

North Carolina Department of Insurance  
**INVESTIGATIONS DIVISION**

**Insurance Policy Information**

**Theodore Mead Kimble and Patricia Gail Blakley Kimble**

**Insured:** Patricia Blakley Kimble

**Insurer:** Southland Life  
Policy # 84444338260

**Beneficiary:** Sheila E. Blakley

**Policy data:** Life insurance policy for \$ 1,000.00, with double indemnity for accidental death. Claim # 68252 for life benefit paid to beneficiary. Accidental death benefit pending.

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**Insured:** Patricia G. Kimble

**Insurer:** Southland Life  
Policy # 8947980190

**Beneficiary:** Theodore M. Kimble

Policy data: Life insurance policy for \$25,000.00, with double indemnity for accidental death. Claim # 68252 for life and accidental death claims submitted by beneficiary, and are pending.

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**Insured:** Patricia G. Kimble

**Insurer:** Life of Georgia  
Policy # L10003834954

**Beneficiary:** Theodore M. Kimble

**Policy data:** Life insurance policy for \$ 25,000.00, with double indemnity for accidental death. Claims pending for life and accidental death benefits. Claims submitted by beneficiary.

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**Insured:** Patricia G. Kimble

**Insurer.** Life of Georgia  
Policy # 000385310

**Beneficiary:** Theodore M. Kimble

**Policy data:** Life insurance policy for \$ 200,000.00, but policy not issued due to failure to submit specimen for blood profile. Application submitted 9/15/95. Beneficiary filed claim, but claim denied because no policy was issued.

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**Insured:** Patricia G. Kimble

**Insurer.** Life of Georgia  
Policy # 0091896384

**Policy data:** Dental, vision, and hearing policy. Policy issued September, 1995.  
No claims pending.

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**Insured:** Theodore M. Kimble

**Insurer:** Life of Georgia  
Policy # 0091896387

**Policy data:** Dental, vision, and hearing policy. Policy issued September 1995,  
but lapsed due to non payment of premiums.

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**Insured:** Theodore M. Kimble  
Patricia G. Kimble

**Insurer.** Life of Georgia  
Policy # 0091898384.

**Policy data:** Family cancer policy. Policy lapsed due to non payment of claims.  
Application made on 9/14/95.

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**Insured:** Theodore M. Kimble

**Insurer:** Life of Georgia  
Policy # 0003855912

**Beneficiary: Ronnie** L. Kimble  
Edna M. Kimble

**Policy data:** Universal life insurance policy for \$25,000.00. Application dated  
9/14/95. Policy lapsed due to non payment of premiums.

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**Insured:** Theodore M. Kimble

**Insurer.** Life of Georgia  
Policy # 0003855914

**Beneficiary:** Patricia G. Kimble

**Policy data:** Ten year term life insurance policy for \$ 150,000.00. Application  
dated 9/14/95. Policy lapsed due to non payment of premiums.

Kimble File

<u>Insurer</u>	<u>Insured</u>	<u>Information</u>
Southland Life	Patricia Kimble	Life policy - claim for \$1,000.00 - paid to Sheila Blakley,mother. Claim for accidental death pending..
Southland Life	Patricia Kimble	**Life policy - life and accidental death claims pending..\$25,000 each *Beneficiary:Ted Kimble
Life of Georgia	Patricia Kimble	**Life policy - life and accidental death claims pending..\$25,000 each *Beneficiary:Ted Kimble
Life of Georgia-	Patricia Kimble	***Life policy - \$200,000; date of application 9/15/95; *Beneficiary:Ted Kimble Claim was filed by Ted-same denied as policy not issued due to lack of blood profile for Patricia.
Life of Georgia	Patricia Kimble	Dental, Vision and Hearing policy
Life of Georgia	Theodore M. Kimble	Dental, Vision and Hearing policy (lapsed)
Life of Georgia, /	Theodore M Kimble Patricia Kimble	Family Cancer policy (Lapsed)
Life of Georgia	Theodore M. Kimble	Universal Life policy - \$25,000 (lapsed)
Life of Georgia'	Theodore M. Kimble	Ten-Year Term policy - \$150,000. (lapsed)

\*\*Ted Kimble has submitted claims for both policies.

\*\*\*Agent of record for this application did not witness the signature of Patricia Kimble...Detective Church, Guilford Sheriff's Office may have information indicating her name was forged to the application.

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.

~~Patricia G. Kimble~~

Applicant/Owner

William E. Daniel

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

<u>Date</u>	<u>Face Amount</u>	<u>Accumulation Value</u>	<u>Benefit &amp; Interest</u>	<u>Death Benefit</u>	<u>Cash or Loan Value</u>
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

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, NC Date Sept 12, 19 95  
City State Month Day Year

Witnessed William E. Jarrell Licensed Field Underwriter Patricia Kimble 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.

No. 1082777

*Paul*

APPLICATION FOR INSURANCE—PART ONE  
LIFE INSURANCE COMPANY OF GEORGIA

LIFE OF GEORGIA

1. a. Proposed Insured or Annuitant—Print first-middle-last name <b>A</b> <u>PATRICIA G. KIMBLE</u>	b. Soc. Security No.	d. Born (State)	e. Birth Date (Mo.   Day   Yr.)	f. Age	g. Height	Present h. i.
	<u>241-35-4789</u>	<u>NC</u>	<u>9   14   67</u>	<u>28</u>	<u>5' 5"</u>	<u>1</u>
c. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F						
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated						

2. a. Second Proposed Insured or Adult Applicant— Print first-middle-last name <b>B</b>	b. Soc. Security No.	e. Born (State)	f. Birth Date (Mo.   Day   Yr.)	g. Age	Present h. i.
c. Sex <input type="checkbox"/> M <input type="checkbox"/> F					
d. Relat. to A					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					

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 <u>P.O. Box 160 PLEASANT GARDEN, NC 27313</u>	Phone Number <u>(910) 674-1144</u>
Give directions to locate, if rural address.	Length of Residence <u>4 Yrs</u>

5. Employment (A) Occupation <u>MANAGER</u>	(B)
Job Title (Describe duties) <u>MANAGER</u>	
Employed by <u>CINNAMON RIDGE</u>	
Business Address <u>GREENSBORO, NC</u>	

6. Owner/Payor (Circle one or both) Name <u>INSURED</u>	Social Security No.	Premiums to be paid by <u>INSURED</u>	Date of Birth
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7. Beneficiary Designation for A	Primary: <u>THEODORE M. KIMBLE</u>	Relationship to A <u>HUSBAND</u>
	Contingent:	Relationship to A

8. Beneficiary Designation for B	Primary:	Relationship to B
	Contingent:	Relationship to B

9. LIFE INSURANCE APPLIED FOR	a. Plan Policy <u>10 YR TERM</u>	b. Amount \$ <u>200,000</u>	c. Extra Benefits: WP 1 <input checked="" type="checkbox"/> WP 2 <input type="checkbox"/> AD <input type="checkbox"/> TA <input type="checkbox"/> GPO <input type="checkbox"/> Amour <input type="checkbox"/>	
	Riders	\$	For A <input checked="" type="checkbox"/> For B <input type="checkbox"/>	Premium Insurance on Adult Applicant <input type="checkbox"/>
	d. Premium Class <input type="checkbox"/> SN Sel. Nonsmoker <input checked="" type="checkbox"/> PN Pref. Nonsmoker <input type="checkbox"/> SL Select <input type="checkbox"/> PF Pref. <input type="checkbox"/> Other			

10. ANNUITY APPLIED FOR	a. Plan: <input type="checkbox"/> Flexible Ann. Commencing at Age _____ <input type="checkbox"/> Single Prem. Deferred Ann. Commencing at Age _____ <input type="checkbox"/> Single Prem. Immediate Annuity <input type="checkbox"/> Other	b. Life Income: 1. <input type="checkbox"/> No Refund 2. <input type="checkbox"/> 10 Years Certain 3. <input type="checkbox"/> Installment Refund <input type="checkbox"/> Other	c. Class: 2. <input type="checkbox"/> IRA (Include 4. <input type="checkbox"/> TSA <input type="checkbox"/> Non-qualifie <input type="checkbox"/> Other
	d. Other Benefits: <input type="checkbox"/> Waiver <input type="checkbox"/> Other		e. Total Annuity Premit on Mode Selected \$

11. Mode of Premium Payment <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> PAC <input type="checkbox"/> GA <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Semi-annual <input type="checkbox"/> Monthly <input type="checkbox"/> Salary Savings <input type="checkbox"/> Other	12. Total Collected with Application \$ <u>280.00</u>	13. Total Premium on Selected (Life & A) \$ <u>250.00</u>
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14. If any Annuity or Life Income benefit is applied for, does beneficiary have right to commute?  Yes  No

15. SPECIAL REQUESTS:

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

	Name	Address	Telephone (Include Area Code)
<b>REFERRED LEADS</b>	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____

<b>JUVENILE INSURANCE</b>	4. Approval of Parent or Guardian - Required if applicant for child is neither Parent or Guardian:		
	Signed _____	Father _____	Relationship _____ Mother _____
	5. Amount of insurance on parent (if not applicant) \$ _____ \$ _____		
6. Give other children in family and amount of insurance on each:			

<b>INSURABLE INTEREST</b>	7. If beneficiary is not immediate family, explain insurable interest:
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<b>INCOME</b>	8. Amount of income (if self-employed give NET income)	Other Family Income
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually    A \$ <u>30,000</u> B \$ _____    \$ _____	

<b>BUSINESS INSURANCE</b>	9. Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
	10. Purpose of Insurance: <input type="checkbox"/> Keyman <input type="checkbox"/> Buy/Sell <input type="checkbox"/> Stock Purchase <input type="checkbox"/> Other _____
	11. List names of other business associates also applying for insurance:

<b>TELEPHONE INTERVIEW</b>	12. Information for Home Office Telephone Interview of A		
	Area Code <u>910</u>	Number <u>916-294-0789</u>	Convenient Time <u>9 AM - 5 PM</u> 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
<u>William E. Jarrell</u>	<u>58898</u>	<u>08</u>	<u>915</u>	<u>07</u>	---	<u>01</u>	<u>0140</u>	<u>0</u>
3. Is any Medical Exam required because of age and amount?								
<input type="checkbox"/> Yes (Give name of examiner and date)					<input checked="" type="checkbox"/> No			
4. Did you see all persons proposed for insurance on date of application?								
<input checked="" type="checkbox"/> Yes					<input type="checkbox"/> No (Explain)			
5. Is any person proposed for insurance related to you?								
<input type="checkbox"/> Yes - Relationship					<input checked="" type="checkbox"/> No			
6. Are other applications being submitted on Proposed Insured in this or any other company?								
<input checked="" type="checkbox"/> Yes (Give type of application, amount, and applications numbers in this company)					<input type="checkbox"/> No <u>LDG 8652139 (CANCER POLICY)</u>			
7. To the best of your knowledge, is the replacement of existing life or annuity insurance involved?								
<input type="checkbox"/> Yes (Give amounts and companies in Remarks)					<input checked="" type="checkbox"/> No			
8. Is premium payer a new client?								
<input type="checkbox"/> Yes					<input checked="" type="checkbox"/> No			
9. 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 \_\_\_\_\_



APPLICATION FOR INSURANCE-PART ONE (Continued)

	ON A				ON B			
	Company	Amount	ADB	Year of Issue	Company	Amount	ADB	Year of Issue
16. LIST ALL LIFE INSURANCE IN FORCE (If none, so state)	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. \$ \_\_\_\_\_

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

	Yes	No		Yes	No
<input checked="" type="checkbox"/> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Flown in past 5 years or has intention of flying as a pilot or crew member? (If "Yes," complete Form 253.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Been rated or declined for life, health or disability insurance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Ever received treatment, medical advice or ever been convicted because of use of alcohol or drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Give driver's license number and state of issue: A <u>6392972</u> B _____		
d. Ever smoked cigarettes? If "Yes," have you smoked in past 12 months? If currently smoking, how many packs per day? A _____ B _____	A <input type="checkbox"/> B <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Details for "Yes" answers in Question 18

Question	Person	Details
		NONE

3. Name and Address of Personal Physician      Date and Reason Last Consulted      Treatment Given or Medication Prescribed

3      ↓      ↓      ↓

DR. JUAN FERNANDEZ      3/95      BIRTH CONTROL PILLS  
GREENSBORO, NC      EXOM FOR BIRTH CONTROL PILLS

1. Home Office Endorsements      SEE POLICY FOR HOME OFFICE ENDORSEMENTS

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

Proposed Insured or Annuitant-First, Middle, Last Name A <i>PATRICIA G. KIMBLE</i>	Maiden or Former Name <i>BLAKLEY</i>
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:

(Circle all appropriate disorders or impairments)

	Yes	No		Yes
a. had medical, hospital, <u>surgical</u> or sanatorium treatment in last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>
b. ever been advised to have operation or treatment that has not been completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. in the last 5 years had or have any symptoms of any disease, impairment, amputation or deformity not mentioned above?	<input type="checkbox"/>
c. had x-ray, electrocardiogram or other diagnostic test in the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.)	<input type="checkbox"/>
d. ever been deferred, rejected or discharged from military service because of a physical or mental condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

3. FAMILY HISTORY

	A			B		
a.	Age if living	Age at death	Current Health or Cause of Death	Age if living	Age at death	Current Health or Cause of Death
Father	<i>55</i>		<i>GOOD</i>	Father		
Mother	<i>52</i>		<i>GOOD</i>	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)
<i>A</i>	<i>11/7/94</i>	<i>MICROSCOPIC KNEE SURGERY TO REPAIR &amp; TORN LIGAMENT. COMPLETE RECOVERY</i>		<i>11/7/94</i>		<i>DR. GREENSBORO, NC</i>

(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.

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- (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
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- (1) the Company's Information Practices Notice; and
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I do  I do not wish to be interviewed if an investigative report is prepared.

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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, NC Date Sept 12, 1995  
City State Month Day Year

Witnessed [Signature] Patricia Kimple  
Licensed Field Underwriter 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.

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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.

Patricia Kimble  
 Applicant/Owner  
PATRICIA G. KIMBLE  
 Applicant/Owner (print)

William E. Daniel  
 Agent  
WINSTON-SALEM, NC 915  
 District

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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

<u>Date</u>	<u>Face Amount</u>	<u>Accumulation Value</u>	<u>Benefit &amp; Interest</u>	<u>Death Benefit</u>	<u>Cash or Loan Value</u>
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

Guilford County Sheriff's Department  
Witness\Suspect Statement

1. Case Number/Victim:: 961009027
2. Interview With: William Jarrell, Mass. Mutual Life Insurance Co.,  
3218 Robinhood Road, Winston-Salem, NC, (910) 765-0410
3. Date/Time: 10/12/95 1830 hours
4. Location: Mass. Mutual Insurance co., 3218 Robinhood Road,  
Winston-Salem, NC
5. Interviewed By: Det. John Appel, Major Crimes
6. Offense: Homicide

7. Narrative:

On 10/12/95 I met with William "Bill" Jarrell at his office in Winston-Salem, NC.

Mr. Jarrell says that in March, 1995, Pat Kimble contacted the agency about increasing her life insurance. Pat Kimble had a \$25,000 policy that had been issued 2/16/89 by Southland Life, and Mass. Mutual had bought out that company. Pat Kimble wanted to purchase an additional \$25,000 policy. Initially, an agent named Cathy contacted Pat Kimble, but there was apparently a personality conflict, and Mr. Jarrell was asked to handle the account.

Mr. Jarrell met with Pat Kimble at Cinnamon Ridge apartments during lunchtime sometime in March of 1995, and the policy issue date for the additional policy was 4/1/95. During the contact with Pat Kimble, Mr. Jarrell says that he mentioned some other products his company offered, including a dental plan.

In September, 1995, Ted Kimble contacted Mr. Jarrell about purchasing a dental plan. On 9/11/95 Mr. Jarrell met with Ted Kimble at Lyles Building Materials, and Ted agreed to purchase the dental plan. Mr. Jarrell also mentioned a \$1 million cancer policy available for \$8.00 a month, and Ted agreed to take it, also.

Several days later, Ted called Mr. Jarrell and inquired about increasing the life insurance on Pat, and asked about premium amounts for \$50,000, \$75,000, etc. Mr. Jarrell proposed that he meet with Ted and do a "needs analysis" to determine how much life insurance the Kimbles needed.

The next day or so, Ted called Mr. Jarrell, and Mr. Jarrell went over and met with Ted at Lyles Building Materials near lunchtime. Ted asked him about various amounts of insurance, and also wanted the least expensive premium. Ted and Mr. Jarrell agreed on Term Insurance, and Ted told Mr. Jarrell that he wanted to get \$200,000 on Pat, and \$150,000 on himself. This was because Ted already had a \$100,000 policy on himself, and Pat had \$50,000. This additional amount would bring the total up to \$250,000 for each spouse.

Ted additionally bought a \$25,000 policy payable to his parents, and told Mr. Jarrell that this was to cover a loan of \$25,000 he had gotten from his father.

Mr. Jarrell had taken the applications inside Lyles, and filled them out. Pat was not present at this time. At some point in the process, Ted asked about the cancer policy, and Mr. Jarrell left to go out to his car and get the information. As Mr. Jarrell left the office, Pat was coming in. Mr. Jarrell said, "Well, hello there, Pat." Pat replied, "Hi."

Several minutes later, as Mr. Jarrell was reentering the building, Pat Kimble left the office. Mr. Jarrell again spoke to her, but she did not reply. Mr. Jarrell went inside, and Ted presented Mr. Jarrell with the signed applications. Mr. Jarrell noticed that he needed some additional medical information on Pat, but decided to get it later. Ted and Mr. Jarrell went outside to a storage building, and Ted Kimble paid Mr. Jarrell cash for the initial premium payment. Mr. Jarrell did not see where Ted got the cash from inside the storage building.

Mr. Jarrell told Ted Kimble that a "blood profile" was necessary for the application process to be completed on policies of this amount, and that both Ted and Pat would have to be checked. Ted told Mr. Jarrell that Pat could not do that, because she would faint if she had blood drawn. Mr. Jarrell told Ted that he would arrange for a contract paramedic to perform the test at the paramedic office in case difficulties arose during the blood testing procedure.

The following day, Ted Kimble called Mr. Jarrell and dropped an accidental death benefit on Pat's policy, which reduced the premium. The overpayment will be credited to the next balance due.

Either the next day or the day after that, Mr. Jarrell telephoned Pat Kimble at Cinnamon Ridge to ask some additional medical questions. Mr. Jarrell asked and was told the date and purpose of Pat's last visit to a physician. Pat then said, "I can't believe you're asking me all these questions for a cancer policy." When Mr. Jarrell replied that this was for her life insurance application, Pat asked, "Life insurance? How much?" When Mr. Jarrell told her it was for \$200,000, Pat replied, "Oh. OK."

Mr. Jarrell did not speak to Pat Kimble again.

Mr. Jarrell says that Ted Kimble telephoned him approximately 10 times at Jarrell's residence during the time between the application and the fire. Mr. Jarrell says that this is very unusual, he has never had a client do this before. During one call, Ted Kimble told Mr. Jarrell's wife, "I guess I'm bugging you--I'm gonna be the best customer your husband ever had."

At one point during this application process Ted Kimble called Mr. Jarrell and told him that the "home office" was asking Pat too many questions, and that Pat was getting angry.

Mr. Jarrell arranged for the Kimbles to go to the Portamedic for blood analysis on Thursday, 10/5/95, at 11:30AM. However, on 10/4/95, Ted called Mr. Jarrell at home in the evening, and told him that Ted was going to have to work in the daytime on 10/5/95, and would have to cancel the test. Ted said that he would be working nighttime during the following week, and Mr. Jarrell told Ted to contact Portamedic as soon as possible on 10/5/95 and cancel the appointment. Mr. Jarrell understands that the appointment was rescheduled for 10/12/95.

On 10/10/95 Mr. Jarrell heard about a fire and death in Pleasant Garden, and recognized the names of Patricia Kimble. Mr. Jarrell also saw a picture of Pat on the evening news on 10/10/95 and was then certain that

it was the same applicant he was processing.

On 10/11/95 Ted Kimble called Mr. Jarrell and told him that Pat had been killed. Ted told Jarrell that Ted had been questioned about the death. Ted then asked Mr. Jarrell about processing the life insurance claims. Mr. Jarrell told Ted that Ted would need to get a copy of the death certificate from the funeral director so that the claim could be processed. Ted then asked about the \$200,000 policy for which application was in progress. Mr. Jarrell told Ted that it was not in effect because the blood test had not been completed. Ted said, "I thought you told me that if I got killed in a wreck I would be covered?" Mr. Jarrell replied that it would cover the insured provided the medical information had been correct and the blood profile had been completed.

On the morning of 10/18/95 Ted Kimble again called Mr. Jarrell. Ted told Mr. Jarrell that he had been reviewing his finances, and had discovered that he was almost bankrupt. Ted asked Mr. Jarrell if the two \$25,000 policies on Pat carried double indemnity for accidental death. Ted told Mr. Jarrell that he had been talking to a friend of Ted's father who was an insurance agent, and he had told Ted that the policies would pay double. Mr. Jarrell says that he believed it would if the death was accidental. Ted then told Mr. Jarrell that Pat had been shot in the head. Mr. Jarrell told Ted that a determination would have to be made as to whether the death was accidental. Ted again asked about the \$200,000 policy that was not yet in effect. Ted said, "Well, that blood profile was for AIDS--they can find that out from her Doctor." Mr. Jarrell reiterated that the policy was not in effect because the required blood analysis had not been performed.

On the afternoon of 10/18/95, Ted Kimble again called Mr. Jarrell. Ted informed Jarrell that he had been contacted by the funeral director, and Mr. Jarrell agreed to meet with Ted on 10/19/95 so the claim forms could be completed. Mr. Jarrell says that Ted again asked about the double indemnity accidental death benefit on Pat's policies.