

SERFF Tracking Number: AUWL-125842594 State: Arkansas
Filing Company: Century Life Assurance Company State Tracking Number: 40433
Company Tracking Number: UNIVERSAL LIFE (CLA)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Universal Life
Project Name/Number: Universal Life (CLA)/

Filing at a Glance

Company: Century Life Assurance Company

Product Name: Universal Life

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: AUWL-125842594 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40433

Co Tr Num: UNIVERSAL LIFE
(CLA)

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Linda DeStasio

Disposition Date: 10/14/2008

Date Submitted: 10/03/2008

Disposition Status: Approved

Implementation Date:

General Information

Project Name: Universal Life (CLA)

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/14/2008

State Status Changed: 10/14/2008

Corresponding Filing Tracking Number:

Filing Description:

This is a new Universal life product. It is marketed to the general public by independent agents. No previously approved form will be replaced.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/14/2008	10/14/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	10/13/2008	10/13/2008	Linda DeStasio	10/13/2008	10/13/2008

Industry
Response

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Universal Life Submission	Note To Reviewer	Linda DeStasio	10/03/2008	10/03/2008

SERFF Tracking Number: AUWL-125842594 *State:* Arkansas
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Disposition

Disposition Date: 10/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Universal Life Policy		Yes
Form (revised)	Arkansas Rider		Yes
Form	Arkansas Rider	Replaced	Yes
Form	Accidental Death Rider		Yes
Form	Children's Rider		Yes
Form	Other Insured Rider		Yes
Form	Other Insured Acc Death Rider		Yes
Form	Spouse Term Rider		Yes
Form	Waiver of Monthly Deduction Rider		Yes
Form	Application		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/13/2008
Submitted Date 10/13/2008

Respond By Date

Dear Linda DeStasio,

This will acknowledge receipt of the captioned filing.

Objection 1

- Universal Life Policy (Form)

Comment: Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

We did not find a provision in the contract that provides for return of monthly deductions beyond the month of death and for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/13/2008
Submitted Date 10/13/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Linda:

We have amended the rider added to this policy according to your objections. There is a question, though. This is an indeterminate premium policy. As such, an insured may not make a premium payment for several months, or even

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years, and then make a payment in an undetermined amount. There's no way to determine what a monthly premium is. May we leave out the requirement to refund premiums paid past the death of the insured? I think we assume that a universal life policy is not on "a premium-paying basis" since premiums aren't specifically required.

Linda

Related Objection 1

Applies To:

- Universal Life Policy (Form)

Comment:

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

We did not find a provision in the contract that provides for return of monthly deductions beyond the month of death and for the payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Arkansas Rider	AR-UL(09)		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		57	AR.pdf

Previous Version

Arkansas Rider	AR-UL(09)		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		57	AR.pdf
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No Rate/Rule Schedule items changed.

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Sincerely,
Linda DeStasio

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Project Name/Number: Universal Life (CLA)/

Note To Reviewer

Created By:

Linda DeStasio on 10/03/2008 11:01 AM

Subject:

Universal Life Submission

Comments:

We are relatively new to Arkansas and to SERFF. Please let me know if something is not done right.

Linda

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Form Schedule

Lead Form Number: UL(09)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UL(09)	Policy/Cont	Universal Life Policy ract/Fratern al Certificate	Initial		55	_CLA Full Policy.pdf
	AR-UL(09)	Policy/Cont	Arkansas Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57	AR.pdf
	UL-ADB	Policy/Cont	Accidental Death ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49	ADB.pdf
	UL-CTR	Policy/Cont	Children's Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58	CTR.pdf

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UL-OIR	Policy/Cont Other Insured Rider Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	53	OIR.pdf
UL-OIRAD	Policy/Cont Other Insured Acc Initial ract/Fratern Death Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	49	OIRAD.pdf
UL-STR	Policy/Cont Spouse Term Rider Initial ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	55	STR.pdf
UL-WMD	Policy/Cont Waiver of Monthly Initial ract/Fratern Deduction Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	48	WMD.pdf
AORDLT(0	Application/ Application Initial	40	_CLA_OL(9-

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9-08)

Enrollment
Form

08)-Doe.pdf

- Life insurance proceeds payable at the Insured's death prior to the maturity date
- Net contract value, if any, payable if the Insured is living on the maturity date
- Flexible premiums payable during the Insured's lifetime until the maturity date
- Adjustable death benefit
- Non-participating

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE CONTRACT

CENTURY LIFE ASSURANCE COMPANY
Oklahoma City, Oklahoma

Fold-----

CENTURY LIFE ASSURANCE COMPANY

Oklahoma City, Oklahoma
A stock life insurance company
P.O. Box 9510, Wichita, Kansas 67277
(316) 794-2200

PLEASE READ YOUR CONTRACT CAREFULLY!

This is a legal contract between you and us. Please read it carefully.

20 DAY RIGHT TO EXAMINE THIS CONTRACT

You may cancel this contract within twenty days after you receive it. To cancel, simply mail or return it to us at our home office or to the agent who sold it. You may mail this policy to the address above or to us at 1035 S. 183rd St. West, Goddard, Kansas 67052. It will be treated as if it had never been issued and any premium paid will be returned to you.

We will pay the life insurance proceeds of this contract to the beneficiary upon receiving due proof of the Insured's death prior to the maturity date. If the Insured is living on the maturity date, we will pay the net contract value to you.

This contract is issued on the basis of the application and payment of premium. A copy of the application is attached to and becomes a part of this contract.

Signed at our Home Office.

Cindy Hawkins
Secretary

Gene F. Wilson
President

**FLEXIBLE PREMIUM
UNIVERSAL LIFE INSURANCE POLICY
NON-PARTICIPATING**

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Supplemental Benefits, Riders, Endorsements, and the Application, follow page 14.		

SCHEDULE

SPECIFICATIONS

Form Number UL(09)	Description of Benefits Flexible Premium Adjustable Life	Initial Monthly Cost of Insurance* [\$15.35]	Maturity or Expiry Date [January 1, 2074]
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All riders are effective on the Date of Issue unless otherwise stated above.

PLEASE READ YOUR POLICY CAREFULLY

*The above listed Costs of Insurance are subject to policy minimums. Some listed Costs of Insurance are subject to change according to policy provisions.

Policy Number: [0000000]

Insured: [John Doe]

Age: [35 Male]

Risk Class: [NONSMOKER]

Rating Factor: [100%]

Date of Issue: [January 1, 2009]

Initial Specified Amount: [\$100,000]

Contract Maturity Date: [January 1, 2074]

Death Benefit Option: [Option A]

Issued and Delivered
in the State of: [Kansas]

Planned Periodic
Premium: [\$83.33, monthly]

Beneficiary: [Jane Doe, spouse]

Owner: [John Doe]

**SCHEDULE
SPECIFICATIONS (cont.)**

Guideline Single Premium: [\$12,477]

Guideline Level Annual Premium: [\$1,119]

Monthly Target Premium: \$78.07

Minimum Monthly Premium: [\$24.42]

Minimum Specified Amount: [\$ 10,000.00]

Monthly Deduction Day: [1st]

Monthly Percentage of Premium Expense Charge: 3%

Monthly Administrative Fee: \$ 8.33

Monthly Interest Rate on Loans: .62%

Partial Withdrawal Fee: \$ [25.00]

Monthly Reinstatement Interest Rate: 0.62%

Minimum Monthly Contract Interest Rate: .246627%

Guaranteed Account Values:

Guaranteed annual cost of insurance rates are shown on pages 3c and 3d. The minimum annual effective interest rate used in account value calculations is 3%.

Minimum amounts for Settlement Options:

\$50.00 monthly payments. \$10,000 deposit. Annuity 2000 Table, age last birthday; 2.5% interest.

Paid-up Whole Life Option:

Mortality Tables: 2001 CSO Ultimate Aggregate Male or Female, age last birthday, 5% interest rate.

CURRENT ANNUAL COST OF INSURANCE RATES
AGE AT ISSUE, 30 THROUGH 44 MALE, NONSMOKER

Rates for the first 15 policy years

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
30	1.75	1.79	1.83	1.50	1.53	1.57	1.61	1.67	1.74	1.82	1.90	2.01	2.12	2.25	2.40
31	1.78	1.83	1.88	1.53	1.57	1.62	1.68	1.74	1.83	1.91	2.01	2.12	2.24	2.38	2.53
32	1.81	1.86	1.91	1.57	1.62	1.68	1.75	1.82	1.91	2.01	2.12	2.23	2.36	2.52	2.69
33	1.83	1.89	1.95	1.61	1.67	1.74	1.83	1.90	2.01	2.12	2.23	2.35	2.51	2.69	2.87
34	1.84	1.91	1.99	1.66	1.73	1.81	1.90	1.99	2.09	2.21	2.34	2.49	2.66	2.86	3.07
35	1.85	1.94	2.03	1.70	1.78	1.88	1.97	2.07	2.18	2.32	2.47	2.63	2.83	3.05	3.29
36	1.85	1.96	2.08	1.75	1.85	1.95	2.06	2.18	2.29	2.44	2.59	2.78	3.01	3.26	3.54
37	1.88	2.01	2.15	1.83	1.94	2.04	2.16	2.29	2.43	2.58	2.75	2.96	3.21	3.50	3.80
38	1.94	2.09	2.24	1.91	2.04	2.16	2.29	2.43	2.58	2.75	2.93	3.15	3.43	3.75	4.10
39	2.03	2.19	2.35	2.01	2.14	2.28	2.42	2.58	2.75	2.92	3.13	3.37	3.66	4.01	4.40
40	2.11	2.30	2.49	2.13	2.27	2.41	2.57	2.75	2.92	3.13	3.34	3.60	3.92	4.30	4.75
41	2.16	2.39	2.61	2.25	2.40	2.55	2.72	2.91	3.11	3.33	3.57	3.85	4.19	4.62	5.12
42	2.29	2.51	2.74	2.37	2.54	2.70	2.88	3.09	3.32	3.56	3.82	4.13	4.51	4.96	5.52
43	2.36	2.61	2.86	2.49	2.67	2.85	3.04	3.26	3.50	3.78	4.08	4.44	4.85	5.36	5.96
44	2.43	2.71	3.00	2.61	2.80	2.99	3.20	3.43	3.69	4.01	4.36	4.77	5.24	5.78	6.43

After the first 15 policy years, rates are based on attained age

Attained Age	Rate	Attained Age	Rate	Attained Age	Rate
45	2.56	63	9.89	81	43.26
46	2.71	64	10.77	82	46.70
47	2.89	65	11.73	83	50.38
48	3.09	66	12.76	84	54.55
49	3.32	67	13.83	85	59.41
50	3.59	68	14.97	86	64.92
51	3.85	69	16.08	87	70.93
52	4.11	70	17.27	88	77.34
53	4.42	71	18.71	89	83.09
54	4.76	72	20.33	90	87.78
55	5.17	73	22.07	91	91.82
56	5.64	74	23.98	92	96.01
57	6.15	75	26.14	93	102.26
58	6.68	76	28.50	94	111.12
59	7.23	77	31.08	95	120.33
60	7.81	78	33.92	96	142.80
61	8.42	79	36.95	97	191.46
62	9.11	80	40.08	98	276.63
				99	418.91

GUARANTEED ANNUAL COST OF INSURANCE RATES

AGE AT ISSUE, 35 THROUGH 70 MALE, NONSMOKER

Rates for the first 15 policy years

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
35	2.22	2.33	2.43	2.55	2.67	2.82	2.96	3.11	3.27	3.48	3.71	3.95	4.25	4.58	4.94
36	2.22	2.36	2.49	2.63	2.78	2.93	3.09	3.27	3.44	3.66	3.89	4.17	4.52	4.89	5.31
37	2.25	2.42	2.58	2.75	2.91	3.06	3.24	3.44	3.65	3.87	4.13	4.44	4.82	5.25	5.70
38	2.33	2.51	2.69	2.87	3.06	3.24	3.44	3.65	3.87	4.13	4.40	4.73	5.15	5.63	6.15
39	2.43	2.63	2.82	3.02	3.21	3.42	3.63	3.87	4.13	4.38	4.72	5.13	5.60	6.14	6.76
40	2.54	2.76	2.99	3.20	3.41	3.62	3.86	4.13	4.38	4.72	5.13	5.60	6.14	6.76	7.45
41	2.60	2.87	3.14	3.38	3.60	3.83	4.08	4.37	4.72	5.13	5.60	6.14	6.76	7.45	8.22
42	2.75	3.02	3.29	3.56	3.81	4.05	4.36	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06
43	2.96	3.19	3.45	3.74	4.03	4.36	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95
44	3.19	3.45	3.73	4.03	4.36	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94
45	3.45	3.73	4.03	4.36	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05
46	3.73	4.03	4.36	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29
47	4.03	4.36	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67
48	4.36	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26
49	4.72	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06
50	5.13	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06
51	5.60	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25
52	6.14	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62
53	6.76	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16
54	7.45	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92
55	8.22	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98
56	9.06	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44
57	9.95	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39
58	10.94	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95
59	12.05	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11
60	13.29	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78
61	14.67	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84
62	16.26	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24
63	18.06	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93
64	20.06	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93	81.95
65	22.25	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93	81.95	89.52
66	24.62	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93	81.95	89.52	97.88
67	27.16	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93	81.95	89.52	97.88	107.25
68	29.92	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93	81.95	89.52	97.88	107.25	117.82
69	32.98	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93	81.95	89.52	97.88	107.25	117.82	129.54
70	36.44	40.39	44.95	50.11	55.78	61.84	68.24	74.93	81.95	89.52	97.88	107.25	117.82	129.54	142.18

GUARANTEED ANNUAL COST OF INSURANCE RATES

AGE AT ISSUE, 35 THROUGH 70 MALE, NONSMOKER

After the first 15 policy years, rates are based on attained age

Attained Age	Rate	Attained Age	Rate	Attained Age	Rate
50	5.39	68	29.92	86	169.18
51	5.78	69	32.98	87	183.16
52	6.17	70	36.44	88	197.33
53	6.76	71	40.39	89	211.89
54	7.45	72	44.95	90	227.05
55	8.22	73	50.11	91	243.16
56	9.06	74	55.78	92	260.82
57	9.95	75	61.84	93	281.75
58	10.94	76	68.24	94	309.83
59	12.05	77	74.93	95	351.86
60	13.29	78	81.95	96	420.99
61	14.67	79	89.52	97	541.00
62	16.26	80	97.88	98	745.15
63	18.06	81	107.25	99	1000.00
64	20.06	82	117.82		
65	22.25	83	129.54		
66	24.62	84	142.18		
67	27.16	85	155.45		

SCHEDULE

TABLE OF BASIC SURRENDER CHARGES

PER \$1,000 OF SPECIFIED AMOUNT

Issue Age*	Male S	Male NS	Female S	Female NS	Issue Age*	Male S	Male NS	Female S	Female NS
0		3.10		2.60	40	20.80	13.80	13.70	10.70
1		3.10		2.60	41	22.10	14.60	14.50	11.30
2		3.20		2.60	42	23.40	15.50	15.30	12.00
3		3.20		2.70	43	24.90	16.50	16.20	12.70
4		3.30		2.70	44	26.40	17.50	17.10	13.50
5		3.40		2.80	45	27.90	18.60	18.10	14.30
6		3.50		2.80	46	29.06	19.70	19.00	15.10
7		3.60		2.90	47	30.07	20.80	19.90	15.90
8		3.70		3.00	48	31.15	22.00	20.90	16.70
9		3.80		3.10	49	32.30	23.30	22.00	17.70
10		4.00		3.20	50	33.53	24.60	23.20	18.70
11		4.10		3.30	51	34.83	26.10	24.40	19.70
12		4.30		3.40	52	36.22	27.60	25.70	20.90
13		4.40		3.50	53	37.68	29.30	27.00	22.10
14		4.60		3.60	54	39.22	31.00	28.50	23.40
15		4.70		3.70	55	40.84	32.90	30.00	24.70
16	6.60	4.90	4.70	3.90	56	42.54	34.80	31.60	24.20
17	6.80	5.00	4.80	4.00	57	44.33	36.41	33.30	27.80
18	7.10	5.10	5.00	4.10	58	46.23	37.96	35.10	29.40
19	7.40	5.30	5.20	4.30	59	48.00	39.61	37.00	31.20
20	7.70	5.50	5.40	4.40	60	48.00	41.38	39.00	33.00
21	8.00	5.70	5.60	4.60	61	48.00	43.27	41.20	35.00
22	8.30	5.90	5.80	4.70	62	48.00	45.27	43.40	37.20
23	8.60	6.10	6.10	4.90	63	48.00	47.40	45.80	39.11
24	9.00	6.30	6.40	5.10	64	48.00	48.00	48.00	40.75
25	9.40	6.50	6.60	5.30	65	48.00	48.00	48.00	42.49
26	9.80	6.80	6.90	5.50	66	48.00	48.00	48.00	44.35
27	10.30	7.10	7.20	5.70	67	48.00	48.00	48.00	46.34
28	10.70	7.40	7.60	6.00	68	48.00	48.00	48.00	48.00
29	11.30	7.70	7.90	6.20	69	48.00	48.00	48.00	48.00
30	11.80	8.10	8.30	6.50	70	48.00	48.00	48.00	48.00
31	12.50	8.50	8.60	6.80					
32	13.10	8.90	9.10	7.10					
33	13.80	9.30	9.50	7.40					
34	14.60	9.80	10.00	7.80					
35	15.40	10.30	10.40	8.10					
36	16.30	10.90	11.00	8.60					
37	17.40	11.60	11.60	9.00					
38	18.40	12.30	12.30	9.60					
39	19.60	13.00	13.00	10.10					

*Original issue age or issue age at the time of an increase in Specified Amount

SCHEDULE

Maximum Percent of Basic Surrender Charge

Contract Year Since Issue or Increase in Specified Amount	Maximum % of Basic Surrender Charge Shown in Table of Basic Surrender Charges
1	100%
2	100%
3	100%
4	100%
5	95%
6	90%
7	80%
8	70%
9	60%
10	50%
11	40%
12	30%
13	20%
14	10%
15 and after	0%

SCHEDULE

TABLE OF APPLICABLE PERCENTAGES

IRS REQUIRED MINIMUM RATIO OF INSURANCE TO CASH VALUE

Attained Age of Insured at Beginning of Contract year Contract year	Percentage of Account Value	Attained Age of Insured Account Value	Percentage of at beginning of
0-40	150%	68	17%
41	143%	69	16%
42	136%	70	15%
43	129%	71	13%
44	122%	72	11%
45	115%	73	9%
46	109%	74	7%
47	103%	75	5%
48	97%	76	5%
49	91%	77	5%
50	85%	78	5%
51	78%	79	5%
52	71%	80	5%
53	64%	81	5%
54	57%	82	5%
55	50%	83	5%
56	46%	84	5%
57	42%	85	5%
58	38%	86	5%
59	34%	87	5%
60	30%	88	5%
61	28%	89	5%
62	26%	90	5%
63	24%	91	4%
64	22%	92	3%
65	20%	93	2%
66	19%	94	1%
67	18%	95-99	0%

DEFINITIONS

WE, US, OUR:	The insurance company named on the face page.
INSURED:	The person named on the schedule pages as Insured.
MATURITY DATE:	The date the contract matures for its net contract value.
CONTINGENT OWNER:	The person who is to become Owner at death of the prior Owner.
OWNER:	The person entitled to exercise all rights under the contract. In this contract, "you" and "your" refer to the Owner.
PREMIUM:	The money you paid us for this contract.

GENERAL PROVISIONS

BENEFICIARY:	<p>The beneficiary is the person who is to receive payment of proceeds on death of the Insured prior to the maturity date.</p> <p>You choose the beneficiary while the Insured is alive. You may name an irrevocable beneficiary. If you do so, a change can be made later, only with the beneficiary's written consent.</p> <p>The estate or heirs of a beneficiary who dies before the Insured have no rights under this contract. If no beneficiary survives the Insured, the payment will be made to you or your estate.</p>
OWNERSHIP OF CONTRACT:	<p>Only an Owner who is not the Insured may name or change a Contingent Owner. The Insured is the Owner, unless otherwise requested in the application.</p> <p>Upon written notice to us, you may assign the contract to a new owner. The assignment cancels a designation of contingent owner. It does not change the beneficiary.</p>
COLLATERAL ASSIGNMENT	Upon notice to us, you may make a collateral assignment to a creditor as security for a debt. It does not change contract ownership. The rights of such an assignee have priority over the rights of a beneficiary. All assignments are subject to contract debt.
NOTICES, CHANGES AND ELECTIONS	<p>To be effective, all notices, changes and elections you make under this contract must be in writing, signed by you and received by us at our office. We are not responsible for their validity.</p> <p>If acceptable to us, notices, changes and elections relating to beneficiaries and ownership will take effect as of the date signed unless we have already acted in reliance on the prior status.</p>
MISSTATEMENT OF AGE AND SEX:	If the age or sex of the Insured is misstated, the death benefit will be adjusted to reflect the correct age and sex.
INCONTESTABILITY:	We rely on all statements made in the application for the contract and applications for any increases in specified amount. Legally, these statements are considered to be representations and not warranties.

We can contest the validity of this contract or deny a claim for any material misrepresentation of a fact. To do so, the misrepresentation must have been made in an application and a copy of the application attached to this contract.

In the absence of fraud, We cannot contest this contract after it has been in effect during the Insured's life for two years from the Date of Issue. This two-year limitation does not apply to disability or accidental death benefits, if any. If this contract is reinstated, the contestable period begins again on the date of reinstatement, but only as to statements made in the reinstatement application.

In the absence of fraud, any additional specified amounts of coverage issued after the contract's Date of Issue will be incontestable only after they have been in effect during the Insured's life for two years from the effective date of such additional amounts.

THIS CONTRACT:

This contract, any endorsements, riders, and applications are the entire contract. It is issued in consideration of the application and the payment of premium.

Only our President or Secretary may change the contract. Any change must be in writing.

At any time, we may make such changes in this contract as are required to make it conform with any law, regulation or ruling issued by a government agency. We will promptly furnish you a copy of any such change.

NONPARTICIPATING:

This contract is nonparticipating. It does not share in our surplus.

DATES:

Contract months, years and anniversaries are measured from the Date of Issue. This contract will go into effect when the first premium is paid and the contract is delivered during the lifetime and continued insurability of the Insured. The effective date for the initial specified amount will be the Date of Issue shown on the schedule pages. For any changes to coverage, the effective date of new coverage will be the first monthly deduction day on or next following the date we approve your request for the change.

PROTECTION OF PROCEEDS:

To the extent allowed by law, proceeds are not subject to legal process for debts of a payee.

PERIODIC REPORTS:

At least once a year, we will furnish you a report of your current value. Additional reports are available for a fee.

ILLUSTRATIVE REPORTS:

Illustrative reports are available for a fee at any time. These reports will be based on assumptions specified by you and/or us.

CONFORMITY WITH STATE LAW:

The guaranteed values in this contract are not less than those required by law in the state where the contract is delivered. The basis for guaranteed values is shown on the schedule pages.

We have filed a detailed statement of the method used to calculate values and reserves for this contract with the insurance department in the state where the contract is delivered.

PREMIUMS

PAYMENT:

The first premium is due on the Date of Issue. The first premium may be paid to our agent. All other premiums are payable to us at our Administrative Office. We will issue a receipt on request.

FLEXIBLE PREMIUM PAYMENT:

Your target premium is shown on the schedule pages. Premium payments can be made annually, semiannually, quarterly, or monthly. Except as provided in the Guideline Premium Limitation provision, you may change the amount and/or frequency of your premium payments. However, each premium payment must be at least the minimum premium on the schedule pages.

You may make additional premium payments in accordance with the Guideline Premium Limitation provision at any time prior to the contract maturity date shown on the schedule pages. The smallest premium payment we will accept is shown on the schedule pages.

CONTRACT TERMINATION

This contract will terminate on the first of the following to occur:

- you send us a written request to cancel this contract and the contract has no net contract value;
- you send us a written request to surrender this contract;
- the Insured dies;
- the contract reaches its maturity date; or
- the 31-day grace period ends without the required premium payment.

Any deduction we make after this contract ends will not be a reinstatement or waiver of our right to end the contract. Any such deduction will be refunded.

GUIDELINE PREMIUM LIMITATION:

In order for your contract to retain its tax status as a life insurance contract, the total premiums paid must not be greater than the "Guideline Premium Limitation," as defined in the Internal Revenue Code of 1986 as amended, unless such premium is necessary to prevent the termination of the contract without value on or before the end of the contract year. The Guideline Premium Limitation allows you to pay premiums into your contract as long as one of the following two premium tests is satisfied.

Single Premium Test:

The total premium paid is less than the guideline single premium.

Annual Premium Test:

The total premium paid is less than the guideline level annual premium times the contract year.

If you pay more than the permissible premium, you may request refund of the excess premium with interest within sixty days after the end of the contract year. The guideline premiums for your contract are shown on the schedule pages.

Changes in the specified amount, the death benefit option, or additional benefits provided by rider will change your guideline premium limit. Your revised schedule pages will include the revised guideline premiums that apply to the contract.

RIGHT TO AMEND POLICY AND DISCLAIMER:

We have the right to amend this policy so it remains qualified for treatment as a life insurance policy by the Internal Revenue Service. A copy of any amendment will be sent to the Owner. We are not liable for any tax or penalty of the Owner which results from failure to comply with the Internal Revenue Service code for such policies.

REINSTATEMENT:

Unless you have surrendered this contract for its net contract value, you may request reinstatement of your contract. We will consider reinstatement during the Insured's life within five years after the end of the grace period and prior to the maturity date.

To reinstate coverage, you must apply in writing and provide proof satisfactory to us that the Insured is still insurable. You must pay enough premium to keep the contract in effect for three months. Any contract debt must be paid or reinstated with interest due at the reinstatement interest rate shown on the schedule pages.

The effective date of your reinstated coverage will be the date we approve your application for reinstatement. Following reinstatement, your monthly deduction day will remain the same as the date shown on the schedule pages.

If a person other than the Insured is covered by an attached rider, reinstatement of his or her coverage will be according to that rider.

DEATH BENEFIT**DEATH BENEFIT OPTIONS:**

If the Insured dies while this contract is in effect, we will pay a death benefit. The death benefit depends on the death benefit option in effect on the date of death. You may select a death benefit option which either includes or excludes the account value from the specified amount.

Under Option A, the death benefit will be the greater of:

- the specified amount on the date of death, plus net premiums received with interest since the last monthly deduction day; or
- the account value on the date of death, plus a corridor amount.

Under Option B, the death benefit will be the account value on the date of death, plus the greater of:

- the specified amount on the date of death; or
- a corridor amount.

CORRIDOR AMOUNT:

The corridor amount is a percentage of the account value on the date of death as shown in the Table of Applicable Percentages.

CHANGING YOUR SPECIFIED AMOUNT

At any time you may request a change in your current insurance coverage. If you change your current insurance coverage, we will send you revised schedule pages. Your coverage may not be less than the minimum specified amount shown on the schedule pages.

INCREASES IN SPECIFIED AMOUNT:

To request an increase in specified amount, you must apply in writing and provide proof satisfactory to us that the Insured is still insurable. A new table of surrender charges, based on attained age for the amount of the increase and rate class at the time of the increase, will be shown in your revised schedule pages.

DECREASES IN SPECIFIED AMOUNT:

To request a decrease in the specified amount, send a signed, written notice of the change on a form satisfactory to our home office. Any decrease will be applied against increases in specified amount in the reverse order in which they occurred. The surrender charge for the decrease will be deducted from the contract's account value at the time of the decrease. The specified amount remaining in effect after any decrease cannot be less than the minimum specified amount shown on the schedule pages.

CHANGING THE DEATH BENEFIT OPTION

You may change the death benefit option. If you change from Option A to Option B, the specified amount will be decreased by the amount of the account value. If you change from Option B to Option A, the specified amount will be increased by the account value. The surrender charge shown in your revised schedule pages will stay the same. You will also be required to provide proof satisfactory to us, that the Insured is still insurable.

To change your death benefit option, send a signed, written notice of the change on a form satisfactory to our home office. The change will go into effect on the deduction day on or next following the date we receive your notice, provided the account value is sufficient to pay premium, otherwise the day we receive the required premium.

SURRENDER CHARGE

The surrender charge is equal to a percentage of the Basic Surrender Charge. The Table of Basic Surrender Charges is based on the sex, issue age and rate class of the Insured. A Table of Basic Surrender Charges for this contract, and the table of applicable percentages, is shown on the schedule pages.

A requested increase in specified amount will incur an additional surrender charge. The surrender charge will be deducted from the contract's account value when you request a decrease in specified amount or upon surrender or lapse of this contract.

ACCOUNT VALUE

COMPUTATION OF ACCOUNT VALUE:

The account value on the Date of Issue will be the initial net premium, less the monthly deduction for the month beginning with the Date of Issue.

The first deduction day is the Date of Issue. Thereafter, the deduction day will be your monthly deduction day as shown on the schedule pages. Each deduction will be for the month beginning with the current deduction day.

The account value on each monthly deduction day will be:

- the account value on the prior deduction day; plus
- one month's interest on such account value; plus
- any net premiums received since the prior deduction day; plus
- interest to the deduction day on any net premiums received; less
- the monthly deduction for the month beginning with the current monthly deduction day.

The account value on any day other than a deduction day will be:

- the account value on the prior deduction day; plus
- any net premiums received since the prior deduction day; plus
- interest on both.

NET PREMIUM:

Interest on net premiums is credited from the date premiums are received at our office.

A net premium is the premium paid less the percentage of premium expense charge shown on the schedule pages.

MONTHLY DEDUCTION:

The monthly deduction for a contract month will be:

- the cost of insurance; plus
- the cost of additional riders or supplemental benefits; plus
- an administrative charge as shown on the schedule pages.

COST OF INSURANCE:

We calculate the cost of insurance at the beginning of each month on the deduction day.

The cost of insurance is calculated separately for the initial specified amount and each increase in specified amount.

The cost of insurance is:

- the cost of insurance rate; times
- the net amount at risk.

COST OF INSURANCE RATE:

The cost of insurance rate for the Insured's initial specified amount and each specified amount increase is based on the Insured's:

- sex
- issue age and number of years since issue; and
- rate class.

INTEREST RATE:

Contract debt will earn interest at an annual rate shown on the schedule pages.

From time to time and in such a manner as we may determine, our Board of Directors may declare a current rate of interest to be applied to the account value in excess of contract debt. Such current interest will be based on future expectations regarding interest rates.

We will not pay less than the minimum interest rate on any portion of the account value in excess of the contract debt. The minimum interest rate is shown on the schedule pages.

SURRENDERING THIS CONTRACT:

You may surrender this contract for its net contract value by completing a form satisfactory to us and returning this contract to us.

If this contract is surrendered, it must be during the lifetime of the Insured and prior to the maturity date. If surrendered, all insurance in effect under this contract will terminate on the deduction day on or next following the date we receive your request. We may delay making the payment for up to six months.

CONTINUATION OF INSURANCE

Except as provided under Grace Period, if you stop making your premium payments, the insurance coverage under this contract and any benefits provided by rider will be continued until the net contract value is not enough to cover the monthly deduction. The contract will not be continued beyond the maturity date nor continue any rider beyond the date of its termination. On the maturity date, any remaining net contract value will be paid to you.

We cannot increase the rates over the Guaranteed Annual Cost of Insurance Rates shown on the schedule pages.

NET AMOUNT AT RISK:

The net amount at risk for Option A is:

- the specified amount divided by;
- one plus the guaranteed monthly interest rate shown on the schedule pages; less
- the adjusted account value.

The net amount at risk for Option B is:

- the specified amount plus the adjusted account value on the deduction day, divided by;
- one plus the guaranteed monthly interest rate shown on the schedule pages; less
- the adjusted account value.

The net amount at risk will not be less than the adjusted account value, times the corridor percentage.

If there have been increases in the death benefit, the adjusted account value will first be considered a part of the initial specified amount and then part of the specified amount increases in the order of the increases.

**ADJUSTED
ACCOUNT VALUE:**

The adjusted account value is:

- the account value on the prior deduction day; plus
- interest on such account value; plus
- any net premium received after the prior deduction day; plus
- interest to the current day; less
- the cost of additional riders or supplemental benefits; less
- an administrative charge as shown on the schedule pages.

Interest on net premiums is credited from the date premiums are received at our office.

CONTRACT VALUE:

The contract value is the account value less the surrender charge.

**NET CONTRACT
VALUE:**

The net contract value is equal to the contract value, less contract debt.

GRACE PERIOD:

If the net contract value at the beginning of the month is not enough to cover the monthly deduction for the following month and no further premium payments are made, the contract will stay in effect for 31 days. These 31 days are called the Grace Period. If you do not pay enough premium for the net contract value to cover the monthly deduction by the end of the grace period, the contract will end without value except as provided below. We will send at least 31 days' written notice to your last known address (or assignee) before the contract terminates. If the Insured dies during a grace period, any monthly deduction then due will be subtracted from the proceeds.

The contract will not enter the grace period as explained above if:

- the account value, less contract debt, at the beginning of the month is not less than the monthly deduction for the following month; and
- the total premiums paid since issue, less any partial withdrawals and contract debt, are not less than the minimum premium shown on the schedule pages times the number of years and months since the Date of Issue.

**PARTIAL
WITHDRAWAL:**

You may make a partial withdrawal from this contract for cash at any time during the lifetime of the Insured and prior to the maturity date. The maximum amount you may withdraw is the net contract value less monthly deductions to the due date of the next planned premium. The amount of any partial withdrawal will be subtracted from the net contract value of each coverage and will then be applied to other increases in specified amount in the reverse order in which they occurred.

The death benefit for each coverage will be reduced by the amount of partial withdrawal taken from that coverage.

The specified amount in effect after any partial withdrawal must not be less than the specified amount in the specifications. For each partial withdrawal, a partial withdrawal fee will be subtracted from each partial withdrawal amount. The fee is shown on the schedule pages.

**PAID-UP WHOLE
LIFE OPTION:**

To make a partial withdrawal, you must complete a form satisfactory to us. We may request the contract be returned so that we can note the partial withdrawal. We may delay the payment of any partial withdrawal for up to six months.

You may surrender this contract at any time during the lifetime of the Insured and request in writing that we apply its net contract value to purchase a paid-up Whole Life Plan on the Insured's life. The maximum amount you can purchase without proof of insurability will be:

- the death benefit under this contract on the date of surrender; less
- the account value on the date of surrender.

You can purchase an additional amount by providing proof satisfactory to us that the Insured is still insurable. However, the most you can apply as premium for the paid-up whole life is the contract's net contract value. Any net contract value not applied to purchase paid-up whole life insurance will be paid to you.

The insurance provided by the paid-up whole life option will not include any additional benefit riders attached to this contract. The effective date of your paid-up whole life will be the date coverage under this contract ends. The basis for net single premiums is shown on the schedule pages.

BORROWING MONEY

You may borrow money from us by completing a loan agreement satisfactory to us. The only security we require for the loan is your contract's net contract value.

The maximum amount you may borrow is:

- your contract's account value as of the due date of the next planned premium; less
- the surrender charge; less
- interest in advance on the above to the due date of the next planned premium; less
- contract debt.

We may delay making a loan or partial withdrawal for up to six months. We cannot delay making a loan or partial withdrawal if the amount is to be used to pay a premium to us.

Contract debt, if any, (outstanding loans plus earned interest to date) may be repaid in part or in full at any time during the lifetime of the Insured while this contract is in effect. All payments received will be considered premium payments unless designated as debt repayment or interest payment. If at any time contract debt equals or exceeds the contract value, this contract will end as provided under Grace Period.

Interest on loans accrues each day from the date of the loan and is compounded annually. The rates we will charge are shown on the schedule pages.

On each contract anniversary, interest is due in advance to the next contract anniversary. Any interest not paid when due becomes part of the loan and bears interest at the same rate.

PROCEEDS

PAYMENT OF PROCEEDS:

We will pay the proceeds of this contract to the beneficiary upon receiving due proof that the Insured died prior to the maturity date. If there is no beneficiary living at the time of the Insured's death, the proceeds will be payable to you or your estate. If the Insured is living on the maturity date, we will pay the net contract value to you. Proceeds will be paid in a single sum unless applied under a settlement option.

To claim the proceeds, we must receive the contract and due proof of the death of the Insured. This proof of death must show that the Insured died while the contract was in effect and prior to the maturity date. In addition, the proof of death must be submitted in a manner satisfactory to us. We will provide specific instructions for claiming the proceeds on request.

AMOUNT OF THE LIFE INSURANCE PROCEEDS:

The proceeds payable at the death of the Insured will be:

- the death benefit; less
- any contract debt.

Proceeds will be paid as soon as possible after receiving proof of death.

The proceeds are subject to any contract debt due us and then to the interest of any assignee of record. These amounts due will be paid in a single sum.

SUICIDE:

If the Insured commits suicide, while sane or insane, within two years (one year in Missouri) from the Date of Issue, the only proceeds payable will be the premiums paid less any contract debt and any partial withdrawals.

If there are any increases to the specified amount, a new two-year period will apply to each increase beginning on the date of each increase. In this case, if the Insured commits suicide, while sane or insane, within two years from the date of the increase, the only proceeds payable on the increase will be the cost of insurance for the increase. (Except as stated above for Missouri.)

If this contract is reinstated, the suicide period starts over again on the date of reinstatement.

SETTLEMENT PROVISIONS

Settlement options provide alternate ways in which payment of proceeds or net contract value can be made. If an option is selected, the contract must be returned to us. Unless the selection is shown in the application for this contract, we will attach an endorsement explaining the method of settlement selected.

All or part of the proceeds or net contract value may be applied under any option. If this contract is assigned, amounts due the assignee will be paid in one sum. The balance, if any, may be applied under any option.

To select an option, a written request satisfactory to us must be received at our office. You may select any option during the lifetime of the Insured. If the option has not been selected before the Insured dies, the beneficiary may select an option. Options not set forth in the contract may be chosen if acceptable to us.

AMOUNT OF SETTLEMENT PAYMENTS:

The proceeds or net contract value will be applied to the settlement option chosen at the most favorable rate at which we are then issuing contracts providing that option. The rate will not be less favorable than shown in the settlement option tables in this contract. The tables show the minimum guaranteed amount of each payment for each \$1,000 so applied according to the adjusted age and sex at the settlement date.

MINIMUM PAYMENTS:

Minimum amounts and payments are shown on the schedule pages.

SETTLEMENT OPTIONS

OPTION 1 - PAYMENTS OF A FIXED AMOUNT:

Equal payments in the amount chosen will be made periodically until the proceeds or net contract value is exhausted. Interest will be credited for each contract year at a rate no less than the minimum guaranteed interest rate shown on the schedule pages for that year.

OPTION 2 - PAYMENTS FOR A FIXED PERIOD:

Equal payments will be made periodically for the term chosen. Interest will be credited for each contract year at a rate no less than the minimum guaranteed interest rate shown on the schedule pages for that year.

OPTION 3 - INTEREST ONLY:

The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds will be paid to the payee. If the payee dies before the end of this period, the proceeds will be paid as previously agreed upon.

OPTION 4 - INSTALLMENTS FOR A GUARANTEED PERIOD:

The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi-annual, quarterly or monthly basis. The amount of each monthly installment for each \$1,000 of proceeds is shown in the table below. The installment amounts on other than a monthly basis, or for years not shown, will be furnished upon request.

Number of Years <u>Guaranteed</u>	Monthly Installment <u>per \$1,000</u>
5	\$17.73
10	9.41
15	6.65
20	5.29
25	4.47
30	3.94

OPTION 5 - LIFE ANNUITY WITH PAYMENTS GUARANTEED FOR 10 OR 20 YEARS:

The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. Payments will cease with the last payment due prior to the payee's death. Installments for any age not shown will be furnished upon request.

Age Last Birthday Male Payee	Monthly Life Income with Payments Guaranteed for:	
	10 years	20 years
50	\$3.81	\$3.71
55	4.19	4.01
60	4.68	4.35
65	5.31	4.68
70	6.08	4.96
75	6.96	5.15

Age Last Birthday Female Payee	Monthly Life Income with Payments Guaranteed for:	
	10 years	20 years
50	\$3.57	\$3.52
55	3.90	3.80
60	4.33	4.14
65	4.89	4.51
70	5.63	4.85
75	6.55	5.10

DEATH OF PAYEE

On death of the payee under Options 1, 2, 4, and 5, the payments for the period guaranteed may be continued to another payee. If no such payee survives, the present value of guaranteed payments will be paid in one lump sum.

**TRANSFER
BETWEEN OPTIONS**

A payee under Options 1, 2, 4 or 5 may transfer the present value of guaranteed amounts remaining unpaid to another option. If transfer is made to Option 4 or 5, the amounts and terms will be those in contracts we are issuing at that time.

PAYMENTS:

Payments will be made on the first day of each month starting with the date of the Insured's death or the effective date of surrender for the net contract value. The amount of each payment on an annual, semiannual or quarterly basis will be determined by multiplying the monthly payment computed from the table by the appropriate factor. We may require satisfactory proof of correct age or sex at any time. If any payment under this contract depends on the payee being alive, we may require satisfactory proof of survival.

PRESENT VALUE:

When computing the payments under Options 1, 2, 4, and 5, we include interest from the effective date of the option to the date of each payment. If future payments are withdrawn or paid early, we must deduct the amount of interest included for the period after withdrawal or early payment. The present value of future payments is the sum of those payments, less the interest from the date of each future payment.

The interest rate originally used in computing the settlement option will be the rate used to determine the commuted value.

**ATTACH
COPIES OF APPLICATIONS,
AMENDMENTS
AND
ENDORSEMENT
HERE**

PLEASE READ YOUR CONTRACT CAREFULLY!

If you have questions or need service, ask your agent or write us and include your contract number.

If any person advises you to discontinue or replace your contract, ask that person to give you a written proposal. Send it to your agent or to us for an analysis. Failure to keep your contract in effect could mean a direct loss to you.

It is not necessary for you or the beneficiary to use anyone to collect the proceeds of this contract or to receive any of its benefits.

POLICY AMENDMENT

This policy is amended at issue. The following provisions are added to the policy on the date of issue.

INCONTESTABILITY: The following wording is hereby deleted: "If this contract is reinstated, the contestable period begins again on the date of reinstatement, but only as to statements made in the reinstatement application."

SUICIDE: The following wording is hereby deleted: "If this contract is reinstated, the suicide period starts over again on the date of reinstatement."

PAYMENT OF PROCEEDS: The following wording is hereby added to this provision:
We will pay a death claim within 30 days of:
1. receipt of due proof of loss of any person insured under this policy; and
2. proof of the identity of the beneficiary.

If the claim is not paid within 30 days of receipt of such proofs, we will pay interest of 8% annually until the claim is paid.

ILLUSTRATION: You may request a free copy of your policy's illustration once a year. If you request more than one illustration in a given year, we may charge you a small fee. Such fee will not exceed \$10.

CHANGES IN RATES, CHARGES AND FEES: Any determination of the cost of insurance rates, interest rates, etc. will be based on our future expectations pertaining to mortality, persistency, expenses, investment earnings, reinsurance costs, and state and federal taxes. We will not raise any cost, fee, or rate to recover prior losses.

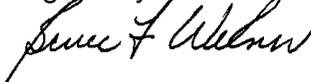
FOR INFORMATION FOR SERVICE OR COMPLAINT: Policyowner Services
P.O. Box 9510
Wichita, Kansas 67277
1-800-333-2525

You may also contact your agent or any of our agents for additional help

If we fail to provide you with reasonable and adequate service, you should feel free to contact:
Arkansas Insurance Department
Consumer Services Division
1200 W. Third Street
Little Rock, AR 72201
(501) 371-2640
(800) 852-5494

No other provision is changed by this rider.

Signed by the President



ACCIDENTAL DEATH BENEFIT RIDER

The consideration for this rider is the: 1) application; and 2) payment of the initial premium. A renewal charge is due each month as provided under "MONTHLY DEDUCTION" below.

The person shown as the Insured under the policy is the person insured under this rider.

The specification page of the policy will show the benefit amount and date of issue of this rider. The effective date is the date of issue of the policy, unless otherwise shown.

If this rider is requested after the policy is issued, the policy must be returned to the company.

The specification page will be amended to show:

- the effective date; and
- the benefit amount.

MONTHLY DEDUCTION

The monthly charge for this rider is deducted from the policy Account Value on each monthly deduction day. The monthly charge is shown in the specifications.

THE BENEFIT

We will pay the Accidental Death Benefit amount to the beneficiary immediately after these conditions are met:

- We receive due proof of the Insured's death;
- Death is caused by an accident which happens while this rider is in force;
- Death results within 180 days of the injury causing death;
- Death results directly from injury, independent of all other causes.

This benefit is in addition to all other policy proceeds. It is payable in the same manner, unless otherwise provided. We may investigate the death.

Exceptions: This benefit is not payable if death resulted from:

- suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane, (in Missouri: suicide, attempted suicide, or intentionally self-inflicted injury, while sane.);
- committing or attempting to commit a felony;
- Insured's consumption of alcohol;
- bodily or mental illness or disease;
- inhalation or ingestion of any gas, poison, or poisonous substance, unless administered in a medical situation by a medically qualified person or during the course of employment;
- voluntary use of any controlled substance, except those substances prescribed by a physician and taken, as directed, during a current course of treatment;
- bacterial infection, other than infection resulting from an injury or medical treatment of such;

- war or act of war; or
- participation in a riot or insurrection.

GENERAL PROVISIONS

Incontestability. This rider shall be contestable by us.

Policy Provisions. The rider and its application are made a part of the attached policy. This rider has no cash or loan values. All terms of the attached policy apply to this rider except as provided herein.

Termination. This rider will end when the first of the following occurs:

- The first policy anniversary on or after the Insured's 70th birthday;
- The policy ends or is surrendered;
- Your written request to end this rider;
- The Insured dies.

Reinstatement. This rider may be reinstated under the same conditions as the policy.

If a charge for this rider is deducted from the Account Value after it ends: 1) we will not waive the termination; and 2) we agree to re-credit such deduction to the Account Value.


President


Secretary

CHILDREN'S TERM INSURANCE RIDER

Level Term Insurance to age 25.

The consideration for this rider is the application and payment of the initial premium. A renewal charge is payable each month thereafter as provided under "MONTHLY DEDUCTION" below.

BENEFIT

We will pay the death benefit to the Owner:

- in addition to the proceeds payable under the policy; and
- when we receive acceptable proof of the death of the Insured Child.

The number of units of death benefit and date of issue are shown in the specification page of the policy. The effective date is the date of issue of the policy, unless otherwise shown.

If this rider is requested after the policy is issued, the policy must be returned to the company. The specification page will be amended to show:

- the effective date; and
- the units of coverage.

For each unit of coverage the death benefit is \$1,000 for each Insured Child.

MONTHLY DEDUCTION

The monthly charge for this rider is deducted from the policy Account Value on each monthly deduction day. The monthly charge is shown in the specifications.

DEFINITIONS

Insured is the Insured under the policy.

Insured child is any child:

- who is: a) over 30 days old; b) unmarried; c) under age 25 years; d) named in the application; and e) accepted by us; and
- subsequently born to or legally adopted by the Insured and the Insured's spouse for whom application has been made to us. Coverage is subject to acceptance by us. We may require return of the policy for endorsement.

BENEFICIARY

The beneficiary is the Owner of the policy, unless otherwise stated in the application or changed according to policy provisions.

GENERAL PROVISIONS

Owner. During the lifetime of the Insured, the owner of this rider is the Owner of the policy. After the death of the Insured, ownership is in the following order: 1) the Owner, if living; 2) for minor children, the Insured's spouse, if living; otherwise, 3) each Insured Child with respect to his or her coverage.

Termination. This rider will end at the sooner of:

- the end or surrender of the policy;
- our receipt of notice of the owner's intent to cancel this rider. If this rider is cancelled, the policy must be returned for endorsement; or
- the first policy anniversary following the Insured's 65th birthday.

Coverage on each Insured Child ends at the sooner of: a) age 25; b) the date the child gets married; or c) the first policy anniversary following the Insured's 65th birthday.

Reinstatement. This rider may be reinstated under the same conditions as the policy.

Continuation. If the Insured dies while the policy and this rider are in force we will endorse the policy to show this rider is paid-up term insurance. The policy and this rider must be returned to us for endorsement. We also must receive written proof of the birthday of each Insured Child. The paid-up term insurance ends on the first anniversary following the child's 25th birthday or the expiry date shown in the specifications.

Misstatement of age or sex. If any person's age or sex is misstated, we will pay based on the benefit the premiums paid would have bought at that person's true age or sex. If that person would not have been eligible for coverage were the true age known, we will return the premiums paid for that person.

Policy Provisions. The rider and its application are made a part of the attached policy. This rider has no cash or loan values. All terms of the attached policy apply to this rider except as provided herein.

If a charge for this rider is deducted from the Account Value after it ends: 1) we will not waive termination; and 2) we agree to re-credit such deduction to the Account Value.


President


Secretary

OTHER INSURED TERM LIFE INSURANCE RIDER
(Monthly Renewable Term Life Insurance to age 95)

The consideration for this rider is the application and payment of the initial premium. A renewal charge is payable each month thereafter as provided under "MONTHLY DEDUCTION" below.

The Other Insured's name, issue age, sex, rate class and amount of insurance are shown in the specifications.

The effective date of this rider is the policy date of issue, unless otherwise shown. If this rider is issued at a date later than the policy issue date, the policy must be returned for endorsement and amendment of the specification page.

BENEFIT

We will pay the amount of insurance in force on the Other Insured's death. Payment will be made to the owner immediately upon receipt of due proof of the Other Insured's death. Death must occur while this rider is in force.

MONTHLY DEDUCTION

The monthly charge for this rider is deducted from the policy Account Value on each monthly deduction day. The monthly charge is:

- the cost of insurance rate for the Other Insured's rate class as shown in the Table of Guaranteed Cost of Insurance Rates per \$1,000 in the policy; times
- the amount of insurance in force on the Other Insured on the monthly deduction day.

We can use cost of insurance rates that are lower than the guaranteed rates. Such cost of insurance rates will be determined by us, based on our expectations as to future mortality experience. Any change in cost of insurance rates will apply to all persons of the same rate class as the Other Insured.

CHANGE IN AMOUNT OF INSURANCE

You may request a change in the amount of insurance by writing to us. Any increase must be requested on our application form. The Other Insured must be insurable by our rules. Any increase we approve will become effective as shown in the amended specification page and is subject to deduction of the first monthly charge.

For any change in amount of coverage, the policy must be returned for endorsement. We can limit the number of increases and decreases made under this rider to one for any twelve-month period.

Any decrease in the amount of insurance in force will become effective as shown in the amended specification page.

The amount of insurance in force must be at least \$10,000.

GENERAL PROVISIONS

Incontestability. This rider shall be incontestable with respect to the initial amount of insurance, except for non-payment of the monthly charge or fraud, after it has been in force for two years during the lifetime of the Other Insured.

Any increase in the amount of insurance approved after this rider's effective date will be incontestable by us after the increase has been in force for two years during the lifetime of the Other Insured, except for non-payment of the monthly charge or fraud. Increases are incontestable only with regard to the statements made in the supplemental application for the increase.

Reinstatement. If the policy and this rider lapse, both may be reinstated according to the requirements in the policy.

Suicide. For the Other Insured's suicide while sane or insane within two years after this rider's effective date, our only liability will be to refund the monthly cost of insurance charges deducted for this rider. (In Missouri: If the Insured commits suicide, while sane, the only proceeds payable will be the premiums paid less any contract debt and any partial withdrawals. We must show that the Insured anticipated suicide when the contract was applied for.)

For the Other Insured's suicide while sane or insane within two years after the initial insurance amount has been increased, our only liability will be to refund the monthly cost of insurance charges deducted for the increase. (Except as stated above for Missouri.)

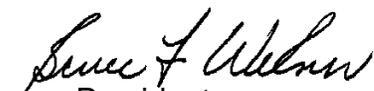
Misstatement of age or sex. If the Other Insured's age or sex is misstated, we will pay based on the benefit the premiums paid would have bought at that person's true age or sex.

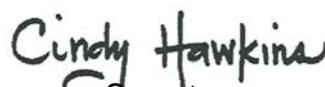
Policy Provisions. This rider and its application are made a part of the attached policy. This rider has no cash or loan values. All terms of the attached policy apply to this rider, except as provided herein.

Termination. This rider will end when the first of the following occurs:

- the first policy anniversary following the Other Insured's 90th birthday;
- the date the policy ends or is surrendered;
- 31 days after we receive notice of the Insured's death; or
- 31 days after the maturity or settlement date of the policy.

If a charge for this rider is deducted from the Account Value after it ends: 1) we will not waive the termination; and 2) we agree to re-credit such deduction to the Account Value.


President


Secretary

OTHER INSURED ACCIDENTAL DEATH BENEFIT RIDER

The consideration for this rider is the application and payment of the initial premium. A renewal charge is payable each month thereafter as provided under "MONTHLY DEDUCTION" below.

The Other Insured's name, issue age, sex, rate class and amount of insurance are shown in the specifications.

The effective date of this rider is the policy date of issue, unless otherwise shown. If this rider is issued at a date later than the policy issue date, the policy must be returned for endorsement and amendment of the specification page.

BENEFIT

We will pay to the Owner the Other Insured Accidental Death Benefit in force immediately after these conditions are met:

- We receive due proof of the Other Insured's death;
- Death is due to accident which happens while this rider is in force;
- Death results within 180 days of the injury causing death;
- Death results directly from injury, independent of all other causes.

This benefit is in addition to all other policy proceeds. It is payable in the same manner, unless otherwise provided. We may investigate the death.

Exceptions: This benefit is not payable if death resulted from:

- suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane, (in Missouri: suicide, attempted suicide, or intentionally self-inflicted injury, while sane.);
- committing or attempting to commit a felony;
- the Other Insured's consumption of alcohol;
- bodily or mental illness or disease;
- inhalation or ingestion of any gas, poison, or poisonous substance, unless administered in a medical situation by a medically qualified person or during the course of employment;
- voluntary use of any controlled substance, except those substances taken as directed and prescribed by a physician, during a current course of treatment;
- bacterial infection, other than infection resulting from an injury or medical treatment of such;
- war or act of war; or
- participation in a riot or insurrection.

MONTHLY DEDUCTION

The monthly charge for this rider is deducted from the policy Account Value on each monthly deduction day. The monthly charge is shown in the specifications.

GENERAL PROVISIONS

Termination. This rider will end when the first of the following occurs:

- The first policy anniversary on or after the Other Insured's 70th birthday;
- The first policy anniversary on or after the Insured's 70th birthday;
- The policy ends or is surrendered;
- Your written request to end this rider; or
- The Insured dies.

Incontestability. This rider is contestable by us.

Reinstatement. If the policy and this rider lapse, both may be reinstated according to the requirements in the policy.

Misstatement of age or sex. If the Other Insured's age or sex is misstated, we will pay based on the benefit the premiums paid would have bought at that person's true age or sex.

Policy Provisions. This rider and its application are made a part of the attached policy. This rider has no cash or loan values. All terms of the attached policy apply to this rider, except as provided herein.

If a charge for this rider is deducted from the Account Value after it ends: 1) we will not waive the termination; and 2) we agree to re-credit such deduction to the Account Value.


President


Secretary

SPOUSE TERM INSURANCE RIDER
Decreasing Term Insurance on the Insured Spouse

The consideration for this rider is the application and payment of the initial premium. A renewal charge is payable each month thereafter as provided under "MONTHLY DEDUCTION" below.

BENEFIT

We will pay the death benefit to the Owner:

- in addition to the proceeds payable under the policy; and
- when we receive acceptable proof of the death of the Insured Spouse.

The number of units of death benefit and date of issue are shown in the specification page of the policy. The effective date is the date of issue of the policy, unless otherwise shown.

If this rider is requested after the policy is issued, the policy must be returned to the company.

The specification page will be amended to show:

- the effective date; and
- the units of coverage.

For each unit of coverage the death benefit is based on the attained age of the spouse on the date of death as follows:

Spouse's Attained Age Death Benefit	Amount of Insurance Per Unit Issued
Through 25	\$5,000
26-30	4,500
31-35	4,000
36-40	3,500
41-45	3,000
46-50	2,500
51-55	2,000
56-60	1,500
61-65	1,000

MONTHLY DEDUCTION

The monthly charge for this rider is deducted from the policy Account Value on each monthly deduction day. The monthly charge is shown in the specifications.

GENERAL PROVISIONS

Termination. Coverage on the spouse ends on the first policy anniversary following the spouse's 65th birthday or on the expiry date, whichever occurs first. The expiry date of the rider, prior to the death of the insured, is the first to occur of the following:

- the first policy anniversary following the insured's 65th birthday;
- the date the policy is surrendered; or
- the date the policy terminates.

If the insured dies while the policy and rider are in force and prior to the expiry date, the rider becomes paid-up term insurance. The policy must be returned to us for endorsement. We may require proof of the spouse's age. This paid-up coverage remains in effect until the earlier of the first policy anniversary following the spouse's 65th birthday or the expiry date shown in the specifications.

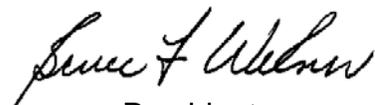
Reinstatement. This rider may be reinstated under the same conditions as the policy.

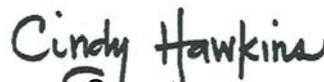
Incontestability and Suicide. These policy provisions also apply to the Insured Spouse as of the rider effective date.

Misstatement of age or sex. If any person's age or sex is misstated, we will pay based on the benefit the premiums paid would have bought at that person's true age or sex. If that person would not have been eligible for coverage were the true age known, we will return the premiums paid for that person.

Policy Provisions. The rider and its application are made a part of the attached policy. This rider has no cash or loan values. All terms of the attached policy apply to this rider except as provided herein.

If a charge for this rider is deducted from the Account Value after it ends: 1) we will not waive termination; and 2) we agree to re-credit such deduction to the Account Value.


President


Secretary

WAIVER OF MONTHLY DEDUCTION FOR DISABILITY RIDER

The consideration for this rider is the: 1) application; and 2) payment of the initial premium. A renewal charge is due each month as provided under "MONTHLY DEDUCTION" below.

The person shown as the Insured under the policy is the person insured under this rider.

The effective date is the date of issue of the policy, unless otherwise shown.

If this rider is requested after the policy is issued, the policy must be returned to the company. The specification page will be amended to show the effective date.

MONTHLY DEDUCTION

The monthly charge for this rider is deducted from the policy Account Value on each monthly deduction day. The monthly charge is calculated as the Percentage of Monthly Deduction shown in the specification page times each of the following:

- Cost of Insurance (including any substandard rating) times the net amount at risk;
- Additional rider and supplemental benefit costs; and
- The Policy Fee.

THE BENEFIT

We will waive all monthly deductions for the policy and any supplemental benefits which become due during the Insured's total disability if these conditions are met:

- We receive notice of the Insured's total disability;
- Disability is caused by accident or sickness which occurs after the policy and rider issue dates;
- Total disability results while this rider is in force;
- Total disability has been continuous for at least six months; and
- The effective date of the policy and any increase in the amount of coverage is prior to the Insured's age 55. Any increase in the amount of insurance made after the Insured's age 55 will not be covered under this rider.

Any monthly deduction taken from the Account Value, which applies to the period of disability, will be credited to the Account Value. No monthly deduction will be waived which was due more than 6 months before the company is notified.

TOTAL DISABILITY DEFINED

During the first 24 months of disability: total disability means the Insured's inability to perform the material and substantial duties of his or her usual occupation due to bodily injury or sickness.

After the first 24 months of disability: total disability means the Insured's inability to perform any occupation, due to bodily injury or sickness, for which he or she is qualified by reason of education, training, or experience.

PROOF OF DISABILITY

Notice. Written notice must be received by the company while the Insured is alive and still disabled. It must be received before 6 months after this rider ends. Notice given later will not invalidate a claim, if given as soon as reasonably possible.

Medical Proof. We require medical proof of the date of injury or sickness which caused the total disability. At reasonable intervals, we need medical proof of continued disability. We may require medical examinations by a physician we select to verify total disability. If we require such examination, we will pay for it. If total disability is interrupted at any time, or you fail to furnish such proof, monthly deductions will again become payable, as required by the policy.

Exceptions. No monthly deduction will be waived if disability resulted from:

- Intentionally self-inflicted injury; or
- committing or attempting to commit a felony, whether or not such act results in arrest or conviction; or
- joining in a riot or insurrection; or
- The voluntary taking of:
 - a. any drug or controlled substance, except as prescribed by a physician and taken as directed during a current course of treatment; or
 - b. alcohol; or
 - c. any poison or harmful gas; or
- Normal pregnancy and delivery; or
- Flight in or descent from any aircraft, except as a passenger on a civil aircraft with no duties in flight; or
- War, declared or undeclared, or any military service disability while in the armed forces of any country.

GENERAL PROVISIONS

Incontestability. This rider is contestable by us.

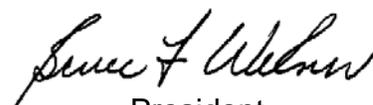
Reinstatement. This rider may be reinstated under the same conditions as stated in the policy.

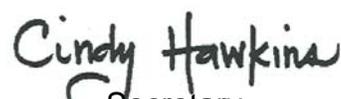
Policy Provisions. The rider and its application are a part of the attached policy. There are no cash or loan values under this rider. All terms of the policy apply to this rider, except as provided herein.

Termination. This rider will end when the first of the following occurs:

- The first policy anniversary on or after the Insured's 60th birthday;
- The policy ends or is surrendered;
- Your written request to end this rider;
- The Insured dies.

If a charge for this rider is deducted from the Account Value after it ends: 1) we will not waive the termination; and 2) we agree to re-credit such deduction to the Account Value.


President


Secretary

**UNIVERSAL LIFE 2000
WAIVER-OF-MONTHLY DEDUCTION**

Attained Age	Percentage of Monthly Deduction	
	Male	Female
0-20	0.040	0.060
21	0.040	0.060
22	0.040	0.060
23	0.040	0.060
24	0.040	0.060
25	0.040	0.060
26	0.040	0.060
27	0.040	0.060
28	0.040	0.060
29	0.040	0.060
30	0.040	0.060
31	0.041	0.061
32	0.042	0.063
33	0.043	0.064
34	0.044	0.066
35	0.045	0.067
36	0.046	0.069
37	0.047	0.070
38	0.048	0.072
39	0.049	0.073
40	0.050	0.075
41	0.051	0.076
42	0.052	0.078
43	0.053	0.079
44	0.054	0.081
45	0.055	0.083
46	0.058	0.087
47	0.061	0.091
48	0.064	0.096
49	0.067	0.100
50	0.070	0.105
51	0.080	0.120
52	0.090	0.135
53	0.100	0.150
54	0.110	0.165
55	0.120	0.180
56	0.140	0.210
57	0.160	0.240
58	0.180	0.270
59	0.200	0.300

The rates shown are for standard class. The rates will be adjusted for the insured's rate class by multiplying the rate shown by the rating factor shown for this rider on page 3 of the policy.

**LIFE APPLICATION TO
CENTURY LIFE ASSURANCE COMPANY**

Home Office: Oklahoma City, Oklahoma; Administrative Office: P.O. Box 9510, Wichita, Kansas 67277

All questions must be answered completely for all proposed insureds. If additional space is needed, use space provided on page 3.

1. a. Full Name of Proposed Insured (If joint, proposed insured 'A') [JOHN DOE]	b. Age [35]	c. Sex [M]	d. Date of Birth [01/01/XX]	e. State of Birth [AS]
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f. Social Security No. [000-00-0000]	g. Drivers License No. [00000]	h. Home Phone No. [000-000-0000]	i. Business Phone No. [000-000-0000]	j. Employer Name [SELF]
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k. Occupation, title, and duties. Are you a full-time employee? Yes No. If No, hours worked per week _____
[ACCOUNTANT]

l. Address Number and Street or R.F.D.	City	County	State	Zip Code	How Long There
Residence [123 N. MAIN]	[ANY TOWN]	[COUNTY]	[AS]	[00000]	[15 YEARS]
Business [SAME AS ABOVE]					
Former Residence					

m. Primary Beneficiary and relationship: To share equally or to survivor(s) [JANE DOE, SPOUSE] Revocable? Yes No

n. Contingent Beneficiary and relationship: To share equally or to survivor(s) [BILL DOE, FATHER]

2. a. Proposed Insured 'B' or spouse	<input type="checkbox"/> joint insured <input type="checkbox"/> other insured <input type="checkbox"/> spouse rider	b. Age	c. Sex	d. Date of Birth	e. State of Birth
--------------------------------------	---	--------	--------	------------------	-------------------

f. Social Security No.	g. Drivers License No.	h. Home Phone No.	i. Business Phone No.	j. Employer Name
------------------------	------------------------	-------------------	-----------------------	------------------

k. Occupation, title, and duties. Are you a full-time employee? Yes No. If No, hours worked per week _____

l. Address Number and Street or R.F.D.	City	County	State	Zip Code	How Long There
Residence					
Business					
Former Residence					

3. a. Plan of Insurance [WHOLE LIFE]	c. Modal Premium \$ _____	d. If UL, Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B	f. Supplemental Benefits
b. Amount of Insurance \$ 1,000	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bill <input type="checkbox"/> BOM/ACH <input type="checkbox"/> _____	e. Premium collected with application \$ [NONE]	<input type="checkbox"/> WP/WMD <input type="checkbox"/> SR units _____ <input type="checkbox"/> OIR <input type="checkbox"/> CR units _____ <input type="checkbox"/> Insured ADB \$ _____ <input type="checkbox"/> Other insured ADB \$ _____

4. Automatic Premium Loan, if available. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Excess Interest, if applicable <input type="checkbox"/> Left at interest <input type="checkbox"/> Other <input type="checkbox"/> Paid-up additional	6. Bill to: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Home or <input type="checkbox"/> Business <input type="checkbox"/> Owner, address below
--	--	--

7. Insurance Now Owned? [NONE] Amount Year Double	10. a. Name of owner, if other than proposed insured.																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Company</th> <th style="width: 10%;">of Life</th> <th style="width: 10%;">Issued</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Company	of Life	Issued	Yes	No																					b. Social Security No. _____ c. Mailing Address _____ d. City _____ e. State _____ Zip Code _____
Name of Company	of Life	Issued	Yes	No																						

8. Do you intend the replacement or change of any of your existing insurance policies in connection with this application for new life insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, circle company and amount above, and provide policy number.	11. Home Office Additions or corrections
9. Any other application for insurance now pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, company, amount and plan:	

COMPLETE FOR CHILDREN'S COVERAGE

12. Full names of all children proposed for coverage. PLEASE PRINT	State of Birth	Birth Date	Age	Sex	Ht. - Wt.	Present Life Ins.
a.						
b.						
c.						
d.						

Questions apply to ALL proposed insureds. Provide details of "YES" answers in section at right. Indicate which proposed insured.

- | 13. Has any Proposed Insured: | YES | NO |
|--|--------------------------|-------------------------------------|
| a. Been declined, postponed, rated, modified, or refused life insurance or reinstatement thereof? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Ever been convicted of a felony?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. In the last 3 years had 3 or more moving traffic violations, had driver's license suspended or revoked, or more than 2 auto accidents?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Lived in the U.S.A. for less than 3 years or will travel out of the U.S.A. in the next 2 years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Been advised they need to have an exam or lab test for this insurance.? If yes, provide name (.....)... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
14. Is any proposed insured a member of the military (active or National Guard?) Provide rank, duties, travel assignment.....

COMPLETE ALL QUESTIONS (EVEN IF A MEDICAL EXAM IS SCHEDULED) FOR ALL PROPOSED INSURED. CIRCLE CONDITION(S) AND EXPLAIN ANY "YES" ANSWERS IN THE SPACE AT THE RIGHT OF THE QUESTION. INCLUDE PHYSICIANS' NAMES AND ADDRESSES.

15. To the best of your knowledge and belief, have you ever received a diagnosis of or treatment for:
- | | | |
|--|--------------------------|-------------------------------------|
| a. Heart attack, stroke, paralysis, or cancer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Alcohol abuse or been arrested for using it? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. The use of any controlled substance, or arrested for the use or possession of such a substance, or are you currently using such a substance, except as prescribed by a physician? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Acquired Immune Deficiency Syndrome (AIDS), ARC (AIDS Related Complex), or AIDS related condition? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If question 15. a, b, c, or d is answered "Yes", do not collect any premium or give a conditional receipt!

16. Has Proposed Insured ever had, been treated or examined for, or had symptoms of any of the following:
- | | | |
|--|--------------------------|-------------------------------------|
| a. Disease, disorder, or ailment of: | | |
| 1. Lungs, bronchi, tuberculosis, asthma? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Heart trouble, pain in chest, high blood pressure? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Gall bladder, liver, ulcer, or other intestinal or digestive system disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Brain, nervous system, stroke, convulsions, mental disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Muscles, bones, joints, limbs, back, rheumatism, arthritis? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Kidneys, ureters, bladder, reproductive organs?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Any other impairment, sickness, injury? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Impaired sight, hearing, tumor, a growth, diabetes?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
17. Have you used tobacco, in any form, in the last 12 months? ...
18. Is there a history in parents, brothers or sisters of: mental illness, suicide, cancer, coronary disease, diabetes, or stroke? .
19. have your ever been rejected or discharged from the armed forces because of a medical or physical condition or a mental or nervous disorder?
- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--------------------------|-------------------------------------|
20. Have you ever been or are you now a user of alcoholic beverages, narcotic, hallucinogenic, or habit-forming drugs not prescribed by a physician?.....

- YES NO
21. Has proposed Insured ever: (list each occurrence)
- a. Had medical, surgical, or other examination or treatment in past five years?
- b. Had an operation; or has an operation, restricted diet, use of heart, blood pressure, or diabetes medication been advised?
22. Is Proposed Insured now taking medication prescribed by a physician?
23. Has Proposed Insured gained or lost more than 10 lbs. in past 1 year? If "Yes," number of pounds Gained Lost
 Proposed Insured "A" Height [6'2"] Weight [190]
 Proposed Insured "B" Height _____ Weight _____
24. For females: Has Proposed Insured ever miscarried or had disease of uterus, ovaries, tubes, or breasts?
25. Is the Proposed Insured in good health and free from disease?
26. Any past, present or expected aviation activities or hazardous sports, avocations, or hobbies? (IF "Yes", complete Questions 27. a through f, below)

Complete appropriate section answered "YES"

27. a. AVIATION YES NO

1. Flight Status	Past 12 mos. (hrs. flown)	1 – 2 yrs. Ago (hrs. flown)	Hrs. contemplated next 12 months
Pilot-Military or Military Reserve			
Pilot – Civilian			
Crew Member			

2. Total solo hours _____
3. Total hours flown as a pilot? _____
 Date of last flight _____
4. Type of Pilot's Certificate currently held and yr. Issued? _____
5. What types and kinds of planes do you fly? _____
6. Describe purpose and nature of flying you do. _____

27. c. SKIN DIVING YES NO

Depth of Dives _____
 No. of times per year _____
 Name of club _____
 Date last dive _____

27. d. RACING YES NO

Type of vehicle _____
 Type of race course _____
 No. of races per year _____
 Date last race _____

27. e. PARACHUTING YES NO

Jumps per year _____
 Total no. of jumps _____
 Name of club _____

27. f. OTHER – Give details YES NO

27. b. If aviation or hazardous participation does not qualify for standard coverage without additional premium, please issue as follows:

- Policy to include coverage with appropriate extra premium.
 Policy to incorporate Aviation or Hazardous Activities Exclusion Rider.

28. This space provided for additional details or special requests regarding this application.

29. Were you given a conditional receipt for the premium for this proposed insurance? YES NO

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, MAKES APPLICATION OR CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME AND SUBJECT TO FINE AND/OR IMPRISONMENT.

Owner and Adult Persons Proposed for Insurance: PLEASE READ CAREFULLY AND SIGN:

1. I declare that all answers written on this application are full and correct, to the best of my knowledge and belief. No information I told the agent will bind the company unless it is in writing on this application. No agent has the authority to waive, change or modify any answer to any question in this application. All of my answers must be complete and accurate.
2. The company has the right to require a medical examination of any person proposed for insurance, even if Question 13. e. is answered "No".
3. The company may add to or correct the application in the space "Home Office Additions or Corrections." Any changes are agreed to, if the policy issued is accepted, but written agreement will be obtained from you for any change in insurance amount, plan, benefits, payment class or age at issue.
4. Insurance will start only as provided in the Conditional Receipt. If no receipt is issued, or if insurance under it has been stopped and not started again, no insurance will start by reason of the application until the policy is delivered and the first payment is accepted by the company. In this case, the insurance will start on the date shown in the policy. No insurance will begin if on the start date of the policy the health of each person proposed for insurance is not as described in the application.
5. Each person who signs below acknowledges that he or she has read and understands this application, including the notice about the M.I.B. and consumer reports, and acknowledges receipt of the Special Notice about M.I.B. and consumer reports.
6. Only the president or secretary of the company may change the application or waive a right or requirement. No agent may do this.
7. Under penalties of perjury, I certify: (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
8. Authorization and Disclosure - I acknowledge receipt of the special notice about M.I.B. and consumer reports. **I want to be interviewed if an investigative consumer report is obtained on me.** I understand that the information obtained by use of this authorization will be used to determine eligibility for insurance and/or benefits. Any information obtained will not be released by the Assurance Company to any person or organization except to reinsuring companies, M.I.B., or other persons or organizations performing business or legal services in connection with my application or claim, as may be otherwise lawfully required or as I may further authorize.

Signature of Proposed Insured "A"	Date	Owner if other than Proposed Insured	Date
Signature of Proposed Insured "B"	Date	Agent	Date

*.....

HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Century Life Assurance Company; Administrative Office: P.O. Box 9510, Wichita, Kansas 67277

Health Care Provider(s)	Proposed Insured A	Date
Health Care Provider(s)	Proposed Insured B	Date

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility or other health care provider that has provided payment, treatment or services to the above name person ("My Health Care Provider") to disclose my entire medical record, prescription history, medications prescribed and any other protected health information concerning me to the insurance company named above, its employees, agents or representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose the entire medical record without restriction. This protected health information is to be disclosed under this Authorization so the insurance company may evaluate my application for insurance benefits.

This authorization shall remain in force for 30 months following the date of my signature below or the entire term of my coverage, whichever is later. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written notification to the insurance company at the administrative office address above. I understand that a revocation is not effective to the extent that any of My Health Care Providers has already relied on this authorization to disclose information about me. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by the insurance company except: 1) as authorized by me; 2) as required by law; or 3) to other persons or businesses with whom the insurance company has a business relationship. Such a relationship must require the receipt of my medical information in order to perform their business with the company.

I understand that My Health Care Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, the insurance company may not be able to process my application for insurance. I understand that any authorized representative or I will receive a copy of this authorization upon request.

Signature of Proposed Insured A (representative/guardian)	Signature of Proposed Insured B (representative/guardian)	Date
---	---	------

AGENT'S REPORT (All questions in this Section must be answered)

Agent Name	Agent No.	% of Commission (Split)	Agent Name	Agent No.	% of Commission (Split)

DO NOT ACCEPT PREMIUM IF THIS COVERAGE, PLUS ANY ADDITIONAL AMOUNTS WITH US, WILL EQUAL OR EXCEED \$100,000.

1. a. Premium submitted with Application: \$ _____ b. Was a conditional receipt given? Yes No

2. Is Proposed Insured a member of your household, yourself, your spouse, your child or another one of our agents?
 Yes No

3. Indicate requirements ordered and on whom: _____
 Exam Urinalysis Rest EKG Stress EKG SMAC X-ray Inspection

4. Deliver Policy to: _____

5. How long and how well have you known the persons proposed for insurance? _____

6. If Proposed Insured is a child and brothers or sisters have less insurance, please explain. _____

7. If more than \$50,000 applied for on child(ren) (\$100,000 if other than parents are Payor), how much coverage is in force on parent(s)?
 Father \$ _____ Mother \$ _____

8. If applicant is married, but not employed, how much coverage in force on employed spouse? \$ _____

9. Do you have knowledge or reason to believe that replacement of existing insurance or annuities in this or any other company may be involved? Yes No If "YES", follow state regulations.

List all policies of life insurance or annuities the proposed has in force or currently applied for. Continue below signature if additional space is needed.

Company	Face Amt	Accidental Death	Company	Face Amt	Accidental Death
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Do you have any knowledge or information pertaining to the Proposed Insured(s) not disclosed herein, which may affect their insurability? _____

I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of nothing affecting the risk which is not fully set forth on these papers; that I asked and carefully explained each question before recording each answer prior to the application being signed; that the special notice regarding the M.I.B. and the Federal Fair Credit Reporting Act was given to the proposed primary insured.

_____	_____	() _____	_____
Date	Signature of Agent	Phone Number	Agent Code No.
_____	_____	() _____	_____
Date	Signature of Agent	Phone Number	Agent Code No.

NOTICE

This is to inform you that as part of our procedure for processing your initial insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, except as may be related directly or indirectly to your sexual orientation. You have the right to make a written request, within reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. For this information, you may write the Underwriting Department of the Company.

Century Life Assurance Company
Oklahoma City, Oklahoma
Administrative Offices: P.O. Box 9510, Wichita, KS 67277

MIB part II

* -----*

TERMS, CONDITIONS, AND LIMITS – Insurance coverage under any policy issued from an application bearing the date of this receipt will take effect on the later of the date of the application, or the date of the last of any required medical exams or tests, only if these conditions are met: (1) the Company determines, at its administrative office, that on that date the Purposed Insured was insurable under its rules and practices for insurance coverage, either exactly as applied for or otherwise the same as applied for, EXCEPT that the application and the policy are required to be amended to provide for: (a) a different premium class, and/or (b) the elimination of any portion of the coverage, such as the exclusion of a person or medical condition or a reduction in the amount of insurance; (2) the first full premium for the policy applied for is paid on the date of the application; and (3) any required amendments are signed and any extra premium is paid immediately upon notice.

NOTICE: Except as stated above, no insurance coverage will become effective and the liability of the Company is limited to a refund of any amount paid. Any application not previously accepted or declined will be deemed declined on the 60th day after its date. No agent or other representative of the Company is authorized to alter or waive any of the terms, conditions, or limitations of this Receipt.

LIMITS ON INSURANCE – The maximum amount of insurance on any person proposed for insurance (combined with any issued or pending with the company) that can take effect under this Receipt is \$100,000. Insurance in excess of this limit will take effect only when: (1) the policy is delivered to and accepted by the owner, and (2) any unpaid premium is paid. These events must occur while the health and occupations of all persons proposed for insurance are as described in the application.

RECEIPT part II

* -----*

* -----*

Century Life Assurance Company
Oklahoma City, Oklahoma
Administrative Offices: P.O. Box 9510, Wichita, KS 67277

INDEMNIFICATION AGREEMENT

To: Institution named on the reverse side
In consideration of your compliance with the request and authorization of the depositor named on the reverse side.

The company agrees that:

1. It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the withdrawal by the Company for its own credit from the account of such person, or from any liability to any such person, or to any owner or beneficiary of any policy issued by the Company in respect of which such withdrawal is made arising out of the dishonor by you whether with or without cause of any such withdrawal by the Company, provided there are sufficient funds in such account to pay the same upon presentation whether or not such claim of liability asserted against you be based upon the forfeiture or alleged forfeiture of a policy, the premiums on which are to be collected by the Company by any such withdrawal; and
2. It will refund to you any amount erroneously paid by you to the Company on any such withdrawal if claim for the amount of such erroneous payment is made by you within twelve months from the date of the withdrawal for which such erroneous payment was made.

AUTHORIZATION part II

SERFF Tracking Number: AUWL-125842594 *State:* Arkansas
Filing Company: Century Life Assurance Company *State Tracking Number:* 40433
Company Tracking Number: UNIVERSAL LIFE (CLA)
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: Universal Life
Project Name/Number: Universal Life (CLA)/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AUWL-125842594 State: Arkansas
Filing Company: Century Life Assurance Company State Tracking Number: 40433
Company Tracking Number: UNIVERSAL LIFE (CLA)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Universal Life
Project Name/Number: Universal Life (CLA)/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/02/2008

Comments:

attached

Attachments:

AR Compliance.pdf

AR Flesch.pdf

AR variability.pdf

Review Status:

Satisfied -Name: Application

10/02/2008

Comments:

Policy is included under the forms tab

CERTIFICATION

Arkansas Code 23-79

Rule and Regulation 49 - Life and Disability Insurance Guaranty Fund Notices

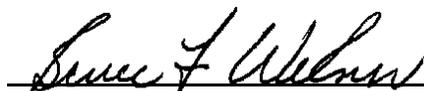
Rule and Regulation 19 – Unfair Sex Discrimination in the Sale of Insurance

Rule and Regulation 34 – Universal Life Insurance.

Bulletin 11-88 - Arkansas Act 197 of 1987

THIS IS TO CERTIFY that the attached forms are in compliance with the relevant provisions
Arkansas Codes and Statutes listed above that specifically provide for universal life insurance.

(Signed by an officer of the company)



Bruce F. Welner

President

Century Life Assurance Company

October 3, 2008

CERTIFICATION

THIS IS TO CERTIFY THAT THE ATTACHED FORMS:

FORM NUMBER

UL(09)

AR-UT(09)

UL-ADB

UL-CTR

UL-OIR

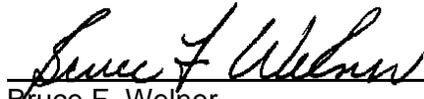
UL-OIRAD

UL-STR

UL-WMD

have achieved Flesch Reading Ease Scores in excess of 40 as stated above and comply with the requirements of Ark. Stat. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act

(Signed by an officer of the company)



Bruce F. Welner

President

Century Life Assurance Company

October 3, 2008

STATEMENT OF VARIABILITY

The only variable in this policy form are the specification pages, 3, 3a – 3d. The content of these pages is dependent upon the age, sex, and rating factor of the insured.

The only variable other than insured-dependent is the cost of a partial withdrawal. The current cost is \$25 and has been so for a number of years in other states. The maximum charge will never exceed \$50.

<i>SERFF Tracking Number:</i>	<i>AUWL-125842594</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Century Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40433</i>
<i>Company Tracking Number:</i>	<i>UNIVERSAL LIFE (CLA)</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Universal Life</i>		
<i>Project Name/Number:</i>	<i>Universal Life (CLA)/</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Arkansas Rider	10/03/2008	AR.pdf

POLICY AMENDMENT

This policy is amended at issue. The following provisions are added to the policy on the date of issue.

ILLUSTRATION: You may request a free copy of your policy's illustration once a year. If you request more than one illustration in a given year, we may charge you a small fee. Such fee will not exceed \$10.

CHANGES IN RATES, CHARGES AND FEES: Any determination of the cost of insurance rates, interest rates, etc. will be based on our future expectations pertaining to mortality, persistency, expenses, investment earnings, reinsurance costs, and state and federal taxes. We will not raise any cost, fee, or rate to recover prior losses.

FOR INFORMATION FOR SERVICE OR COMPLAINT: Policyowner Services
P.O. Box 9510
Wichita, Kansas 67277
1-800-333-2525

You may also contact your agent or any of our agents for additional help

If we fail to provide you with reasonable and adequate service, you should feel free to contact:
Arkansas Insurance Department
Consumer Services Division
400 University Tower Building
Little Rock, AR 72204
(501) 371-1811

No other provision is changed by this rider.

Signed by the President

