

PRIVACY NOTICE

(As Required by Gramm-Leach-Bliley Act)

Your privacy is important to us. We thank you for the opportunity to serve you.

We want to assure you that we have always been committed to protecting your interests and your privacy and we will continue to do so.

A combination of state and federal laws require all financial institutions, including insurance companies, to provide annual notices to their customers regarding the use and protection of their nonpublic personal information (“NPI”). This Privacy Notice is designed to inform you generally of the types of NPI we collect and under what circumstances that information is shared.

PLEASE READ THIS PRIVACY NOTICE CAREFULLY.

Information we may collect: In providing you with various products and services, we may collect NPI about you and/or your health. Much of the NPI we obtain comes directly from your application for our products and services and when you communicate with us about those products and services. We may also obtain NPI from outside sources, including your independent sales agent, your employer, medical providers, other insurers, insurance support organizations and service providers. This NPI may include your medical history.

As we provide you products and services and process your claims for benefits, we also obtain NPI about your transactions with us, such as the type of insurance policy you have, the amount of coverage, the amount of your premium, and your premium payment history with us.

What we do with the NPI we collect: We do not sell customer lists or other protected information.

We restrict access to the NPI we have collected about you to those employees who need to know that information in order to provide products or services to you. We also maintain physical, electronic, and procedural safeguards to protect your NPI.

If we share the NPI we have collected about you, we do so only as permitted or required by law. For example:

We may share transaction information (such as your premium payment history) and experience information (such as the type of insurance policy you have) about you with our affiliates. Our affiliates include financial service providers, such as mortgage bankers and insurance agents, and non-financial companies such as retailers.

We may also share your information with companies with which we have contracted to provide services in connection with products and services you have requested from us.

We may also share your information in response to a valid court order or subpoena, to meet regulatory agency requirements, or otherwise as required by law.

We may disclose the above-reference personal information to other non-affiliated third-parties in order for them to help us provide superior products and services. Should we determine that these disclosures are necessary, we will seek assurances that these third parties will not further share the information beyond its stated purpose.

We do not share your medical or health NPI except to process transactions or to provide services that you have requested or initiated and as permitted or required by law (such as to businesses that provide investigation, underwriting, policyholder services, or claims administration for us or on our behalf).

We do not share any of your NPI, including health NPI, with any non-affiliated party that would use your information to contact you concerning its own products or services. If we ever change this policy, the law requires us to give you advance notice of the change and an opportunity to direct us to not share your NPI for this purpose, that is, to “opt out.”

Independent Sales Agents: NPI about you may be collected and retained by your independent sales agent. Your independent sales agent is solely responsible for the use and protection of the NPI that he or she collects. You should contact your independent agent if you have any questions regarding his or her use of your NPI.

Access to Information: You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. Your letter should include your full name, address, telephone number, and policy number, if we have issued a policy. Upon your request, we will send copies of the NPI to you. We will also send you information related to disclosures of your NPI, if requested. We may charge you a reasonable fee to cover our copying costs. Please note, this section and the Correction section below apply to NPI we collect to provide you with coverage. They do not apply to NPI we collect in connection with, or in anticipation of, a claim or civil or criminal proceeding.

Correction of Information: If you believe NPI we have about you is incorrect, please write to us at the address below. Your letter should include your full name, address, telephone number, and policy number if we have issued a policy. Your letter should explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. If you request us to do so, we will also notify any person who may have received the incorrect NPI from us in the past two years.

If we disagree with you, we will tell you that we are not going to make the correction and give you the reason(s) for our refusal. If you wish, you may submit a statement to us identifying the NPI you believe is incorrect and the reason(s) you disagree with our decision not to correct the NPI. We will file your statement with the disputed NPI. We will include your statement anytime we disclose the disputed NPI. If you request us to do so, we will also give the statement to any person to whom we have disclosed the disputed NPI in the past two years.

If you have any questions about this Notice, please contact us at the following address:

Southland National Insurance Corporation

ATTN: Compliance Officer
1812 University Blvd.
Tuscaloosa, Alabama 35401

(205) 343-1222

Please note: We reserve the right to modify this Notice. We will provide you with notice of any material changes before they become effective. This Notice supersedes all prior notices we may have provided to you.

We are providing this notice to you on behalf of the following companies:
Southland National Insurance Corporation and Southland Benefit Solutions, LLC. and
Health Partners America, LLC