No. 1082777 Paid

APPLICATION FOR INSURANCE—PART ONE
LIFE INSURANCE COMPANY OF GEORGIA

Pag

LIFE OF GEOR

1. a. Proposed Insured or Annuitant—Print first-middle-last name

A PATRICIA G. KIMBLE

☐ Single ☑ Married ☐ Divorced ☐ Widowed ☐ Separated

b. Soc. Security No.	c. Sex	d. Born (State)	e. Birth Date Mo.	Day	Yr.	f. Age	Present g. Height	h. Weig
241-35-4789	☐ M ☑ F	NC	9	14	67	28	5 5	155

2. a. Second Proposed Insured or Adult Applicant—Print first-middle-last name

B

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

b. Soc. Security No.	c. Sex	d. Relat. to A	e. Born (State)	f. Birth Date Mo.	Day	Yr.	g. Age	Present h. Height	i. Weig
	☐ M ☐ F								

3. List all dependent children under age 18 proposed for insurance

	Relat. to A
	Relat. to A
	Relat. to A
	Relat. to A

3. a. Do all dependent children listed above live with A? ☐ Yes ☐ No (Explain in Remarks)

4. Present residence address of A—Street No., Street, City, State, Zip

P.O. BOX 160 PLEASANT GARDEN, NC 27313

Give directions to locate, if rural address.

Phone Number (910) 674-1148

Length of Residence 4 YRS

5. Employment (A) / (B)

Occupation: MANAGER

Job Title (Describe duties): MANAGER

Employed by: CINNAMON RIDGE

Business Address: GREENSBORO, NC

6. Owner/Payor (Circle one or both) — Name: INSURED — Social Security No. — Premiums to be paid by: INSURED — Date of Birth

7. Beneficiary Designation for A

Primary: THEODORE M. KIMBLE — Relationship to A: HUSBAND

Contingent: — Relationship to A:

8. Beneficiary Designation for B

Primary: — Relationship to B:

Contingent: — Relationship to B:

9. LIFE INSURANCE APPLIED FOR

	a. Plan	b. Amount
Policy	10 YR TERM	$ 200,000
Riders		$
		$

c. Extra Benefits:

	WP 1	WP 2	AD	TA	GPO	Amount
For A	☑	☐ $	☐	☐	☐ $	
For B	☐		☐			

Premium Insurance on Adult Applicant ☐

d. Premium Class

☐ SN Sel. Nonsmoker ☑ PN Pref. Nonsmoker

☐ SL Select ☐ PF Pref.

☐ Other

10. ANNUITY APPLIED FOR

a. Plan:

☐ Flexible Ann. Commencing at Age

☐ Single Prem. Deferred Ann. Commencing at Age

☐ Single Prem. Immediate Annuity

☐ Other

b. Life Income:

1. ☐ No Refund
2. ☐ 10 Years Certain
3. ☐ Installment Refund

☐ Other

c. Class:

2. ☐ IRA (Include 42
4. ☐ TSA

☐ Non-qualified

☐ Other

d. Other Benefits:

☐ Waiver ☐ Other

e. Total Annuity Premium on Mode Selected

$

Mode of Premium Payment

☑ Annual ☐ Quarterly ☐ PAC ☐ GA ☐ Payroll Deduction

☐ Semi-annual ☐ Monthly ☐ Salary Savings ☐ Other

12. Total Collected with Application $ 280.00

13. Total Premium on Mo Selected (Life & Annu $ 280.00

14. If any Annuity or Life Income benefit is applied for, does beneficiary have right to commute? ☐ Yes ☐ No

15. SPECIAL REQUESTS:

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★ After working on Bill Jerrell's statement for over seven to twelve hours and reviewing other documents the below statement is what happen and can be proven.

When I gave my statements to the detectives I was wrong. I claimed to be pricing mortgage insurance in Sep 95. It was back in March 95' Note pages 178, 183, 185(B). All the salesman pushed "life" insurance over mortgage insurance. Page 178 is a State Farm disability policy. Page 185(B) shows I was pricing State Farm and Life of Georgia. Page 183 was Mass Mutual. When Bill Jerrell dropped the policy off at Cinnamon Ridge (p 166) Bill spoke of a dental plan. I need major dental work done. Patrica may have gotten info on it. I must have had my teeth cleaned in Aug or Sept(95) having possibly said something to Patrica and she reffering me to call Bill. I call Bill and he comes by my office on 9/11/95 (p 166) and trys to sale me the policy. It wasn't very good and wouldn't really help in my situation. I don't believe I bought it. While he was there he try's to sale me a cancer policy. I did buy it, I know - 9/11/95. Bill continues his sales pitch trying to sale me life insurance. I stated we now had a new Jeep and a boat. I ask how much we should have. We spoke about different amounts. He would run some numbers and return on the following day 9/12/95 (see p 175) He gave me the prices and I bought the most for the money. I ask Bill if it was to much and he said, "No". with everything I own and owe, "I believe Bill also lied filling out the application about how much money I made". Best I recall he said they would question why I was buy so much insurance on "myself" and making so little money. We need copy's of all policy's. While he was trying to sale me, Patrica brings lunch and dropped it off. She said she didn't have time to talk about it and left. Bill was sitting infront of me. We had to move papers for her to set lunch down. (Back next Page)

I thault I bought a policy on Patrica also but I don't Recall ever seeing it or getting a Refund.

ADDITIONAL INFORMATION FROM APPLICANT
(REFERRED LEADS TO BE USED SOLELY FOR MARKETING PURPOSES)

	Name	Address	Telephone (Include Area Code)
REFERRED LEADS	1.		
	2.		
	3.		

JUVENILE INSURANCE

4. Approval of Parent or Guardian - Required if applicant for child is neither Parent or Guardian:

Signed _____ Relationship _____
Father Mother

5. Amount of insurance on parent (if not applicant) $ _____ $ _____
6. Give other children in family and amount of insurance on each:

INSURABLE INTEREST

7. If beneficiary is not immediate family, explain insurable interest:

INCOME

8. Amount of income (if self-employed give NET income) Other Family Income

☐ Weekly ☐ Monthly ☑ Annually A $ 30,000 B $ _____ $ _____

BUSINESS INSURANCE

9. Type of Business ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other _____
10. Purpose of Insurance: ☐ Keyman ☐ Buy/Sell ☐ Stock Purchase ☐ Other _____
11. List names of other business associates also applying for insurance:

TELEPHONE INTERVIEW

12. Information for Home Office Telephone Interview of A

Area Code 910 Number 910-294-0789 Convenient Time 9AM-5PM AM PM

REPORT OF FIELD UNDERWRITER RESPONSIBLE FOR THIS PROSPECT

Credit Application to:	Personal No.	Agency No.	District No.	Staff No.	R	ID	FGN	PRB
William E. Jarrell	58898	08	915	07		01	0140	0

13. Is any Medical Exam required because of age and amount?
☐ Yes *(Give name of examiner and date)* ☑ No
14. Did you see all persons proposed for insurance on date of application?
☑ Yes ☐ No *(Explain)*
15. Is any person proposed for insurance related to you?
☐ Yes - *Relationship* ☑ No
16. Are other applications being submitted on Proposed Insured in this or any other company?
☑ Yes *(Give type of application, amount, and applications numbers in this company)* ☐ No LDG 8652139 (CANCER POLICY)
17. To the best of your knowledge, is the replacement of existing life or annuity insurance involved?
☐ Yes *(Give amounts and companies in Remarks)* ☑ No
18. Is premium payer a new client? ☐ Yes ☑ No
19. Remarks

I am not aware of any information regarding the proposed insureds which would have a bearing on insurability which is not given in the application or above. I certify that I have asked the applicant the questions on this application and I have truly and accurately recorded on this application the information supplied by the applicant.

Signature of Field Underwriter William E. Jarrell ☑ Priv. Und. ☐ Dist. Und.

TO BE COMPLETED BY DISTRICT OFFICE CLERICAL PERSONNEL

PERSISTENCY RATER SCORE

I have checked the application for completeness and explanation of "Yes" answers.

Date _____ Signed _____

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Patrica left. Bill continued the sales pitch. Bill leaves 9/12/95
the application with me to have Patrica to sign it. I
~~can't recall if~~ "I forgot it at work" ~~on in the vehicle~~
~~at the house~~. When I did get home Patrica was up-set
Someone had cussed her out ~~at~~ work. I forgot about
the insurance. The next day 9/13/95 Bill came to pick it up.
It was on my desk in the other office, I walked next
door. Upon getting to my desk I signed the applications.
Bill came over a few minutes behind me. I handed
him the papers and pulled the cash out of my pocket
and paid him. Bill gave me a reciept and stated
he would call Portamedic and they would call me
to set up and appointment. Bill made it very clear on
9/12/95 this was an application <u>not</u> a policy. After everything
was done he would deliver the policy. As to the 25,000
to my parents it was good from the time I paid him
because it was under a hundred thousand. I had told
Jerrell the only way Patrica would give blood is if I
went with her. Back to 9/13/95 after Bill got the
money he said he may need more medical information
but most likely had it in the office. I may have
started speaking to Patrica about the insurance that evening
9-13-95 but didn't tell her I already signed her name. We
had <u>argued</u> about insurance 5 months earlier when she bought
the 25,000 and I felt it wasn't enough - we had even gotten
Gary Lyles opinion over it. To continue - On 9/14/95 Bill calls
Patrica at work and starts asking the questions. She
ask what it was for and Jerrell told her $200,000. Patrica
was ticked! She slammed the phone down and calls me. After a
few harsh words I said we would talk about it when I
<u>got home!</u> We did speak about it and she wasn't sold
on it. The following day I got pay-off's on everything owed
and we again discussed it. She then agreed. Meanwhile
before she was sold on it she made all of these comments
to people and people were talking. I called Bill at his
house and told him I had signed the applications and he
should call her and ok everything and rewrite it and
let her sign it. He stated it would be fine (see p173)

I believe the 12th was a Wednesday night and we had Church that night & I That was part of forgetting

I believe Bill call and said she slam the Phone on him I said we're going to talk about it when I get home

she came seen me at lunch and we talked (see p80 Nancy Young)

APPLICATION FOR INSURANCE-PART ONE (Continued)

LIFE OF GEORGIA

16. LIFE INSURANCE IN FORCE (If none, so state)	ON A Company	Amount	ADB	Year of Issue	ON B Company	Amount	ADB	Year of Issue
	LOG	25,000	25,000	1995				
	SOUTHLAND	25,000	25,000	1989				

7. Amount of Insurance in force on A's spouse, if not given above. $ _____

8. Has any person proposed for insurance (if "Yes," give full details in Question 19).

		Yes	No
a.	Any intention of replacing or changing existing life insurance or annuities? (If "Yes," give amount, plan, company, date of termination, and complete the necessary forms.)	☐	☑
b.	Been rated or declined for life, health or disability insurance?	☐	☑
c.	Ever received treatment, medical advice or ever been convicted because of use of alcohol or drugs?	☐	☑
d.	Ever smoked cigarettes? A	☐	☑
	B	☐	☐
	If "Yes," have you smoked in past 12 months? A	☐	☐
	B	☐	☐
	If currently smoking, how many packs per day? A _____ B _____		
e.	Flown in past 5 years or has intention of flying as a pilot or crew member? (If "Yes," complete Form 253.)	☐	☑
f.	Participated in or has intentions of participating in any type of land, water or air vehicle racing, parachuting, hang/kite gliding or scuba diving, or organized sport or hobby?	☐	☑
g.	Give driver's license number and state of issue: A 6392972 / B		
	Has a proposed insured had a driver's license suspended or revoked, been convicted of a moving violation or of driving while intoxicated in the past 2 years? If "Yes" give dates and types of violations.	☐	☑

19. Details for "Yes" answers in Question 18

Question	Person	Details
		NONE

20. Name and Address of Personal Physician

	Date and Reason Last Consulted	Treatment Given or Medication Prescribed
B		
A. JUAN FERNANDEZ GREENSBORO, NC	3/95 EXAM FOR BIRTH CONTROL PILLS	BIRTH CONTROL PILLS

21. Home Office Endorsements

SEE POLICY FOR HOME OFFICE ENDORSEMENTS

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once she had her blood work done. "I had spoken to my mother on several different time about what was going on." She had worned me if something was ever to happen to Patrica there could be problems.

Bill never called Patrica but called Port-a-medic on 9/28/97 (see p232 (B)) From here X Read back of Page 232

After Reading p232 go to page 168 on the back read From (F) down From there return to here

The Phone conversation on 10-13-95 went as follows:

Hi Bill, this is Ted Kimble. If you haven't heard yet Patrica past Away on Monday. Bill - I seen it on T.V. Ted - It's been rough. Bill I can understand. Ted - I'm calling to file a claim to pay the funneral Home, they said for me to call. Bill - I'll need a death certificate and your signature - Ted - I'll check with the funneral home and call you back. This is for the 2 x 25,000 policys, what of the 200,000. Bill - Did you have the medical work done? TK "No". Bill - Then it wasn't in effect. T.K. I'm referring to my refund. Bill - The home office will send a check. T.K. when I hear from the funneral home I'll call you back. T.K. - Hangs up the phone and calls the funneral home. The funneral home says it will be ready that afternoon. T.K returns to his Jeep and tells the parents. Fathers says maybe we should ask a lawyer about the 200,000 policy. Family drives to lawyers office. Lawyer claims he will investigate. A Few hours later the kimbles return to Funneral home picking up the certificate, giving the go ahead on the cremation. TK calls Bill and Bill says he'll come by the office in a few days.

T.K. also ask if the insurance company needed to see the body
Bill - "No"

Questions 2-3 Apply To All Proposed Insureds In Part One

	Proposed Insured or Annuitant-First, Middle, Last Name	Maiden or Former Name
A	PATRICIA G. KIMBLE	BLAKLEY
B		

1. For any proposed insured under 6 months old, give Birth Weight: _____

   Was birth premature or abnormal in any respect? ☐ Yes ☐ No

2. Has any person proposed for insurance:

	Yes	No
a. had medical, hospital, surgical or sanitorium treatment in last 5 years?	☑	☐
b. ever been advised to have operation or treatment that has not been completed?	☐	☑
c. had x-ray, electrocardiogram or other diagnostic test in the last 5 years?	☐	☑
d. ever been deferred, rejected or discharged from military service because of a physical or mental condition?	☐	☑
e. requested or received disability or hospitalization benefits from any source in the last 5 years, or left occupation for more than one month because of health?	☐	☑

(Circle all appropriate disorders or impairments)

	Yes
f. ever had or has illness or disorder involving chest pain; high blood pressure; heart murmur, heart, blood vessels; diabetes; gout; thyroid; rheumatic fever; dizziness; convulsions; epilepsy; brain or nervous system; nervous or mental disorder; stroke; anemia, leukemia, hemophilia, red or white blood cell disorder or polycythemia; emphysema, asthma, lungs; cancer, tumor, or growth; gall bladder or pancreas; albumin or sugar in urine; kidneys; liver; stomach, intestines, or colon; reproductive organs, prostate or bladder; arthritis, back, skin, bones or joints; glands; or eyes or ears?	☐
g. in the last 5 years had or have any symptoms of any disease, impairment, amputation or deformity not mentioned above?	☐
h. ever had or been diagnosed or treated by a physician for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or had a positive HIV antibody test? (For information of North Carolina residents—ARC: A condition with symptoms which may include recurring fever, weight loss, night sweats, pneumonia, diarrhea, fatigue, swollen lymph nodes, skin rashes/lesions, or oral thrush.)	☐

3. FAMILY HISTORY

a.	A Age if living	A Age at death	A Current Health or Cause of Death		B Age if living	B Age at death	B Current Health or Cause of Death
Father	55		GOOD	Father			
Mother	52		GOOD	Mother			

b. Has any proposed insured any family history of diabetes, cancer, high blood pressure, stroke, kidney disease, mental illness or suicide not mentioned above? ☐ Yes ☑ No

4. Give complete details of any part of questions 1-3 answered "Yes"

Person	Date	Illness, Test, X-ray, etc.	Duration	Date of Recovery	No. of Attacks	Physician, Hospital, etc. (Name and Address)
A	11/7/94	MICROSCOPIC KNEE SURGERY		11/7/94		DR. PRESTON GREENSBORO, NC
		TO REPAIR A TORN LIGAMENT				
		COMPLETE RECOVERY				
		(174)				

1082777

APPLICANT'S AGREEMENT AND AUTHORIZATION

LIFE OF GEORGIA

(1) Agreement

To the best of my knowledge, all my answers and the details I have provided in Pages 1, 2, and 3 of this application and in any form attached are complete and true. All answers and details given to the agent in response to the questions in this application have been accurately recorded. They are given to obtain insurance from the Company. These statements will become a part of any policy to which this form is attached. I agree that: (1) no agent has the authority to waive the answer to any question in the application, to accept risks or determine insurability; and (2) only the President, Vice President, and Secretary, or an Assistant Secretary of the Company can make or change a contract or waive any of the Company's rights or requirements.

I agree that, except as provided in a Conditional Receipt bearing the same date and number of this application, NO INSURANCE WILL TAKE EFFECT UNLESS:

(1) I pay the full first premium by the time the policy is delivered; and unless
(2) all the Proposed Insureds, including the Applicant for any Premium Insurance, have had no change in health since the date of this application or the date of any later medical examination required by the Company; and unless and until
(3) I accept delivery of the policy.

I acknowledge that I have received and read:

(1) the Company's Information Practices Notice; and
(2) a notice about consumer report investigations; and
(3) a notice about the Medical Information Bureau.

☑ I do ☐ I do not wish to be interviewed if an investigative report is prepared.

(2) Authorization

I permit disclosure of information about me or any of my minor children proposed for insurance, as follows:

Who may give the information: Any person in medical practice; any medical facility; any insurance company or reinsurer; the Medical Information Bureau (MIB), consumer reporting agency, or other similar organization; and any other persons with such records or knowledge.

Who may receive the information: Life Insurance Company of Georgia, its reinsurers, or any consumer reporting agency acting for it; and the Medical Information Bureau.

What information may be given: Past and present physical and mental conditions (including use of alcohol or drugs; other insurance; employment information; personal character, habits, and avocations; and financial and credit information).

How the information will be used: To determine eligibility for insurance and to evaluate any claims under this application.

I permit this authorization to be valid for 24 months, if used to determine eligibility, or for the duration of the claim, if used to evaluate any claim under this application.

I know I or my representative has a right to get a copy of this form. A photocopy will be as valid as the original.

Signed at GREENSBORO (City), NC (State) Date Sept (Month) 12 (Day), 19 95 (Year) (A)

Witnessed [signature] Licensed Field Underwriter

Patricia Kimple Proposed Insured A (if age 15 or over)

WILLIAM E. JARRELL (Agent's Name - Printed)

(FL Agent's License No.)

Proposed Insured B (or Adult Applicant if Proposed Insured is below age 15)

Relationship to Proposed Insured A

If Owner is a business firm:

Applicant Business Firm

Firm Officer Name/Title

Kentucky state law requires the following: Any person who knowingly and with intent to defraud an insurer files an application containing materially false information or conceals a material fact is committing a fraudulent, criminal act.

FORM 6130 MD

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A - Note the difference in the dates on pages 175 & 176
Jerrel left the application with me on the 12th. He picked it up on the 13th and called her on the 14th
"This is why the dates are different"

B - On page 176 it was changed

What is the premium for my policy after an accelerated benefit?

If your policy has a waiver benefit, premiums will stop (for up to 2 years). If there is no waiver benefit, you will owe premiums but they can be postponed for up to 2 years and paid with interest.

Limitations of the accelerated benefit:

There are no restrictions or limitations on the use of the accelerated benefit payment. Note that this benefit is not a long term care policy.

Accelerated payment is not available on face amounts less than $20,000. Accelerated benefits in all Life of Georgia policies can not exceed $125,000.

Receipt of an accelerated benefit may be taxable. You should consult your personal tax advisor to assess the impact of this benefit.

Acknowledged and signed this 14th day of Sept. 1995.

B p.176

Patricia Kimble
Applicant/Owner

William E. Jarrell
Agent

PATRICIA G. KIMBLE
Applicant/Owner (print)

WINSTON-SALEM, NC 915
District

Here is an example of how an accelerated benefit affects a policy:

Assume a Face Amount of:	$50,000
A Policy Loan Amount of:	$ 0
A Loan Interest Rate of:	8%
A Maximum Accelerated Benefit of:	$25,000
Administration Fee	$ 200

Date	Face Amount	Accumulation Value	Benefit & Interest	Death Benefit	Cash or Loan Value
Date of Payment	$50,000	$10,000	$25,200	$24,800	$0
6 Months Later	$50,000	$11,000	$26,189	$23,811	$0
1 Year Later	$50,000	$12,000	$27,216	$22,784	$0

Form 7346-93-DIS