



CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
800.433.3036

Endorsement to Policy and Certificate of Insurance

This Endorsement alters the Policy and the Certificate to which it is attached. Unless specifically addressed by this Endorsement, all other Policy and Certificate provisions, definitions, and terms continue to apply.

Continental American Insurance Company's mailing addresses for claims and premium payments are changed as listed below.

Notice of Claim and Proof of Loss should be mailed to the Company at:

P.O. Box 84075, Columbus, Georgia, 31993-9103

Premium Payments should be mailed to the Company at:

P.O. Box 84069, Columbus, Georgia, 31908-4069

If applicable, references to 2801 Devine Street, Columbia, SC 29205 are deleted.

Signed for the Company at its Home Office,

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205

800.433.3036

CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY POLICY

**THIS CERTIFICATE IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE
IT IS DESIGNED TO SUPPLEMENT A MAJOR MEDICAL PROGRAM.**

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We certify that you are insured under the Supplemental Hospital Indemnity Policy (herein called the Plan) issued to your employer, the policyholder, subject to the definitions, exclusions and other provisions of the Plan against loss resulting from Hospital Confinement.

Certain provisions of the Plan are summarized in this certificate. All provisions of the Plan, whether contained in your certificate or not, apply to the insurance referred to by the certificate.

The Effective Date of your certificate is as shown in the Certificate Schedule if you are on that date actively at work for the policyholder. If not, this certificate will become effective on the next date you are actively at work as an eligible Employee. This certificate will remain in effect for the period for which the premium has been paid. This certificate may be continued for further periods as stated in the Plan.

This certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application is attached and made a part of this certificate.

This certificate, on its Effective Date, automatically replaces any certificate or certificates previously issued to you under the Plan.

NO RECOVERY FOR PRE-EXISTING CONDITIONS--READ CAREFULLY. No benefits will be provided during the first twelve months of this certificate for conditions for which medical advice or treatment was received or recommended during the twelve-month period prior to an Insured's effective date.

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

SECTION I

DEFINITIONS

When the terms below are used in this certificate, the following definitions will apply:

Actively at Work - to be considered actively at work, you must perform for a full normal workday the regular duties of your employment at the regular place of business of your employer or at a location to which you may be required to travel to perform the regular duties of your employment.

Adopted Children - means children for which a decree of adoption has been entered by you or for whom adoption proceedings have been instituted by you.

Calendar Year - means the period beginning on the Plan Effective Date and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Children - means all of your newborn children, adopted children, foster children, children of Dependents if dependent upon you for federal income tax purposes and children for whom you are required to provide medical support. They must be unmarried and less than twenty-five (25) years of age. However, if any dependent child is incapable of self-sustaining employment due to mental retardation or physician handicap and is dependent on you for support, such age of twenty-five (25) years shall not apply. Proof of such incapacity and dependency must be furnished to us within thirty-one (31) days following such 25th birthday.

Covered Accident - means an accident, which occurs on or after an Insured's Effective Date, while the Insured's coverage is in force, and which is not specifically excluded.

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. occurs while an Insured's coverage is in force; and
2. was not treated or for which an Insured did not receive advice within 12 months before his effective date; and
3. is not excluded by name or specific description in this Plan.

Dependent(s) - means your spouse and/or Children as herein defined.

Elimination Period - means the number of days of hospital confinement that must elapse before benefits become payable. The number of days is shown in the Benefit Schedule. Benefits are not payable, nor do they accrue, during an Elimination Period.

Employee means a person who is included in the class of people eligible for coverage shown on the Master Application.

Hospital - means a place which:

1. is legally licensed and operated as a hospital;
2. provides overnight care of injured and sick people;
3. is supervised by a physician;
4. has full-time nurses supervised by a registered nurse;
5. has on-site or pre-arranged use of X-ray equipment, laboratory and surgical facilities; and
6. maintains permanent medical history records.

A hospital is not:

1. a nursing home;
2. an extended care facility;
3. a convalescent home;
4. a rest home or a home for the aged;
5. a place for alcoholics or drug addicts; or
6. a mental institution.

Hospital Intensive Care Unit - means a place which:

1. is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. has a physician assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step-down units:

1. a progressive care unit;
2. a sub-acute intensive care unit;
3. an intermediate care unit;
4. a private monitored room;
5. a surgical recovery room;
6. an observation unit; or
7. any facility not meeting the definition of a hospital intensive care unit as defined in this Plan.

Immediate Family - means an Insured's spouse, son, daughter, mother, father, sister, or brother.

Injury or Injuries - means accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Insured(s) - means:

1. if individual coverage is issued, Insured includes only you;
2. if employee and spouse coverage is issued, Insureds includes you and your Spouse;
3. if one-parent coverage is purchased, then Insureds include you and your Children;
4. if family coverage is purchased, then Insureds include you, your Spouse and your Children;
5. If this is one-parent or family coverage as defined in 3 and 4 above:
 - a. Newborn children of you and/or your insured spouse shall be covered from birth, but we must be given notice of the birth within 31 days for coverage to continue beyond 31 days. Foster children shall be eligible for coverage on the same basis upon placement in the foster home.
 - b. Children for whom a suit for adoption has been filed by you and/or your insured spouse shall be covered at your option either within 31 days after the suit for adoption is filed or within 31 days of the date the adoption is final.
 - c. Your grandchildren shall be covered if they are your dependents for federal income tax purposes, or if you must provide medical support under an order issued under Section 14.061, Family Code, or enforceable order by a Texas court.

Monthly Benefit - means a specified amount paid for a period of one month, with any periods of less than one month paid at the daily rate of 1/30th of the monthly amount.

Newborn Children - means your or your spouse's natural children and newborn children for whom a decree of adoption has been entered (or for whom adoption proceedings have been instituted) within thirty-one (31) days after the date of the child's birth.

Physician - means a person, other than an Insured, or a member of his immediate family, who:

1. is licensed by the state to practice a healing art;
2. performs services which are allowed by his license; and
3. performs services for which benefits are provided by this Plan.

Sickness - means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Spouse - means your legal husband or wife.

Treatment - means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

We, Us, Our - means Continental American Insurance Company.

You, Your means an Employee insured under this certificate.

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

SECTION II PREMIUMS AND INDIVIDUAL TERMINATIONS

PREMIUMS

The initial premium shown in the Certificate Schedule is the premium covering the period from the Effective Date to the next renewal date of this certificate. Renewal premiums will be in accordance with the schedule of premium rates in effect at the time of renewals as set forth in the Plan.

GRACE PERIOD

The Plan has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the grace period, coverage under the Plan will stay in force.

WAIVER OF PREMIUM

If you are continuously confined to a hospital for 14 days because of injuries received in a covered accident or because of a covered sickness, we will waive each premium that becomes due. Waiver of premiums will end on the first premium due date after you are discharged from the hospital or after 12 months whichever occurs first. You must then resume payment of premiums for this certificate to remain in force.

During any period for which we have waived a premium, this certificate will remain in force and will be subject to all of the other applicable provisions.

CERTIFICATE TERM

The first term of this certificate starts on the Effective Date in the Certificate Schedule. It ends on the first renewal date also shown. Later terms will be the periods for which renewal premiums are paid when due. All terms will begin and end at 12:01 A.M., Standard Time, at the policyholder's address. The renewal premium for each term will be due on the day preceding term end, subject to the grace period.

INDIVIDUAL TERMINATIONS

Your insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date you cease to meet the definition of an Employee as defined in the Plan;
4. on the premium due date which falls on or first follows your 70th birthday; or
5. on the premium due date following the date you are no longer a member of an eligible class.

Termination of any Insured's coverage under this certificate shall be without prejudice to his rights as regarding any claim arising prior thereto.

CONTINUATION

When your coverage would otherwise terminate under the Plan because you ended employment with the Policyholder, you may elect to continue your coverage under this Certificate without submitting evidence of insurability. You may continue the same benefits, as shown in the Benefit Schedule, you had on the date your employment terminated.

Coverage may not be continued if you fail to pay any required premium.

To keep this insurance in force you must:

1. make written application to Us within 31 days after the date this certificate would otherwise terminate; and
2. pay the required premium to Us no later than 31 days after the date this certificate would otherwise terminate.

Insurance will cease on the date you fail to pay any required premium or the Plan terminates.

If you qualify for this continuation privilege as described, then the same monthly benefits, Plan provisions and premium rate as shown in this certificate as previously issued will apply.

SECTION III

BENEFIT PROVISIONS

The benefit amounts payable are shown in the Benefit Schedule.

Hospital Admission - We will pay this benefit when an Insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, an Insured must be admitted to a hospital within 6 months of the date of the covered accident.

We will pay the Hospital Admission benefit amount shown in the Benefit Schedule. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

We will pay this benefit once for a period of confinement. We will only pay this benefit once for each covered accident or covered sickness. If an Insured is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

Hospital Confinement - We will pay this benefit in the amount shown in the Benefit Schedule, subject to the elimination period if any, when an Insured is confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, an Insured must be confined to a hospital within 6 months of the date of the covered accident.

The length of time shown for hospital confinement in the Benefit Schedule is the maximum period for which an Insured can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident. If an Insured not confined to the hospital for a full month, we will pay benefits on a daily basis; daily benefits will be paid at the rate of 1/30th of the monthly amount.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

Hospital Intensive Care - If an Insured is confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, we will pay the daily benefit amount shown on the Benefit Schedule. In order to receive this benefit for a covered accident, an Insured must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident.

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown on the Benefit Schedule during any one period of confinement.

We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness or a covered accident and a covered sickness.

If we pay benefits for confinement in a hospital's intensive care unit and an Insured become confined to a hospital's intensive care unit again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

The Hospital Confinement Benefit is not payable in addition to this benefit.

SECTION IV LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION

PRE-EXISTING CONDITION - Pre-existing Condition means within the 12-month period prior to the Insured's Effective Date, those conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the Insured's Effective Date or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition, whichever is less.

Pregnancy is a "pre-existing condition" if conception was before the effective date of this certificate.

This certificate may have been issued as a replacement for a certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of this certificate applies only to any increase in benefits over the prior certificate. Any remaining period of pre-existing condition limitation of the prior certificate would continue to apply to the prior level of benefits.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.
5. Mental or emotional disorders without demonstrable organic disease
6. Alcoholism, drug addiction, or chemical dependency.

SECTION V

CLAIM PROVISIONS

Notice of Claim - Written notice of claim must be given to us within 60 days after the covered accident or covered sickness, or as soon as reasonably possible. The notice must be sent to us at our Home Office in Columbia, South Carolina. The notice should include the name of the Insured and the certificate number.

Claim Forms - When we receive notice of a claim, we will send you the forms for filing proof of loss. If these forms are not sent to you within 15 working days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated on the Proof of Loss Section.

Proof of Loss - You must give us written proof within 90 days after the loss for which you are seeking benefits. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the covered accident or covered sickness unless you were legally incapacitated during that time.

Time Of Payment Of Claims - After we receive written proof of loss and process your claim, we will pay monthly all benefits then due for the claims providing a periodic payment. Benefits for any other loss covered by this certificate will be paid as soon as we receive proper written proof.

Payment Of Claims - Benefits will be paid to you. All of the benefits due will be paid to you unless you assign them elsewhere. Any accrued benefits unpaid at the time of an Insured's death may be paid to their estate.

Unpaid Premium - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

SECTION VI

GENERAL PROVISIONS

Entire Contract - The entire contract consists of:

1. the Plan;
2. the application of the policyholder; and
3. your application(s).

All statements made in such application(s) shall, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under this certificate unless:

1. the statement is in writing signed by the policyholder or by you; and
2. a copy of that statement is given to the policyholder or to you or to your beneficiary.

Contract Changes - No change in this certificate is valid unless approved by our administrative office and unless such approval is endorsed by an officer and attached to this certificate. No agent has the authority to change this certificate or to waive any of its provisions.

Misstatements of Age - If you incorrectly stated your age in the application, the benefits will be such as the premium paid would have purchased at the correct age. If, based on your correct age, we would not have issued your certificate, then our responsibility will be to refund the excess premium paid, if any.

Time Limit On Certain Defenses - We rely of the statements you made in the application when issuing this certificate. After this certificate has been in force for two years, we cannot cancel it or refuse to pay benefits because of any misstatements in the application unless you fraudulently made them.

Physical Examination And Autopsy - At our expense, we can require an Insured to have a physical examination as often as reasonably necessary while a claim is pending, or an autopsy in the case of death, where allowed by law. This will be done at our expense.

Legal Action - You cannot take legal action against us for benefits under this certificate:

1. within 60 days after you have sent us written proof of loss; or
2. more than 3 years from the time written proof is required to be given.

Conformity With State Statutes - Any provision of this certificate which, on the Effective Date, is in conflict with the laws of the state, in which it was issued, will be amended to conform to the minimum requirements of those laws.

SECTION VII

BENEFIT SCHEDULE

LOW

HOSPITAL ADMISSION Payable once per admission	\$300	per admission
HOSPITAL CONFINEMENT Maximum 365 days per confinement	\$75	per day
HOSPITAL INTENSIVE CARE Maximum 365 days per confinement	\$150	per day



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205

800.433.3036

AMENDMENT TO CERTIFICATE OF INSURANCE FOR SUPPLEMENTAL HOSPITAL INDEMNITY COVERAGE

This Amendment is part of the Certificate to which it is attached. Unless amended by this document, all Certificate definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Amendment, “you” (including “your” and “yours”) refers to the Insured named in the Certificate Schedule.

Effective Date

This Amendment becomes effective on the Certificate Effective Date.

Definitions

The definition of **Covered Sickness** is deleted and **replaced** with the following:

Covered Sickness - means an illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. Occurs while this policy is in force; **and**
2. Is not excluded by name or specific description in this certificate.

Pre-Existing Condition Limitation

The Pre-existing Condition Limitation under the Limitations and Exclusions section is deleted.

General Provisions

This Amendment is part of the Supplemental Hospital Indemnity Certificate to which it is attached. It will terminate when that Certificate terminates.

This Amendment is subject to all of the terms of the Certificate to which it is attached unless those terms are inconsistent with this Amendment.

Signed for the Company at its Home Office,

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office: 2801 Devine Street, Columbia, South Carolina 29205

800.433.3036

Child or Children Age 26 Amendment

This Amendment is a part of the document to which it is attached. Unless hereby amended, Policy, Certificate, and Rider Definitions, Exclusions and Limitations, and other terms and conditions apply to this Amendment.

The definition of Child or Children is expanded to include your natural children, step-children, foster children, adopted children, or children placed for adoption, *who are under age 26*.

Child or Children also include grandchildren, if:

- they are the employee's dependents for federal income tax purposes, or
- the employee must provide medical support under an order issued under Chapter 154, Family Code, or under any such order enforceable by a court in this state.

To meet the definition of Child or Children, grandchildren must be unmarried and under age 26.

Coverage on a Child or Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above termination at age twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following the child's 26th birthday.

This Amendment is subject to all of the terms of the document to which it is attached unless any such terms are inconsistent with the terms of this Amendment.

Signed for the Company at its Home Office,

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary



CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205
800.433.3036

ENHANCED GROUP CONTINUATION RIDER

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, **and**
- We have accepted your Application.

The Continuation Privilege—as well as any other references to continuation—in the Certificate and previously attached Rider(s), if applicable, are deleted and replaced by this Rider.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

Effective Date

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date provided that you are actively at work on that date.

Continuation Privilege

When an Employee ends employment with the Employer and his coverage would terminate, that Employee may elect to continue the coverage he had on the date his employment ended, including any in-force Spouse or Dependent Child coverage.

- To keep his Certificate in force, the Employee must:
 - Apply to the Company in writing within 31 days after the date his Certificate would terminate, **and**
 - Pay the required premium to the Company no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter.
- Continued coverage will end:
 - 31 days after the date the Employee fails to pay any required premium **,or**
 - When the coverage is terminated by the Company.

When the Group Policy is terminated by the Policyholder and a current Employee's coverage would terminate, that Employee may apply to continue the coverage he had on the date the Group Policy was terminated, including any in-force Spouse or Dependent Child coverage. If an Employee qualifies for this Continuation Privilege, then the Company will apply the same Benefits, Plan Provisions, and Premium Rate as shown in his previously issued Certificate.

- To keep his Certificate in force, the Employee must:

- Apply to the Company in writing within 31 days after the date his Certificate would terminate, **and**
- Pay the required premium to the Company no later than 31 days after the date the Certificate would terminate and on each premium due date thereafter.
- Continued coverage will end:
 - 31 days after the date the Employee fails to pay any required premium .or,
 - When coverage is terminated by the Company.

General Provisions

Time Limit on Certain Defenses

After two years from the Insured's Effective Date of coverage, the Company may not void coverage or deny a claim for any loss because of misstatements made on the Insured's Application. This does not apply to fraudulent misstatements.

- This Rider is part of the Certificate to which it is attached and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.
- This Rider is subject to all the terms of the Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office,



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE
TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**
(For insurers declared insolvent or impaired on or after September 1, 2011)

Texas law establishes a system to protect Texas Policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association (the "Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, and \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contract holder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limits, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life, Accident, Health and Hospital
Service Insurance Guaranty Association
6505 Bridge Point Parkway, Suite 450
Austin, Texas 78730
(800)-982-6362 or www.txlifega.org

Texas Department of Insurance
Post Office Box 149104
Austin, Texas 78714-9104
(800)-252-3439 or www.tdi.texas.gov

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Continental American Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-433-3036

You may also write to Continental American Insurance Company at:

Post Office Box 427
Columbia, South Carolina 29202

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORANTE

Para obtener informacion o para presentar una queja:

Usted puede llamar al numero de telefono gratuito de Continental American Insurance Company para obtener informacion o para presentar una queja al:

1-800-433-3036

Usted tambien puede escribir a Continental American Insurance Company at:

Post Office Box 427
Columbia, South Carolina 29202

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener informacion sobre companias, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Sitio web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamacion, usted debe comunicarse con la compania primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU POLIZA:

Este aviso es solamente para proposito informativos y no se convierte en parte o en condicion del documento adjunto.



CONTINENTAL AMERICAN INSURANCE COMPANY

Home Office/Oficina Central: 2801 Devine Street, Columbia, South Carolina 29205

If you need assistance in Spanish or would like to request a Spanish translation of this document, please call our Customer Service Department toll-free at 1.800.466.3036.

Si necesita asistencia en español o desea solicitar una traducción de este documento en español, por favor llame a nuestro Departamento de Servicios al Cliente a la línea gratuita al 1.800. 466.3036.