)	3-13
7895 E	

Memo:

DATE	UNDERWRITERS ACTION	SPECIAL NOTES
1/11	Std Risk	
1/21/67	Appr. addition of Payor Benefit. Sur. Physician's report on owner dated 2-16-67 - Pol 65018	

Approved By Medical Director:

UNDERWRITERS REQ.

Form 4021	
Form 1032	
Form 1035	
Inspection	
Western Union	
M. I. B.	

Memo:

ACCEPTANCE

Life 1500 Rate Std

A.D&D. — Rate
A. D. — Rate
M. I. D. — Rate
W. P. — Rate
C. I.
R. P.
I. P. R. — Rate
A. D. — Rate
W. P. — Rate
R. P.
Pay D&D — Rate
Pay I. — Rate

REINSURANCE ACTION

☐ I.N.L. ☐ A.U. Preliminary Application Formal Cession

Life	$	Rate	$	Rate
AD or AD & D	$	Rate	$	Rate
Disability	$	Rate	$	Rate

Date forwarded — Date Accepted — Cession No.

ENDORSEMENTS, AMENDMENTS, RIDERS & SPECIAL INSTRUCTIONS

1012	✓	1321		Memo: Issue policy for $1,500 Std Up premium waived due to father's death of aneurism.
A1012		U1322		
1044A	✓	1323		
1070		1325		
1073		1326 for		
1074			N.C.R.	
1084		1331	New Note	✓
1320		2150	Cash Prem.	✓

Underwriting By: Date: 1-11-67 | Approved: By: Date: | Rec'd. for Issuer By: Date: 1-11-67

Form U 1025.3 7/66

Attachment 17.5
(Oklahoma LIC)

HOME OFFICE DATA AND RATING SHEET

The Oklahoma Life Insurance Company

13556

POLICY NUMBER

Name	Occupation	Agent
NEWTON, Lillie Cristene	of Mother - Housewife	J. E. Lane

Street and No. or R. F. D. No.	Town	County	State
	Hydro	Caddo	Okla.

Medical Examiner	Medical Received	Regular Examiner (Yes) (No.)	Kind of Policy	Amount	Form No.
Dr. S. E. Williams	9-15-28		(Child's End.) 20 Pay Life E. 85	$1,000.	J

Beneficiary	Relationship
Lillie Belle Newton	Mother

Date of Application	Date Received	Date of Policy
9-15-28	9-15-28	9-15-28

OTHER OKLAHOMA LIFE POLICIES

No.	Date	Amount	Status
--	--	--	--

Extra Premium	Ann. $	S. A. $	Q. $	Mo. $
Life	19.76	10.28	5.24	
T. D.				
D. I.				
Total	19.76	10.28	5.24	
Ren'l Net	1838	919	459	
1st Yr. Net	670			

Age 8 Date of Birth Da. 21 Mo. Dec. Yr. 1920

PREVIOUS IMPAIRMENTS

TRANSIT	DATE	BY
Data Sheet Made	9-20-28	EH
Application Register	9-20-28	
Inspection Requested	9-15-28	
Inspection Received	9-21	
To Medical Dept.	9-21	
Photo Made	9-26	
Re-Insurance Dept.	10-3	
Policy Written	10-3	
Policy Checked	10-3	
App. Register No.		
Addressograph Plate		
Ditto Cards Made		
Policy Mailed To 1st Natl. Bank Hydro 10-3		

RATING	
Basic	
Race	
Family History	
Personal History	
Occupation	
Habits	
Physical Condition	
Habitat or Residence	
Plan Applied For	
Amount	
Total	

INSTRUCTIONS

	LIFE	D. I.	DIS.	COMPANY	DATE
Previous Insurance				XXXXXXXX	
Previous Re-insurance					
Retention				XXXXXXXX	
This Policy				XXXXXXXX	
New Re-insurance					
New Retention				XXXXXXXX	

MEMORANDA

Cash with Ap. $6.94

APPROVAL

Approved for Amount _____ $_____

Plan _____

Subject to Re-insurance _____ $_____

Subject to Extra Premium _____ $_____

Date _____

Med Director _____ Sec'y. _____

REJECTION

Declined / Postponed } Date _____

Cause (Code) _____

Reported: Date _____

Letter to Applicant and Agent _____

Med. Director _____ Sec'y. _____

Attachment 17.6
(Texas State LIC)

Texas State Life Insurance Co.
Dallas, Texas

HOME OFFICE MEMORANDA OF APPLICATIONS

Name of Applicant Linda Fay Baxter ✓ Policy No. 10,902
% Clyde W. Baxter
Address Route 1 ✓ City Lockney ✓ County Floyd ✓ State Texas ✓
Age 8 ✓ Date of Birth 6/1/41 ✓ State Texas ✓ Occupation Juvenile ✓
Policy Date 7/19/49 Application Date 7/19/49 ✓ App. Received 7/22/49 ✓ No. CO 2252 ✓

KIND OF POLICY

20 Pay Life ✓

AMOUNT

LIFE	Waiver Dis.	Incom. Dis.	Double Indemnity
1000.00 ✓	$	$ Ext.	$

PREMIUMS

	Annual	Semi-Annual	Quarterly	Monthly
Life	$ 21.20 ✓	$ 11.02 ✓	$ 5.62 ✓	$ 1.87 ✓
Disability	$	$	$	$
Double Indemnity	$	$	$	$
Total Std.	$ 21.20	$ 11.02 ✓	$ 5.62 ✓	$ 1.87 ✓
Extra Life	$	$	$	$
Extra Disability	$	$	$	$
Total Premium	$	$	$	$
Prem. 19.... and after	$	$	$	$
Prel. Term Prem.	$	$	$	$
Pro Rata Prem.	$	$	$	$

Memoranda

Beneficiary Clyde W. Baxter ✓

Relationship Father ✓
Policy to LF Suttle ✓

Agents Invoice to Same ✓

Renewals to 10% 2nd yr 5% 3rd to 6th yr. incl. on life premium

UNDERWRITING DEPARTMENT

Medical Received [illegible] Checked by [illegible]
Fee Credited H. O. Specimen Rec'd
Inspection Requested By Agent Received 8/10/49
Additional Information Received
Medical Examiner—Regular—Irregular

PREVIOUS APPLICATION RECORDS

Number	In Force	Life	Dis. Waiver	Dis. Income	D. I.
NONE					

Date of Birth Policy Index by by
Impairment File by by

RATING DATA

Sex		Build	ok	Habits	ok	Add. Inf.
Race	W. A.	Food Pres.		Financial	ok	
Physical Con'd	ok	Urinalysis		Gen' Insp.	ok	
Personal Hist.	ok	M. I. B.		Occupation	ok	
Family Hist.	ok	Conf. Report		Opinion	Std	

REINSURANCE DEPARTMENT

	Life	Dis. Waiver	Dis. Income	D. I.
Previous Reinsurance				
New Required				
Secured				

Date By Rating
Reinsurance Memo Made by
AUTOMATIC—FACULTATIVE

POLICY DEPARTMENT

Home office Memo Made 7/22/49 by RCH
Checked 8/15/49 by [illegible]
Application Cards Made by
Checked by
Completed Case Received After Action
Changes by Checked by
Case Numbered by [illegible] Date 8/15/49
Policy Written by [illegible] Checked by [illegible]
Cards Made by Checked by
Invoice Made by Checked by
Policy Released 8/16/49

RISK COMMITTEE

APPROVED
Date Aug 10-49
Special Instructions

[illegible] Medical Director Secretary
[illegible]

POSTPONED—DECLINED

Date
Medical Director Secretary

Attachment 18
(General LIC of America)

Juvenile
PART I

Application for Insurance in
GENERAL LIFE INSURANCE COMPANY OF AMERICA, Atlanta, Ga.

13329

1. Name of Applicant (the Nominator): John (First Name) Capus (Middle Name) Bull (Last Name)

STATEMENTS AND ANSWERS AS TO NOMINATOR:

2. (a) Residence: No. and St. (Or R. F. D.) 721 So. Liberty
(b) City or Town Spartanburg
(c) County Spartanburg State S.C.
(d) If in country, lives — miles in — direction from —

3. (a) Business Address: No. and St. 371 So Liberty
(b) City Spartanburg State S.C.

4. To what address shall mail be sent? Home

5. Occupation? Doctor

6. Name of Employer: Self

7. Full Name of Beneficiary for Insurance: John Capus Bull

8. Relationship to Child: Father

9. Race? Col

10. MALE or FEMALE

11. SINGLE MARRIED WIDOWED DIVORCED

12. Place of birth? Orangeburg (City and State)

13. Date of birth? Feb (Month) 7 (Day) 1910 (Year)

14. Age nearest birthday? 44

15. Name of child proposed for insurance (the child): Johnca (First Name) Camille (Middle Name) Bull (Last Name)

STATEMENTS AND ANSWERS AS TO CHILD:

16. (a) Relationship of child to Nominator? Daughter
(b) Does child live with Nominator? Yes

17. Give height and weight: — Ft. 31 In. 23 Lbs.

18. Is child deaf? No Dumb? No Blind? No

19. Does child have full and normal use of both hands, arms and legs? Yes

20. Has child any deformity? No

21. Father's age? 44 Condition of health? Good
Mother's age? 32 Condition of health? Good
Ages of living brothers? —
Ages of living sisters? 9 Good
Number of deceased brothers and sisters —

22. Any present or past history of Tuberculosis, Epilepsy or Insanity in child's family? (If "Yes," give particulars.) No

23. Give particulars as to any disease or ailment of child in last 10 years. None

24. Race? Col

25. MALE or FEMALE

26. Is child now in good health? Yes

27. Place of birth? Union County (City and State)

28. Date of Birth? Oct (Month) 25 (Day) 1953 (Year)

29. Age Nearest Birthday? 17 Mo

30. (a) Plan of Insurance? 20-12
(b) Nominator Death and Disability Waiver? No
(c) Double Indemnity? No (Answer "Yes" or "No")
(d) Amount of Insurance? 5000
(e) Premium? 93.60
( ) Annually
(X) Semi-Ann.
( ) Quarterly
( ) Monthly

31. Is there an application for insurance or for reinstatement of insurance, now pending on your life, or on that of child? (If "Yes," state on whose life, Company and amount.) No

32. Has any Company, Association or Society ever declined or postponed application for insurance or reinstatement of insurance on your life, or on that of child? (If "Yes," state on whose life and give dates and particulars.) No

33. Has any Company, Association or Society ever offered insurance at a higher premium or on a different plan from that for which applied on your life or on that of child? (If "Yes," state on whose life and give dates and particulars.) No.

34. What is total amount of insurance now in force on child's life? (List below)

(a) Company, Association or Society	(b) Amt. Life	(c) Amt. Db. Ind.	(d) Year Issued
N.Y. Life	2,600		1954

35. What is total amount of insurance now in force on Nominator's life? (List below)

(a) Company, Association or Society	(b) Amt. Life	(c) Amt. Db. Ind.	(d) Year Issued
Met.			1939
N.Y. Life	200,000		1954
Coastal Total			

36. Special Requests.

37. Corrections or Amendments (For Home Office Use): Correct age 1

In behalf of myself and of every person who shall have or claim any interest in any policy issued in consequence of this application, I hereby agree: (1) that all statements in this application are complete and true and are made by me as a consideration for the insurance herein applied for; (2) that my acceptance of any policy issued hereunder shall constitute agreement to its terms and conditions and shall constitute ratification of any corrections and/or amendments made by the Company in No. 37, Corrections or Amendments; (3) that there shall be no liability hereunder unless during the lifetime and good health of the Child proposed for insurance and of myself, in event any benefit is issued on my life, a policy is issued hereunder by the Company, received by me and the full first premium paid thereon, and then liability of the Company hereunder shall be only as provided therein, nor shall the Company be bound in any way by any information or any statement made by or to any person unless such information or statement is made a part of such policy by the Company at its Home Office; however, if prior to the date of issue of such policy any sum is paid hereunder in exchange for the Company's Temporary Receipt therefor, then such policy issued, subject to its terms and conditions, shall become effective on its date of issue and shall be continued for the period of the full first premium thereunder if such sum paid equals such full first premium, or shall be continued for such fractional part of the period of such full first premium as such sum paid bears to such full first premium; (4) that if for any reason the Company shall decline to issue a policy hereunder, I will accept the return of any sum paid hereunder and will surrender to the Company its Temporary Receipt given in exchange for such sum paid; (5) that I will submit Part II Non-Medical Application, with respect to the Child and to myself, if requested by the Company; (6) that I will submit the Child and/or myself for examination by Medical Examiner of the Company if requested by the Company; (7) that the designation of party or parties as [illegible] under any policy issued hereunder shall be subject to revocation, as provided in such policy, unless request to the contrary is made in this application.

Witnessed by Homewood & Moore Agent
[illegible] Branch Office

Dated at Spartanburg S.C. this — day of May 19—

X John Capus Bull
(Signature of Applicant (the Nominator)—Write name in full)

Form ApO 3—5M—2-48

3281

AGENT'S REPORT: It is important that complete answers be given to each question.

WITH REFERENCE TO APPLICANT (THE NOMINATOR):

1. How long and how intimately have you known the applicant?	Just met
2. How frequently have you seen applicant?	Once
3. Is general appearance that of health and vigor?	yes
4. What is the general build?	Over
5. What is your estimate of applicant's annual income?	—
6. What is your estimate of applicant's financial worth?	—
7. Has the applicant any income other than that derived from occupation stated in the application?	no
8. Is there reason to suppose that applicant leads or has led other than a strictly temperate life?	no
9. Do you learn anything affecting the risk which is not stated in the application?	no
10. If insurance is granted, by whom will the premiums be paid?	Nominator
11. Are you related in any way to this applicant, or have you any pecuniary interest in the life of the same?	no
12. Was this application secured by your personal efforts—or suggested to you by an Agent of another Company?	yes self.
13. Did you personally ask applicant each question?	yes

14. In your opinion, is applicant a
FIRST CLASS ✓ AVERAGE ___ MEDIUM ___ POOR ___ risk?
Answer definitely:

15. Do you unqualifiedly recommend applicant for insurance at standard rates? yes		Substandard?

WITH REFERENCE TO CHILD PROPOSED FOR INSURANCE:

16. How long and how intimately have you known the child?	Just met
17. How frequently have you seen child?	Once
18. Is general appearance that of health and vigor?	yes
19. What is the general build?	Average
20. Do you learn anything affecting the risk which is not stated in the application?	no
21. Are you related in any way to this child, or have you any pecuniary interest in the life of the same?	no
22. Are you personally acquainted with the family of the child?	no
23. Are home surroundings of the child favorable?	yes
24. Did you personally see the child?	yes
25. (a) Are all brothers and sisters of the child insured for at least the same amount as the amount herein applied for? (b) If "No," give name of each and amounts of insurance carried.	yes
26. For what particular purpose is the insurance?	Ins.

27. In your opinion, is child a
FIRST CLASS ✓ AVERAGE ___ MEDIUM ___ POOR ___ risk?
Answer definitely:

28. Do you unqualifiedly recommend child for insurance at standard rates? yes		Substandard?

29. I have requested Dr. _____
to complete { MEDICAL INSPECTION _____ / FULL MEDICAL EXAMINATION X }
to send SPECIMEN TO HOME OFFICE _____
on the life of _____ (answer definitely—Nominator, Child)

30. IN EVERY CASE GIVE NAMES OF THREE FRIENDS OF APPLICANT:—

—	Address —
—	Address —
—	Address —

Dated at Spartanburg S.C. this _____ day of May 1954

Homewood & Moore Soliciting Agent

REMARKS (Manager's Report):

Homewood 42½%
Moore 42½%
Lloyd 5%
Net 10%

3281-B

APPLICATION PART TWO, to THE GENERAL LIFE INSURANCE COMPANY OF AMERICA, Atlanta, Georgia

Every question must be asked the applicant by the Medical Examiner and the applicant's answers recorded in the Examiner's own handwriting and in ink. The applicant's signature must be made in the Examiner's presence. Examinations must be made in private.

1a. Full name	Johnca Camille Bull
1b. Date of birth	October 25, 1952
2. For how much insurance are you applying?	
3. Residence	100 Brannon St. Union, S.C.
4. Occupation, and how long so engaged?	None
5. Have you ever been a pilot or received instructions? *If so, give details.*	Date
6a. What are your habits in regard to the use of alcoholic beverages?	None
6b. Have you ever used alcoholic beverages to excess or intoxication? *If so, give full details.*	No
6c. Have you ever used morphine, cocaine or any narcotic drug? *If so, give full details.*	No
7a. Has any proposal or application to insure your life ever been made to any Company, Society, Association or Agent upon which a policy has not been issued as applied for?	No
7b. Have you an application now pending in another Company? *If so, what Company?*	No
8. Have you ever been discharged from military or naval service or been given a deferred draft classification for physical reasons? *If so, give full details.*	No

9. FAMILY RECORD	LIVING Age	LIVING State of Health	DEAD Age at Death	DEAD Cause of Death
Father	43	Good	—	—
Mother	34	Good		
Brothers and Sisters	1	Good		
Number Living	1			
Number Dead				

10. Have you been associated with a tuberculous person the past year? *If so, give date and details.*	No
11. Have you now any disease or disorder? *If yes, give full particulars.*	No
12. When did you last consult a physician and for what?	
Name of physician	
Address of physician	None
Illness	
Duration of illness	
13. Have you ever been in a hospital, clinic, sanatorium or institution for observation, treatment or operation? *If so, give date and details.*	No
Names of institutions	
Addresses of institutions	
Names of physicians or surgeons	

14. Have you ever had any of the following diseases or symptoms?	Answer each group "Yes" or "No." If "Yes," specify each one and explain below.
a. Apoplexy, Paralysis, Epilepsy, Loss of Consciousness, Dizziness, Nervous Breakdown, Headaches.	No
b. Asthma, Pleurisy, Spitting Blood, Chronic Cough, Tuberculosis, or other lung disease.	No
c. Heart Disease, Angina Pectoris, Chest Pains, Dropsy, Rheumatic Fever, Anemia.	No
d. Stomach or Duodenal Ulcer, Appendicitis, Disease of Bowel, Liver, Gall Bladder or Spleen.	No
e. Kidney Disease, Sugar in Urine, Blood in Urine, Kidney Colic or Stone, Diabetes.	No
f. Syphilis or a positive blood test, Tumor, Cancer or Goitre.	No
g. Has any physician in past five years found your blood pressure above normal?	No
i. Have you ever had X-ray, electrocardiogram or blood studies? If so, give full particulars.	No
j. Have you consulted any physicians or practitioners the past five years for any other causes?	No

In regard to those answered "Yes," give full particulars below.

Disease or Injury	Date	Number of Attacks	Details	Names and Addresses of Attending Physicians

15. To be answered when risk is a female.

a. If married, how long?	No	b. Number of children had?	No	c. No. living?	No	d. Age of youngest?	—	e. Are you pregnant?	—
f. Have you ever miscarried? *If so, give dates, cause and details.*	No	g. Have you passed the Menopause? *If so, when?*	No	h. Have you ever had a tumor or [illegible] of the breast, uterus or ovaries?					

I hereby agree that the above questions and answers shall form Part Two of my pending application for insurance, and also of any subsequent application by me for insurance in this Company, unless I then undergo another medical examination which by its terms is made a part of such application and of subsequent applications.

I expressly waive on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder all provisions of law forbidding any physician, hospital official or employee, or other person who has heretofore attended or examined me, or who may hereafter attend or examine me, or who has been or may be consulted by me, from disclosing any knowledge or information thereby acquired and from testifying with reference thereto, and I expressly authorize such persons to make such disclosures, all to the extent permitted by law.

Witness Vastyne H. Pitts, M. D., Medical Examiner.

Dated this 11 day of August 1954

Johnca Camille Bull

Ruby S. Bull Mother
Signature of Applicant in Full

FORM HE (REV. 1-52) 3038

8-13-54 R.H.

Part Three—MEDICAL EXAMINER'S REPORT TO BE FILLED OUT IN PRIVATE

Make a very careful examination of heart and lungs with stethoscope against bare skin.

1a. Actual Weight Ordinary Clothing	32	1c. Actual Height in Shoes	Ft. 35 In.	2. Measurements of Chest, bared	Forced Inspiration 17	Forced Expiration 19	Cash of Abdomen 20 cm	3. Race N
1b. Did you weigh him?		1d. Did you measure him?	yes					
4. Has applicant gained or lost weight during the past year?	lbs. lost, lbs. gained 3 lbs. Cause Normal growth and development			5a. Pulse Seated 80	5b. Is Pulse Intermittent? If yes, describe and give frequency per minute. no			5c. Evidence of arteriosclerosis? no

		DETAILS
5. Do you find any evidence of past or present disease:	no	
6a. Of the Heart? *Describe and if murmur is present give timing and location. Give degree of hypertrophy.*	no	
6b. Of the Lungs? *Describe and give location.*	no	
6c. Of any of the Abdominal Organs? *Palpate for any areas of tenderness, masses, or enlargement of liver or spleen.*	no	
6d. Of the Skin, Ear, Middle Ear, Eyes, Throat?	no	
7. Nervous System. a. Are the knee-jerks absent? b. Are pupils unequal in size or the reflexes to light absent or sluggish? c. Are reflexes abnormal?	a. b. Normal c.	
8. Is there any enlargement of thyroid? *Is it symmetrical, asymmetrical, nocular, diffuse?*	no	
9. Are the lymphatic glands enlarged? *If so, describe.*	no	
10a. Is there a hernia? Describe it. b. Was it ever strangulated?	a. b. no	
11a. Is there any evidence of varicose veins or ulcers? b. Do they extend above the knees?	a. b. no	
12. Is applicant lame, maimed or deformed? *If so, describe fully.*	no	
13. Does applicant's appearance indicate good health?	good	

14. Were the circumstances under which you completed examination satisfactory? *If not, give details.*	Patient Infant
15. Was the urine examined voided by the applicant in your presence?	yes
16. What are the past and present habits of the applicant with regard to the use of stimulants and narcotics? Also general standing in the community?	no
17. Are you in any way related to the applicant or agent? *Which one and how related?*	no
18. How long have you known the applicant and how intimately?	Senior health

ADDITIONAL REMARKS—State any additional facts which may influence the character of the risk.

BLOOD PRESSURE

Time of Day ~~[illegible]~~ A.M. 12:30 P.M.

Auscultatory Systolic 80 mm. Diastolic 60 mm.

Did you take Diastolic at,—

Disappearance of all Sound (Phase V)? or Change of Sound (Phase IV)? Change of sound

URINALYSIS

Specific gravity? 1.012 Reaction? Acid

Albumen? neg Test used? Bromatest

Sugar? neg Test used? Benedict

Have you mailed Specimen to Home Office?

Mail specimen if over age 55, if there is albumen, sugar or any abnormality of urinary or cardiovascular system or history thereof, or if the amount of insurance applied for is $25,000 or more.

Name of Agent requesting exam.

I certify that I have carefully examined Johnna Bull whose signature is affixed to the foregoing declarations, and that the examination was made in private at my office / applicant's residence / applicant's place of business my office this 16 day of August 1954

Examined at Spartanburg (Town), Spartanburg (County), SC (State)

Vastone H. Pettis (Medical Examiner) M. D.

371 S. Liberty (P. O. Address of Medical Examiner)

Spartanburg S.C.

A FEE OF $7.50 WILL BE PAID BY THE COMPANY FOR THIS EXAMINATION.

This report is the property of the Company. It must not be given to the agent, withdrawn or destroyed by anyone. It should be delivered or mailed promptly to the Home Office of the Company. This examination must bear date of day when actually made.

3056-8

JOHNCA CAMILLE BULL — NEW BUSINESS WORKSHEET

Reins 8-18-54

ESF 5,000 Age 2

ANN	(S.A)	Qtly
185.00	96.20	49.05
Ex- 10.55	5.49	2.80
195.55	101.69	51.85

Homewood 42½% 43.22
Moore 42½% 43.22
Lloyd 5% 5.08
Net 10% 10.17
101.69

Benef. & Rel. JOHN CAPUS BULL, FATHER Age 44

2nd Benef. & Rel. Age

Equal or Cont.

Options:

FORM NUMBERS	REINSURANCE		
	Benefit	Amount	Cess. No. & Co.
	Life		
	D.I.		
	Dis.		
	A & S		

- [x] Hold for insp.
- [ ] Medical
- [ ] Phys. State
- [ ] Micro
- [ ] B. P.
- [ ] Exact Ht.Wt.
- [ ] Aviation Q.
- [ ] Other Cos.
- [ ] Age Amend
- [ ] Glucose
- [ ] Heart Chart
- [ ] E K G

Med.Rec'd	Dr.	Pd.$	Date	By
Med.Rec'd	Dr.	Pd.$	Date	By

SPECIAL INSTRUCTIONS:

Policy Mailed to — Address:

Effective Date — Date Mailed — By:

Form 2101

PAYMENT RECORD PRIOR TO ISSUE

Refund: Overcharge:
C.O.D.: Shortage:

Codes: Rated Table A
correct Date of birth
10/25/52

PREVIOUS RECORDS

Pol. No.	Amount	Date	Status
	N O	N E	

NUMERICAL RATING

Occupation Child: M. D.
Ht. Ft. In. 31 Wt. 23lbs.

Less Credits for Tot.

ROUTING	DATE	BY
Number Book		
Insp. Requ.	5/21/54	RP
Ack. Letter	5/24/54	EBK
Worksheet & Folder	5/21/54	Rp
Index Card		
App. Checked	5/21/54	RP
Calculations	8-17-54	RN
Calculations Ck'd	8-17-54	RN
Prel. Reins		
Reins. Sched.		
Approved: By:	Date	
Imp. Codes Rep.		
Policy Made	8-17-54	RN
Policy Checked	8/17/54	RN
Policy Signed		
Ditto Master		
Cards Posted		

L-JUVENILE—SPECIAL

Purpose of this report is to determine desirability as a life insurance risk of the child whose name appears below. See instructions on other side of blank. Use this form when child is under 15 years of age.

VERY IMPORTANT
Is name spelled correctly? If initials only appear, what is first name?

THE HOOPER-HOLMES BUREAU, INC.
JUVENILE LIFE INSPECTION REPORT
Form 1058-6 (12-48)
CONFIDENTIAL

STAMP RED BALL HERE

Name of Life Proposed (Child): BULL, JOSHUA CARLILE

Residence Address: Spartanburg, S.C.-721 S. Liberty
Date of Birth: 17 months

Name of Applicant: John Capus Bull
Relationship to Life Proposed: Father
Date of Birth: 48
Res. Address of Applicant: Spartanburg, S.C.-721 S. Liberty
Occupation and Name of Employer: Self-Doctor
Business Address: -

Date, etc.: 5-24-54-L-Juv.
District: Homewood & Moore
Co. No. 9744
Amount Applied for $: 5000
Amount Carried $: -

1. A—How long have you or each of your informants known the child or parents?	1. A 2-3 yrs.
B—How often is family seen or directly heard of by you or your informants? (If not within two weeks, explain fully under "Remarks.")	B 2 days
C—How many informants have been contacted?	C 2
D—Describe them. (Neighbors, employer, tradesmen, bank, etc.)	D personnel acquaintances — CONTACTS
2. A—Is child's age given above about correct? (If not, give correct age.)	2. A yes
B—Does child appear large, small or normal in size for ar ?	B normal
C—Does child appear normal mentally? (This applies to child over two years.)	C yes
D—Of what extraction is this child? (Italian, Greek, etc.) E—Race? (White, Negro, etc.)	D Negro E — THE CHILD
3. A—Does child appear to be in good health? (If not, explain fully.)	3. A yes
B—Does child have any lameness, deformity, defective sight or hearing? (If so, explain.)	B no
C—Do you learn of any sickness or injury this child has had? If so, what and when?	C no
4. A—Are moral and sanitary surroundings of home good? (If not, state fully.)	4. A yes
B—If old enough, is child regularly in school?	B -
C—Has child any regular employment during vacation or after school? (If so, describe exact duties.)	C -
5. A—How many children are in this family?	5. A 2
B—Give approximate ages of children not named above.	B 8 yrs.
C—Is health of children NOT named better than health of the child named?	C no
6. A—With whom does child live? (Give name and relation of this person to child. If child does not live with parents, explain why.)	6. A parents
B—Are father and mother living together? (If not, state why. Death or separation?)	B yes
C—Has this child lived in the same house with anyone having consumption or contagious disease? (If so, how long since?)	C no
D—Are parents in good health? (If not, state which is not; give cause of ill health.)	D yes
E—If either parent (or both) is dead, what was cause of death or nature of disease?	E -
7. Do you learn of any consumption, epilepsy, insanity or hereditary disease in the family? (If so, explain fully, giving name of person, relationship, and disease.)	7. no — THE APPLICANT
8. A—What is exact occupation of parent or guardian?	8. A Doctor
B—Describe his usual as well as occasional duties.	B Medical
C—Are any of his duties dangerous or in unhealthful or unfavorable surroundings? (If so, explain fully.)	C no
D—Does he ever ride in an aeroplane or engage in motorcycling, auto racing or any hazardous sport? (If so, explain fully.)	D no
9. A—Give liberal estimate of parent's or guardian's worth.	9. A $ 40,000
B—Give liberal estimate of parent's or guardian's annual income.	B $ 11,000
C—Has he any heavy debts or bad credit standing? (If so, state fully.)	C no
D—Does he own his home? E—If not, how much rent does he pay monthly?	D yes E $
10. A—Is either parent (or guardian) an excessive user of intoxicants? (If "YES," answer questions on other side.)	10. A no
B—Is either parent (or guardian) suspected of illegal manufacture or sale of liquor or engaged in any questionable activities? (If so, state fully.)	B no
11. Is this child a desirable life insurance risk so far as you can learn?	11. yes

12. REMARKS: Give below details of answers made above. Head your paragraphs under the three titles given below and make some comment under each.
(1) CONTACTS. Show how close informants' contact has been and whether they are in a position to really know about the family's affairs.
(2) THE CHILD. Show how the child spends his time. Cover own and family health record carefully.
(3) THE APPLICANT. Give social and business history. Cover habits, standing, home life and reputation. Show relationship to this child.

This report is on JOSHUA (First name) CARLILE (Middle name or initial) BULL (Last name)
Please record FULL NAME (Mr.—Mrs.—Miss) CORRECTLY SPELLED

CONTACTS: Contacted were two personal friends who have known for 2 & 3 yrs. and see almost daily.

THE CHILD: This child is about 17 months old and resides with his parents Mr. & Mrs. John Capus Bull, and brother, age 8. Child is in good health with no known injuries or illnesses. Parents and brother are also in good health. No known past injuries or illnesses or diseases that might affect health

THE APPLICANT: The applicant, John Capus Bull, father of this child, is married and resides with his wife and two children age, 17 months and 8 yrs. He is self employed as a doctor and has adequate income. He is not criticised in any way as to habits, business, associates or reputation.

OLS-pr-5-31-54-ATT-COLUMBIA OFFICE.
FILE INFORMATION MUST BE INCLUDED.

H. H. B.
L-Juv.-Spl.

(CONTINUE OVER)

COASTAL STATES LIFE INSURANCE COMPANY
ATLANTA, GEORGIA

Preliminary Application for Facultative Reinsurance

Enclosed are copies of pertinent papers relating to the risk named below.

Name of Applicant Johnoa Camille Bull State South Carolina

PREVIOUS INSURANCE

	LIFE	DISABILITY	D.I.	
Insurance in force ceding Company	$ None	$ None	$ None	Plan None
Of which we retain	$ None	$ None	$ None	Rated

INSURANCE NOW APPLIED FOR

	LIFE	DISABILITY	D.I.	
Amount	$ 5,000	$ None	$ None	Plan 20 - 12 E. S. F.
Of which we propose to retain	$ 3,500	$ None	$ None	

PARTICULARS OF REINSURANCE APPLIED FOR

Life reinsurance	$ 1,500	Plan A.R.T.
Disability	$ None	Type
Double Indemnity	$ None	
Other Benefits (kind)	$ None	
Juvenile Payor Benefits	$ None	☐ Death only ☐ Death & Disability

This case has / has not been submitted elsewhere for reinsurance.

REMARKS

Correct date of birth 10/25/52

Rated due to [illegible]

ACCEPTED
Rated [illegible] 8/14/54

Date 6/2/54 GENERAL LIFE INS. CO. OF AMERICA Company

FORM PA-REIN. -8-51

Formal Application To Be Forwarded On Receipt Of Approval

TO Mr. Ben W. Lacy, General Life

FROM Inge Henry, Reinsurance Dept.

AT

SUBJECT Johnca Camille Bull

Coastal States Life Insurance Company
Atlanta, Georgia

DATE June 4, 1954

WRITE ON ONLY ONE SUBJECT IN THIS LETTER

Please secure a physician's statement of the above applicant due to the race.

Inge Henry

THIS LETTER MUST BE SIGNED

Americo Life, Inc.
TDI Race Based Premium Exam
Summary of Potential Race Based Pricing Activities

Attachment 19

Issuing Company	Estimated Date/Era	Race Based Pricing (RBP) Activity [1]	Phase(s) RBP Activity Identified
Acme	1935 - 1954	B, C	1
Beneficial Standard LIC	3/1/1949-1960	A, B, C	1, 2, 4
Carolina Home Life	1945	B	1
Coastal States LIC	1954	B	2, 4
Fidelity Interstate LIC	1959	B	4
General LIC of America	1954	B	6
Great Southern Life	1936 - 1955	A, B	1
Lee National LIC	5/1/1929	A	1
Maryland LIC	1939 - 1948	A	1
National Educators LIC	1942	B	6
National Investors LIC	1963	B	2
Nat'l Masonic Provident	1934	B	1
Ohio State Life	1932 - 1948	B	1
Oklahoma LIC	1928	B	6
Pyramid	1931 - 1939	B, C	1, 6
Texas State LIC	1938 - 1947	B	6
United Fidelity Life	1933 - 1956	A, B, C	1
Victory LIC	1948	A	1

(1) Race based pricing activities utilized by the companies include the following:

A. Limiting the amount, extent, or type of coverage available by race.
B. Charging or collecting higher premiums for life insurance products based on race.
C. Assigning risk classifications based on race.

Americo Life, Inc.
TDI Race Based Premium Exam
2000 Life Insurance Premium Ranking

Attachment 20

	2000 Life Insurance Premium Rankings - States Highest to Lowest						
Company Name	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Americo Financial Life & Annuity Insurance Company [1]	CA	**FL**	**TX**	PA	OH		
National Farmers Union Life Insurance Company	CA	**TX**	IL	ND	**FL**		
Ohio State Life Insurance Company	NJ	OH	CA	**FL**	PA	**TX**	
United Fidelity Life Insurance Company	**TX**	CA	GA	NC	KS	**FL**	
Great Southern Life Insurance Company	**TX**	OT	CA	NC	GA	PA	**FL**

(1) Formerly known as The College Life Insurance Company of America.

ATTACHMENT 21

Americo Life, Inc. Group

Top Highest States

Based on Attachment 19 and 20 Combined

ST	State Name	Count	Attachment 19			Attachment 20		
TX	Texas	12	VA	Virginia	1	AK	Alaska	0
CA	California	11	AZ	Arizona	1	AL	Alabama	0
FL	Florida	10	AK	Alaska	0	AR	Arkansas	0
OH	Ohio	6	AR	Arkansas	0	AS	American Samoa	0
PA	Pennsylvania	5	AS	American Samoa	0	AZ	Arizona	0
GA	Georgia	4	CA	California	6	CA	California	5
IL	Illinois	2	CO	Colorado	0	CO	Colorado	0
KS	Kansas	2	CT	Connecticut	1	CT	Connecticut	0
NC	North Carolina	2	DC	District Of Columbia	0	DC	District Of Columbia	0
NJ	New Jersey	2	DE	Delaware	0	DE	Delaware	0
OK	Oklahoma	2	FL	Florida	5	FL	Florida	5
AL	Alabama	1	OH	Ohio	4	GA	Georgia	2
AZ	Arizona	1	GU	Guam	0	GU	Guam	0
CT	Connecticut	1	HI	Hawaii	1	HI	Hawaii	0
HI	Hawaii	1	IA	Iowa	0	IA	Iowa	0
LA	Louisiana	1	ID	Idaho	0	ID	Idaho	0
MI	Michigan	1	GA	Georgia	2	IL	Illinois	1
MO	Missouri	1	IN	Indiana	0	IN	Indiana	0
ND	North Dakota	1	IL	Illinois	1	KS	Kansas	1
OT	Aggregate Other Alien	1	KY	Kentucky	0	KY	Kentucky	0
SC	South Carolina	1	KS	Kansas	1	LA	Louisiana	0
VA	Virginia	1	MA	Massachusetts	0	MA	Massachusetts	0
AK	Alaska	0	MD	Maryland	0	MD	Maryland	0
AR	Arkansas	0	ME	Maine	0	ME	Maine	0
AS	American Samoa	0	LA	Louisiana	1	MI	Michigan	0
CO	Colorado	0	MN	Minnesota	0	MN	Minnesota	0
DC	District Of Columbia	0	MI	Michigan	1	MO	Missouri	0
DE	Delaware	0	MS	Mississippi	0	MS	Mississippi	0
GU	Guam	0	MT	Montana	0	MT	Montana	0
IA	Iowa	0	NC	North Carolina	0	NC	North Carolina	2
ID	Idaho	0	ND	North Dakota	0	ND	North Dakota	1
IN	Indiana	0	NE	Nebraska	0	NE	Nebraska	0
KY	Kentucky	0	NH	New Hampshire	0	NH	New Hampshire	0
MA	Massachusetts	0	MO	Missouri	1	NJ	New Jersey	1
MD	Maryland	0	NM	New Mexico	0	NM	New Mexico	0
ME	Maine	0	NV	Nevada	0	NV	Nevada	0
MN	Minnesota	0	NY	New York	0	NY	New York	0
MS	Mississippi	0	OK	Oklahoma	2	OH	Ohio	2
MT	Montana	0	PA	Pennsylvania	2	OK	Oklahoma	0
NE	Nebraska	0	OR	Oregon	0	OR	Oregon	0
NH	New Hampshire	0	OT	Aggregate Other Alien	0	OT	Aggregate Other Alien	1
NM	New Mexico	0	AL	Alabama	1	PA	Pennsylvania	3
NV	Nevada	0	PR	Puerto Rico	0	PR	Puerto Rico	0
NY	New York	0	RI	Rhode Island	0	RI	Rhode Island	0
OR	Oregon	0	NJ	New Jersey	1	SC	South Carolina	0
PR	Puerto Rico	0	SD	South Dakota	0	SD	South Dakota	0
RI	Rhode Island	0	TN	Tennessee	0	TN	Tennessee	0
SD	South Dakota	0	TX	Texas	7	TX	Texas	5
TN	Tennessee	0	UT	Utah	0	UT	Utah	0
UT	Utah	0	SC	South Carolina	1	VA	Virginia	0
VI	U.S. Virgin Islands	0	VI	U.S. Virgin Islands	0	VI	U.S. Virgin Islands	0
VT	Vermont	0	VT	Vermont	0	VT	Vermont	0
WA	Washington	0	WA	Washington	0	WA	Washington	0
WI	Wisconsin	0	WI	Wisconsin	0	WI	Wisconsin	0
WV	West Virginia	0	WV	West Virginia	0	WV	West Virginia	0
WY	Wyoming	0	WY	Wyoming	0	WY	Wyoming	0