STATE OF ALABAMA
COUNTY OF BALD WIN

TO ANY SHERIFF OF THE STATE OF ALABAMA:

You are hereby commanded to Summon The National Security Insurance Company of Elba, Alabama to appear and Plead, Answer or Demur within thirty days to the Bill of Complaint filed in the Circuit Court of said County by Eugenia M. Barnes as Plaintiff and against National Security Insurance Company of Elba, Alabama as Defendant.

Witness my hand this 3 day of Feb 1961.

Alice J. Duck
Clerk

Eugenia Barnes	)	In the Circuit Court of
Plaintiff	)	Baldwin County, ~~Alabama~~
Vs	)	At Law. No. 4586
National Security Insurance Company of Elba, Alabama	)	

The Plaintiff claims of the Defendant Two-Hundred Dollars due on two policies of Hospital and Surgical Insurance, whereby the Defendant on to-wit 7/15/60 contracted to pay Surgical Doctors and Hospital bills which might be incurred by the Plaintiff Onto-wit, October 11, 1960 the Plaintiff, a widow, entered Greenlawn Hospital in Atmore, Alabama for a condition covered by the said policy, where she had to remain until October 18, 1960, of which the Defendant had notice. Said Defendant has failed and refused to pay said bill. Said policies are the property of the Plaintiff.

Lowther F. McKinley
Attorney for Plaintiff

Plaintiff demands a trial by Jury.

Lowther F. McKinley
Attorney for Plaintiff

FILED
FEB 3 1961
ALICE J. DUCK, Clerk

4586 Elba

Eugenia Barnes

Plaintiff

Vs

National Security Insurance Company of Elba, Alabama

FILED
FEB 3 1961
ALICE L. DUCK, Clerk

SUMMONS AND COMPLAINT

Executed this 7 day of Feb. 1961

By leaving a copy of the within Summons and Complaint with Leslie B. Stevenson Defendant

President of National Security Ins. Co.

H. D. Tillman Sheriff

D. B. Adkins D. S.

EUGENIA BARNES,

Plaintiff,

VS.

NATIONAL SECURITY INSURANCE COMPANY OF ELBA, ALABAMA,

Defendant

IN THE CIRCUIT COURT OF

BALDWIN COUNTY, ALABAMA

AT LAW NO. 4586

MOTION TO SET ASIDE JUDGMENT BY DEFAULT

Your Petitioner, James R. Owen, as attorney for the Defendant in the above styled cause, moves the court to set aside the judgment by default heretofore rendered in this cause and for grounds therefor shows unto the Court and your Honor as follows:

The present suit was served on the Defendant on to-wit, February 7, 1961, and was immediately forwarded to its attorneys, J. C. Fleming and Lewey Stephens, Jr., at Elba, Alabama. One of the said attorneys for the Defendant, J. C. Fleming, has since become deceased and due to pressing business the surviving attorney, Lewey Stephens, Jr., did not forward the complaint in this cause to your Petitioner until Thursday, March 16, 1961; on the said date, March 16, 1961, the Plaintiff obtained a judgment by default against the Defendant in the amount of One Hundred Twenty-Six and 70/100 Dollars ($126.70);owing to unavoidable circumstances beyond the control of Petitioner, the Plaintiff obtained the judgment by default and the Defendant was not informed that the judgment by default had been taken against it until March 17, 1961.

Respectfully submitted,

J. R. O.

Petitioner and
Attorney for Defendant

FILED

MAR 20 1961

ALICE J. DUCK, CLERK
REGISTER

BK page 116A

Atmore, Ala., 10-18-60 19____

M. Eugenia A. Barnes

In Account With

GREENLAWN HOSPITAL

Operating Room				
Anaesthetic				
Patient's Room and Board	63.00			
Medicines	25.70			
Dressings				
Laboratory Work	10.00			
X-Ray				
Visitor's Cot				
Infant's Room and Board				
Special Nurse (12 hrs.) (24 hrs.)				
Telephone Calls Telegrams				
Heat Tent				
Electric Fan				
Cystoscopic Service				
Miscellaneous				
TOTAL	98.70			

DR. HAROLD Q. WILSON

1106 EAST CHURCH STREET

PHONES 573-574

ATMORE, ALABAMA_____196____

FOR PROFESSIONAL SERVICE Enquiry

Mrs J. B. Barnes

$40.00

Hospital Service 10-11-60
10-18-60

HAROLD Q. WILSON, M.D.

Office Phone 573
1106 E. Church Street

ATMORE, ALABAMA

Home Phone 1029
Reg. No. 9879

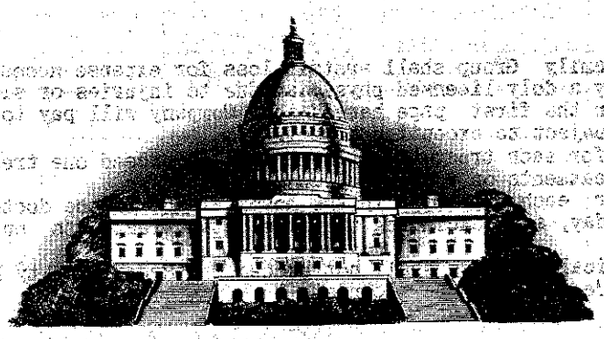
For _____ Age _____

Address _____ Date 3-11-61

℞

Mr. J. B. Barnes was
in the hospital from
10-11-60 through 10-18-60
for Acute Broncho
Pneumonia. My charges
were $49.00

THIS POLICY PROVIDES PAYMENT FOR HOSPITAL AND SURGICAL BENEFIT RESULTING FROM ACCIDENTAL BODILY INJURY OR BY SICKNESS AS HEREIN PROVIDED.



The National Security Insurance Company

Elba, Alabama

HEREBY INSURES the members of the family group (such persons hereinafter referred to as the Insured) listed on the application, a copy of which is attached hereto against expenses incurred by the Insured, while this policy is in force, and caused by hospital confinement anywhere in the world, or for other specified benefits herein set forth, resulting from (a) accidental bodily injury occurring during the term of this policy, said bodily injury hereinafter referred to as ''such injury'' or (b) sickness due to disease originating during the term of this policy, hereinafter referred to as ''such sickness,'' subject to all the provisions, conditions and limitations hereinafter contained.

INSURING CLAUSE

PART A HOSPITAL EXPENSE

(1) Accidental bodily injury received while this policy is in force, hereinafter called such injury, or

(2) Sickness as used in this policy means sickness, illness, or disease, which is contracted, and has its beginning while this policy is in force, and not less than 30 days from its date of issue, subject to the exceptions, reductions and limitations hereinafter expressed.

MISCELLANEOUS EXPENSE

If any member of the Family Group shall necessarily and actually incur expenses for materials and services due to injuries or sickness, and when such materials and services are provided by a hospital as herein defined the Company will pay to the Insured toward such expenses as follows:

The word ''Hospital'' as used in this policy, means only an institution operated pursuant to law for the care and treatment of sick and injured persons, at the expense of the patient, with organized facilities for diagnosis and major surgery, and continuous 24-hour nursing service by or under the constant and immediate supervision of trained and registered nurses.

(1) X-ray examinations, x-rays of the teeth excluded, electrocardiograms or metabolism tests not to exceed Fifteen Dollars (15.00) as the result of any one accident or any one sickness.

(2) Medicines, drugs, and dressings, exclusive of dietary supplements, such as vitamins and tonics, and exclusive of patent medicines, actually and necessarily provided from the doctor's supplies or by the doctor's prescription, not to exceed Thirty-Five Dollars ($35.00) after excluding the first Ten Dollars ($10.00) as a result of any one accident or any one sickness.

(3) Laboratory examinations, necessarily and actually made, not to exceed Five Dollars (5.00) as the result of any one accident or any one sickness.

(4) Use of oxygen not to exceed Fifty Dollars ($50.00) as the result of any one accident or any one sickness.

(5) Use of an iron lung not to exceed One Hundred Fifty Dollars ($150.00) as the result of any one accident or any one sickness.

(For Tonsillectomy, the total payable for such expenses shall not exceed $20.00)

The benefits, provisions and conditions printed or written by the Company on the following pages are part of this policy.

IN WITNESS WHEREOF, NATIONAL SECURITY INSURANCE COMPANY has caused this policy to be signed by its President and its Secretary.

NATIONAL SECURITY INSURANCE CO. SEAL ELBA ALABAMA

O. M. Eglish
Secretary

W. L. Bonnison
President

PRIVILEGE OF RENEWAL-RENEWABLE FOR LIFE AT PREMIUM RATES IN EFFECT AT DATE OF RENEWAL ON A CLASS BASIS

Form No. D-80

THE NATIONAL SECURITY INSURANCE COMPANY
ELBA, ALABAMA

This Policy provides payment for hospital and surgical benefit resulting from accidental bodily injury or by sickness as herein provided.

PRIVILEGE OF RENEWAL-RENEWABLE FOR LIFE AT PREMIUM RATES IN EFFECT AT DATE OF RENEWAL ON A CLASS BASIS

Form No. D-80

1 NAME OF INSURED	2 PLAN	3 AGE	4 DIST.	5 DEBIT	6 DAILY ROOM	6a MODE	7 MAXIMUM SURGICAL	FORM CODE	8 ISSUE DATE
BARNES EUGENIA	D80	58	2	2500	121	3	100	1	7 15 60

9 BENEFICIARY IF DIFFERENT FROM PREMIUM PAYOR		10	11 AMOUNT	12		
INDIVIDUAL	D80				1	FORM CODES MUST AGREE

13	14	15	16 YR. WK	17		18
			60071662			6 48

POLICY NUMBER	MODE OF PAYMENT	PREMIUM
	1. ANNUALLY 2. SEMI-ANNUALLY 3. QUATERLY 4. MONTHLY	

*Premium Waiver
An Asterisk printed in Schedule 6a indicates additional premium has been charged for premium waiver.

If this is a Family Group Policy, the names of the dependents, who are insured under this contract, may be found on the attached copy of the original application.

FILED
MAR 17 1961
ALICE J. DOCK, Clerk

APPLICATION FOR INSURANCE WITH NATIONAL SECURITY INSURANCE CO. OF ELBA, ALA.

Print Name of Applicant: BARNES (LAST) EUGENIA (FIRST) (MIDDLE) Age 58 Total Monthly Premium $ 2.25 Sex F

HOME OFFICE USE ONLY

Daily Room or Hosp. Indem.	Policy Series	Mode of Payment Check Proper Square	App. No.	Policy Date	Premium Payable
MEDICAL SURGICAL	D-80	1. ☐ A 2. ☐ SA 3. ☑ Q 4. ☐ M	121	Policy No. 600262	6.48

FULL NAMES OF OTHER MEMBERS OF THE FAMILY GROUP (PLEASE PRINT)	RELATIONSHIP TO APPLICANT	SEX	DATE OF BIRTH YEAR	MONTH	DAY	NEAREST AGE	HEIGHT FEET	IN.	WEIGHT
1. APPLICANT	APPLICANT	F	01	8	18	58	5	4	150
2.									
3.									
4.									
5.									

☐ INDIVIDUAL ☐ FAMILY

AMOUNT One

APPROVED Yes

DATE 6-28-60

BY RW

FORMS FRONT ____ BACK ____ SURG. ____ LIFE ____ OTHERS ____

Waivers or Remarks

PRINT

2. SEND PREMIUM NOTICES TO:
Miss / Mrs. EUGENIA BARNES
Mr.
Address RT. 1 Box 108-F
City PERDIDO
State ALA

3. WHAT IS YOUR ADDRESS? Total $

	Street, Number, RFD	City or Town	State
Residence	RT. 1 Box 108-F	PERDIDO	ALA
Business			
Former Residence (if moved in 2 yrs.)			

4. Occupation HOUSEWIFE — Monthly Income $ — Employer

5. BENEFICIARY (FULL NAME) — RELATIONSHIP
Primary
Contingent

6. Race

7. WHAT OTHER INSURANCE DO YOU NOW HAVE?

Life	Monthly Indemnity	Hospital Per Day
$	$	$

8. Has any person above ever been declined, restricted, rated up, or postponed for any kind of personal insurance? ☐ Yes ☑ No
If Yes — Name of company.

9. Are you and all other members now in good health and without any physical or mental defects or deformities? ☑ Yes ☐ No If "No," give full details.

10. Does any person above have or ever had:
a. Tuberculosis, asthma, disease of lungs or respiratory system? ☐ Yes ☑ No
b. High or low blood pressure, or disease of heart or circulatory system? ☐ Yes ☑ No
c. Disease of digestive system (stomach, intestines, liver, gall bladder)? ☐ Yes ☑ No
d. Paralysis, convulsions, disease of brain or nervous systems? ☐ Yes ☑ No
e. Disease of urinary system (kidneys, ureters, bladder, urethra)? ☐ Yes ☑ No
f. Rheumatism, arthritis, disease of muscles, bones, joints? ☐ Yes ☑ No
g. Rupture, syphilis, cancer, diabetes, goiter? ☐ Yes ☑ No

11. For Female age 15 and over.
a. Have you ever miscarried, or had disease of uterus, tubes, ovaries? ☐ Yes ☑ No
b. Are you now pregnant? ☐ Yes ☑ No

12. If any part of Question No. 10 was answered "YES" give full details below, and details of any other ailments about which any doctor was consulted in the last 5 years. If none, state "NONE." NONE

Which Member	Disease, ailment or injury	Dates	Operation Yes	Operation No	Remaining effects	Name of Doctor	Address of Doctor

(USE BACK FOR ADDITIONAL INFORMATION.)

13. Do you represent and agree that the above answers are full, true and complete to the best of your knowledge and belief, that the insurance applied for shall be subject to the provisions and conditions of the policy, and that it shall not be effective until the policy has actually been issued? Yes

I UNDERSTAND PRE-EXISTING DISEASES ARE NOT COVERED, THAT THERE ARE WAITING PERIODS FOR MATERNITY BENEFITS, SPECIFIED SICKNESSES, AND SURGICAL BENEFITS FROM SICKNESS, AND THAT ACCIDENT AND OTHER SICKNESS BENEFITS ARE EFFECTIVE AS STATED IN POLICY. FURTHER, I HEREBY AUTHORIZE AND REQUEST ANY PHYSICIAN OR SURGEON WHO HAS TREATED ME, OR MY FAMILY TO FURNISH NATIONAL SECURITY INSURANCE COMPANY DETAILED INFORMATION REGARDING HEALTH HISTORY WHILE A PATIENT OF HIS, GIVING DIAGNOSIS, TREATMENT AND PROGNOSIS.
I FULLY UNDERSTAND AND AGREE THAT ANY HOSPITAL-SURGICAL POLICY ISSUED TO ME WILL NOT COVER EXISTING HEALTH IMPAIRMENTS OR DEFORMITIES. MY CONSENT IS HEREBY GIVEN TO THE NATIONAL SECURITY INSURANCE COMPANY FOR THE ATTACKING OF NECESSARY WAIVERS OF HOSPITAL-SURGICAL POLICY COVERAGES ON THE FOLLOWING IMPAIRMENTS:

Regional Manager
M.I.LESTER & DORIS F.LESTER
District Manager
GENERAL AGENCY

I hereby certify that I have truly and accurately recorded on this application all information supplied by the applicant.
AGENT'S SIGNATURE Doris F. Lester

SIGNED By Eugenia Barnes DATE 6-28-60
SIGNED ☒ Perdido Ala
For and in behalf of the above-named members

AMOUNT PAID TO AGENT $ 2.48 FOR REGISTRATION FEE

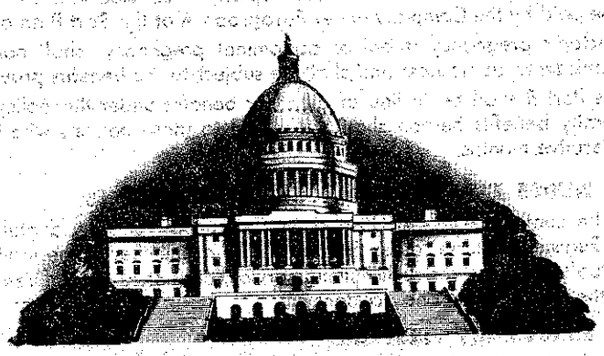
MAIL POLICY TO: ☐ APPLICANT ☐ AGENT

(If Applicable) AND NOT 3 MONTH'S PREMIUMS

source
☐ a - convass
☐ b - adv. lead
☐ c - ran. lead
☐ d - home lead
☐ e - [illegible]

Form No. 5[illegible]

This Policy provides payment for hospital and surgical benefit resulting from accidental bodily injury or by sickness as herein provided.



The National Security Insurance Company

Elba, Alabama

HEREBY INSURES the members of the family group (such persons hereinafter referred to as the Insured) listed on the application, a copy of which is attached hereto against expenses incurred by the Insured, while this policy is in force, and caused by hospital confinement anywhere in the world, or for other specified benefits herein set forth, resulting from (a) accidental bodily injury occurring during the term of this policy, said bodily injury hereinafter referred to as "such injury" or (b) sickness due to disease originating during the term of this policy, hereinafter referred to as "such sickness," subject to all the provisions, conditions and limitations hereinafter contained.

PART A HOSPITAL EXPENSE

INCLUSIVE INSURING (1) accidental bodily injury received while this policy is in force, hereinafter called such injury, or

(2) Sickness as used in this policy means sickness, illness, or disease, which is contracted, and has its beginning while this policy is in force, and not less than 30 days from its date of issue, subject to the exceptions, reductions and limitations hereinafter expressed.

1.	**HOSPITAL ROOM**	Including meals and general nursing care, not to exceed the amount shown in the Schedule on the back per day for the period that the Insured shall be confined therein, but not to exceed 101 days ..... per day $20.00
2.	**OPERATING ROOM**	The regular and customary charge, but not to exceed .....
3.	**ANESTHESIA**	Including fee of anesthetist and materials used, but not to exceed $20.00 for a respiratory or general anesthetic, $10.00 for a spinal anesthetic or $5.00 for a local anesthetic $20.00
4.	**HYPODERMICS**	The usual and customary charge for injection of narcotics to relieve pain ..... No limit
5.	**X-RAY**	The usual and customary charge, but not to exceed $10.00. Does not include X-ray used as treatment or dental purposes $10.00
6.	**SURGICAL DRESSINGS**	The customary charge for materials used during and following surgery ..... No limit
7.	**LABORATORY SERVICE**	Usual and customary charges for this service, but not to exceed $7.50 ..... $ 7.50
8.	**ROUTINE MEDICINES**	Usual and customary charge for drugs and medicines not including antibiotics, but not to exceed $10.00 ..... $10.00
9.	**ANTIBIOTICS**	Usual and customary charge for use of antibiotics such as penicillin, streptomycin, aueromycin, terramycin, etc., but not to exceed $20.00 ..... $20.00
10.	**OXYGEN**	Including use of tent or other equipment for administering oxygen, but not to exceed $25.00 ..... $25.00
11.	**BLOOD TRANSFUSIONS**	Usual and customary charge but not to exceed $25.00 ..... $25.00
12.	**IRON LUNG**	Regular charge for use of iron lung if not donated ..... No limit

(For Tonsillectomy, the total payable for such expenses recited above shall not exceed $20.00.)

The benefits, provisions and conditions printed or written by the Company on the following pages are a part of this policy.

IN WITNESS WHEREOF, NATIONAL SECURITY INSURANCE COMPANY has caused this policy to be signed by its President and its Secretary.

D. M. Eglisl — Secretary

W. L. Lemon — President

NATIONAL SECURITY INSURANCE CO. SEAL

PRIVILEGE OF RENEWAL—RENEWABLE FOR LIFE AT PREMIUM RATES IN EFFECT AT DATE OF RENEWAL ON A CLASS BASIS

Form No. P 11

THE NATIONAL SECURITY INSURANCE COMPANY
ELBA, ALABAMA

This Policy provides payment for hospital and surgical benefit resulting from accidental bodily injury or by sickness as herein provided.

PRIVILEGE OF RENEWAL—RENEWABLE FOR LIFE AT PREMIUM RATES IN EFFECT AT DATE OF RENEWAL ON A CLASS BASIS

5.35 Marcell

1 NAME OF INSURED	2 PLAN	3 AGE	4	5 DIST. DEBIT	6 DAILY ROOM	6a MODE	7 MAXIMUM SURGICAL	FORM CODES	8 ISSUE DATE
BARNES EUGENIA	F-11 F1158			53500121	(123		200	05	71560

9 BENEFICIARY IF DIFFERENT FROM PREMIUM PAYOR	10	11 AMOUNT	12	FORM CODES MUST AGREE
INDIVIDUAL F11		100	5	

13	14	15	16 YR. WK.	17	18
			60071661		(1541)

*Premium Waiver
An Asterisk printed in Schedule 6a indicates additional premium has been charged for premium waiver.

POLICY NUMBER — MODE OF PAYMENT 1. ANNUALLY 2. SEMI-ANNUALLY 3. QUARTERLY 4. MONTHLY — PREMIUM

If this is a Family Group Policy, the names of the dependents, who are insured under this contract, may be found on the attached copy of the original application.

FILED
MAR 17 1961
ALICE J. DUCK, Clerk

ADDITIONAL PROVISIONS

OPTION TO SURRENDER WITHIN TEN DAYS— If the conditions and terms of this policy are not satisfactory to the Insured, this policy may be surrendered to the Company at its Home Office or to an Authorized Representative of the Company within ten days from the date hereof, whereupon it will be cancelled and the premiums paid hereon returned.

INTOXICANTS AND NARCOTICS: The Company shall not be liable for any loss sustained or contracted in consequence of the Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

WORKMAN'S COMPENSATION OR OTHER INSURANCE NOT AFFECTED All benefits provided herein will be paid to the insured or beneficiary in addition to Workman's Compensation Insurance or any other insurance the insured may have.

Policy Series	Mode of Payment Check Proper Square	Pol. No.	Policy Date	Premium Payable
F-11	1. ☐ A 3. ☑ Q 2. ☐ SA 4. ☐ M	121	Policy No. [illegible]	

FULL NAME OF OTHER MEMBERS OF THE FAMILY GROUP (PLEASE PRINT)	RELATIONSHIP TO APPLICANT	SEX	DATE OF BIRTH YEAR	MONTH	DAY	NEAREST AGE	HEIGHT FEET	IN.	WEIGHT
1. APPLICANT	APPLICANT	F	01	8	18	51	5	4	152
2.									
3.									
4.									
5.									

7. SEND PREMIUM NOTICES TO:
Name EMLENA BARNES
Address RT. 1 Box 107-F
City PERRIDGE
State ALA

8. WHAT IS YOUR ADDRESS? Total $

	Street, Number, RFD	City or Town	State
Residence	RT. 1 Box 107-F	PERRIDGE	ALA
Business			
Former Residence (if moved in 2 yrs.)	/		

6. Occupation HOUSEWIFE — Monthly Income $ — Employer

5. BENEFICIARY (FULL NAME) — RELATIONSHIP
Primary REUBEN F. MCKINNEY — BROTHER
Contingent
Estate

4. WHAT OTHER INSURANCE DO YOU NOW HAVE?

Life $	Monthly Indemnity $	Hospital Per Day $

9. Are you and all other members now in good health and without any physical or mental defects or deformities? ☑ Yes No ☐ If "No," give full details.

10. Does any person above have or ever had:
a. Tuberculosis, asthma, disease of lungs or respiratory system? ☐ Yes No ☑
b. High or low blood pressure, or disease of heart or circulatory system? ☐ Yes No ☑
c. Disease of digestive system (stomach, intestines, liver, gall bladder)? ☐ Yes No ☑
d. Paralysis, convulsions, disease of brain or nervous system? ☐ Yes No ☑
e. Disease of urinary system (kidneys, ureters, bladder, urethra)? ☐ Yes No ☑
f. Rheumatism, arthritis, disease of muscles, bones, joints? ☐ Yes No ☑
g. Rupture, syphilis, cancer, diabetes, goiter? ☐ Yes No ☑

11. For Female age 15 and over.
a. Have you ever miscarried, or had disease of uterus, tubes, ovaries? ☐ Yes No ☑
b. Are you now pregnant? ☐ Yes No ☑

3. Has any person above ever been declined, restricted, rated up, or postponed for any kind of personal insurance? ☐ Yes No ☑
If Yes — Name of company.

12. If any part of Question No. 10 was answered "YES" give full details below, and details of any other ailments about which any doctor was consulted in the last 5 years. If none, state "NONE." NONE

Which Member	Disease, ailment or injury	Dates	Operation Yes	Operation No	Remaining effects	Name of Doctor	Address of Doctor

(USE BACK FOR ADDITIONAL INFORMATION.)

13. Do you represent and agree that the above answers are full, true and complete to the best of your knowledge and belief, that the insurance applied for shall be subject to the provisions and conditions of the policy, and that it shall not be effective until the policy has actually been issued? YES

I UNDERSTAND PRE-EXISTING DISEASES ARE NOT COVERED, THAT THERE ARE WAITING PERIODS FOR MATERNITY BENEFITS, SPECIFIED SICKNESSES, AND SURGICAL BENEFITS FROM SICKNESS, AND THAT ACCIDENT AND OTHER SICKNESS BENEFITS ARE EFFECTIVE AS STATED IN POLICY. FURTHER, I HEREBY AUTHORIZE AND REQUEST ANY PHYSICIAN OR SURGEON WHO HAS TREATED ME, OR MY FAMILY TO FURNISH NATIONAL SECURITY INSURANCE COMPANY DETAILED INFORMATION REGARDING HEALTH HISTORY WHILE A PATIENT OF HIS, INCLUDING DIAGNOSIS, TREATMENT AND PROGNOSIS.
I FULLY UNDERSTAND AND AGREE THAT ANY HOSPITAL-SURGICAL POLICY ISSUED TO ME WILL NOT COVER EXISTING HEALTH IMPAIRMENTS OR INFIRMITIES. MY CONSENT IS HEREBY GIVEN TO THE NATIONAL SECURITY INSURANCE COMPANY FOR THE ATTACHING OF ENDORSEMENT WAIVERS OF HOSPITAL-SURGICAL POLICY COVERAGES ON THE FOLLOWING IMPAIRMENTS:

SIGNED [illegible] DATE 1-21-61

SIGNED [illegible]
For use in behalf of the above-named members

AGENT'S NAME: DORIS F. LESTER
AGENCY
I have fully and accurately recorded on this application all statements supplied by the applicant.

AMOUNT PAID TO AGENT $ 2.1.51 — DATE APPLICATION TAKEN

site to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

ADDITIONAL PROVISIONS

RENEWAL NOTICE OF CHANGE IN PREMIUM This policy is renewable for the entire lifetime of the Insured but each renewal shall be at the established standard premium rate for such policy on the date of each renewal. In the event of a change in the established standard premium rate, the Company shall notify the Insured in writing at his last known address of such change at least thirty (30) days before the due date, at which such change is to become effective.

CONTINUATION OF NOTICE OF CHANGE IN PREMIUM. The Company reserves the right to classify policyholders as to attained age, and/or sex, and/or occupation in establishing rates for the renewal of this policy.