Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WCL TIR T16 11-08	SERFF Tr Num: CMPL-125864400	State: ArkansasLH
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 40627
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: WCL TIR T16 11-08	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Nancy French	Disposition Date: 10/24/2008
	Date Submitted: 10/20/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: WCL TIR T16 11-08	Status of Filing in Domicile:
Project Number: WCL TIR T16 11-08	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/24/2008	
State Status Changed: 10/24/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Dear Commissioner:

This filing is being submitted by Compliance Research Services, LLC on behalf of Protective Life Insurance Company. A letter of filing authorization is enclosed.

We are submitting for your review and approval the enclosed individual term life policy and related forms. The policy

provides for death benefits payable as an annuity certain. Lump sum payment is available if the owner chooses the optional benefit rider. Rates are based on 2001 CSO mortality tables. An actuarial memorandum and rates are enclosed. The policy will not be illustrated.

The policy will be marketed by independent agents and brokers.

Waiver of premium will be available through the enclosed rider.

Application for coverage will be made with application form GW-7508 (7/05)AR approved by your Department on August 10, 2005 and the enclosed supplemental application.

We have enclosed a sample policy schedule and any additional forms and transmittals required by your Department.

You may direct any questions or comments regarding this submission to me at 513-984-6050 or e-mail me at dsimon@crssolutionsgroup.com.

Sincerely,

J. David Simon, CLU
President

Company and Contact

Filing Contact Information
(This filing was made by a third party - complianceresearchservicesllc)

Nancy French, Product Manager nfrench@crssolutionsgroup.com
10921 Reed Hartman Highway (513) 984-6050 [Phone]
Cincinnati, OH 45242 (513) 984-7212[FAX]

Filing Company Information

West Coast Life Insurance Company
c/o 10921 Reed Hartman Highway
Suite 334
Cincinnati, OH 45242
(513) 984-6050 ext. [Phone]

CoCode: 70335
Group Code: 458

Group Name:
FEIN Number: 94-0971150

State of Domicile: Nebraska
Company Type:

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	50.00 for all forms submitted with policy.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	$50.00	10/20/2008	23347832

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/24/2008	10/24/2008

Disposition

Disposition Date: 10/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*CMPL-125864400*	*State:*	*Arkansas*
Filing Company:	*West Coast Life Insurance Company*	*State Tracking Number:*	*40627*
Company Tracking Number:	*WCL TIR T16 11-08*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name:	*WCL TIR T16 11-08*		
Project Name/Number:	*WCL TIR T16 11-08/WCL TIR T16 11-08*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Readability		Yes
Supporting Document	Authorization		Yes
Supporting Document	Variability		Yes
Supporting Document	Sample policy schedule		Yes
Form	Policy		Yes
Form	Lump Sum Benefit Rider		Yes
Form	Waiver of Premium Rider		Yes
Form	Supplemental Application		Yes
Rate	rates		Yes
Rate	rates		Yes

Form Schedule

Lead Form Number: WC-T16-AR 11-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WC-T16-AR 11-08	Policy/Contract/Fraternal Certificate	Policy	Initial		61	WC-T16-AR 11-08.pdf
	WC-621 11-08	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Lump Sum Benefit Rider	Initial		50	WC621 11-08 TL Rider.pdf
	WC-509V2 11-08	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Waiver of Premium Rider	Initial		57	WC509V2 WP Rider.pdf
	WC-U-413 (11/08)	Application/Enrollment Form	Supplemental Application	Initial		51	WC-U-413_11.08_supp app john doe.pdf

West Coast Life
Insurance Company
A PROTECTIVE COMPANY

State of Domicile: Nebraska

P.O. Box 193892, San Francisco, CA 94119-3892
Home Office : San Francisco, California
1-800-366-9378

LIFE INSURANCE POLICY

INSURED – [JOHN DOE]

POLICY NUMBER – [SPECIMEN]

This Policy is a legal contract between the Owner (also referred to as "you" or "your") and West Coast Life Insurance Company (also referred to as "the Company", "we", "us", or "our"). Please read it carefully.

Subject to the terms of this Policy, we will commence payment of the Death Benefit proceeds to the Beneficiary upon due proof the Insured died while this Policy was in force.

The terms of this Policy are contained on this and the following pages.

YOU HAVE THE RIGHT TO CANCEL THIS INSURANCE POLICY. If you decide not to keep this Policy, return it to us or to the agent who sold it to you within [thirty (30)] days after it is first delivered to you. We will cancel the Policy and promptly refund any premium paid, so the Policy will be as if it had never been issued.

[Carolyn M. Johnson]
President

[Deborah J. Long]
Secretary

TERM LIFE INSURANCE POLICY
[Term Coverage to Age 100]

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

LEVEL PREMIUM PAYABLE DURING THE INITIAL PREMIUM PERIOD
[Premium Increases After the Initial Premium Period]

A DEATH BENEFIT IS PAYABLE IF THE INSURED DIES BEFORE THE POLICY END DATE

TABLE OF CONTENTS

POLICY SCHEDULE 3

PARTIES TO THE POLICY 4
- Insured 4
- Owner 4
- Beneficiary 4
- Owner's Right to Name Parties 4

DEFINITIONS 4
- Administrative Office 4
- Age 4
- Application 4
- Code 4
- Effective Date 4
- Irrevocable 4
- Policy 4
- Policy Year 4
- Proceeds 4

GENERAL PROVISIONS 5
- Entire Contract 5
- Representations and Contestability .. 5
- Error in Age [or Gender] 5
- Modification or the Contract 5
- Assignments 5
- Coverage Limitations 5
- Written Notice 5
- Termination 5
- Protection of Proceeds 6
- Minimum Values 6
- Non-Participating 6

PREMIUMS 6
- Premium Payments 6
- Premium Payment Modes 6
- Grace Period 6
- Reinstatement 6

CONVERSION 7

DEATH BENEFIT 8
- Death Benefit 8
- Adjustments to the Death Benefit Proceeds 8
- Commuting the Death Benefit Proceeds 8
- Death of the Beneficiary 8
- Limited Death Benefit for Suicide 8

POLICY SCHEDULE

POLICY NUMBER: SPECIMEN

INSURED:	[JOHN DOE]	**POLICY EFFECTIVE DATE:**	[SEPTEMBER 1, 2008]
AGE AT ISSUE:	[35]	**INITIAL PREMIUM PERIOD:**	[10 YEARS]
GENDER:	[MALE]	**POLICY END DATE:**	[SEPTEMBER 1, 2073]
PREMIUM CLASS:	[NON TOBACCO]		
OWNER:	[JOHN DOE]		

CONVERSION

LATEST CONVERSION DATE: [SEPTEMBER 1, 2048]
POLICY CONVERSION VALUE: [$86,240]

DEATH BENEFIT

DEATH BENEFIT: [$20,000] PER YEAR FOR [5] YEARS
COMMUTATION WAITING PERIOD: [2] YEARS FROM THE DATE THE DEATH BENEFIT PROCEEDS BECOME DUE AND PAYABLE

SCHEDULE OF BENEFITS AND PREMIUMS ON THE POLICY EFFECTIVE DATE

FORM NO.	BENEFIT	BENEFIT AMOUNT	INITIAL ANNUAL PREMIUM	INITIAL PREMIUM PERIOD
WC-T16 11-08	LIFE INSURANCE	[$20,000] PER YEAR FOR [5] YEARS	[$119.26]	[10] YEARS

TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY PRE-AUTHORIZED CHECK
PER PAYMENT	[$119.26]	[$62.02]	[$31.60]	[$10.44]
PER YEAR	[$119.26]	[$124.04]	[$126.40]	[$125.28]

THE AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE" INCLUDE THE POLICY PREMIUM AND POLICY FEE, IF ANY, AND THE PREMIUM FOR ANY ADDITIONAL BENEFIT RIDER SELECTED. THE TOTAL PREMIUM WILL INCREASE AFTER A BENEFIT'S "INITIAL PREMIUM PERIOD" AND WILL DECREASE BY THE AMOUNT OF THE RIDER PREMIUM IF A BENEFIT TERMINATES BEFORE THE POLICY END DATE.

REFER TO THE TABLE ON THE FOLLOWING PAGES TO SEE THE GUARANTEED ANNUAL PREMIUM FOR THE LISTED BENEFITS IN EACH POLICY YEAR.

BASIS OF RESERVE COMPUTATION. STATUTORY RESERVES ARE BASED ON MORTALITY RATES FROM THE [GENDER-DISTINCT, SMOKER OR NONSMOKER 2001 COMMISSIONERS STANDARD ORDINARY (CSO) MORTALITY TABLE AND AN ANNUAL EFFECTIVE INTEREST RATE OF 4.0%].

POLICY SCHEDULE (CONTINUED)

SCHEDULE OF GUARANTEED ANNUAL PREMIUMS

POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM	TERM LIFE INSURANCE RIDER
1	35	$[119.26]	[$0.00]	[$0.00]
2	36	[119.26]		
3	37	[119.26]		
4	38	[119.26]		
5	39	[119.26]		
6	40	[119.26]		
7	41	[119.26]		
8	42	[119.26]		
9	43	[119.26]		
10	44	[119.26]		
11	45	[511.89]		
12	46	[554.48]		
13	47	[589.67]		
14	48	[617.45]		
15	49	[653.57]		
16	50	[699.87]		
17	51	[758.20]		
18	52	[829.51]		
19	53	[911.92]		
20	54	[1,007.30]		
21	55	[1,116.57]		
22	56	[1,231.39]		
23	57	[1,340.66]		
24	58	[1,446.22]		
25	59	[1,562.90]		
26	60	[1,712.91]		
27	61	[1,909.22]		
28	62	[2,149.06]		
29	63	[2,411.11]		
30	64	[2,648.17]		
31	65	[2,857.45]		
32	66	[3,100.98]		
33	67	[3,399.16]		
34	68	[3,747.33]		
35	69	[4,170.51]		
36	70	[4,677.96]		
37	71	[5,240.04]		
38	72	[5,832.68]		
39	73	[6,453.10]		
40	74	[7,112.42]		
41	75	[7,838.40]		
42	76	[8,663.47]		
43	77	[9,616.32]		
44	78	[10,721.96]		
45	79	[11,960.95]		

POLICY SCHEDULE (CONTINUED)

SCHEDULE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

POLICY YEAR	AGE	LIFE INSURANCE WAIVER OF PREMIUM	TERM LIFE INSURANCE RIDER
46	80	$[13,341.62]	
47	81	[14,843.59]	
48	82	[16,435.38]	
49	83	[18,173.49]	
50	84	[20,105.12]	
51	85	[22,253.44]	
52	86	[24,615.67]	
53	87	[27,169.58]	
54	88	[29,885.53]	
55	89	[32,733.91]	
56	90	[35,569.32]	
57	91	[38,363.06]	
58	92	[41,289.22]	
59	93	[44,375.58]	
60	94	[47,624.92]	
61	95	[50,843.69]	
62	96	[53,985.61]	
63	97	[57,334.95]	
64	98	[60,904.68]	
65	99	[64,715.17]	

PARTIES TO THE POLICY

Insured: The person whose life this Policy insures.

Owner: The person or persons named as the Owner on the Policy Schedule or in an endorsement, and in our records. The Insured is the Owner unless a different Owner is designated. The Owner is entitled to exercise all rights and privileges provided by the Policy. Generally, individuals as well as non-natural persons, such as partnerships, corporations and trust, may be an Owner.

Beneficiary: The person or class of persons designated by the Owner to receive the proceeds of this Policy upon the death of the Insured.

> Primary - The Primary Beneficiary is the person or persons designated by the Owner and named in our records.
>
> Contingent - The Contingent Beneficiary is the person or persons designated by the Owner and named in our records to be Beneficiary if there is no Primary Beneficiary, or if the Primary Beneficiary is not living when the Insured dies.

There may be one or more than one Beneficiary in a class. If one or more persons in the class die before the Insured, the living members of the class will share the Policy's Death Benefit proceeds equally unless you instruct us otherwise in writing.

Owner's Right to Name Parties: You may name a Contingent Owner, the person or persons who will own this Policy if the Owner dies during the life of the Insured while this Policy is in force. You may change the Owner (including a Contingent Owner) or Beneficiary, and may designate any Beneficiary as irrevocable, though this will limit your ability to change that designation in the future or make other Policy changes without the consent of the Irrevocable Beneficiary.

DEFINITIONS

The terms below have the specific meaning associated with them each time they are used in this Policy.

Administrative Office: The location at which administrative services for this Policy are performed.

Age: The Insured's age on the Policy Effective Date as of the [nearest][last] birthday, plus the number of complete Policy Years that have elapsed since the Policy Effective Date.

Application: Completed forms we require to obtain, continue, change or reinstate any insurance coverage provided by this or a successor Policy. If accepted, attached to, and acted upon by us, an application becomes a part of this Policy.

Code: The Internal Revenue Code of 1986, as amended.

Effective Date: Any monthly anniversary on which insurance coverage or other benefit provided by this Policy begins, resumes or changes. Confirmation of an Effective Date will be sent to you in writing.

Irrevocable: For the purpose of this Policy, a designation that cannot be changed without the written consent of the person designated irrevocably.

Policy: This document, including each application we accept and every endorsement, amendment, rider or Policy Schedule we issue you in conjunction with it.

Policy Year: A 12-month period beginning on the Policy Effective Date or any anniversary of the Policy Effective Date.

Proceeds: The net amount payable from this Policy as a result of claiming a benefit. Benefit amounts will be adjusted as provided in this Policy prior to the payment of the proceeds.

GENERAL PROVISIONS

Entire Contract: This Policy is a legal contract between you and us. We entered into this contract in consideration of a complete application and the payment of premiums. The Policy, including its attached applications both initial and supplemental, and all endorsements, amendments, riders and Policy Schedules both initial and supplemental, constitute the entire agreement between you and us.

Representations and Contestability: In determining whether to issue this Policy we relied on the statements in the application made by and for the Insured. We acknowledge these statements are representations, not warranties, but we have the right to contest the validity of this Policy or resist any claim based on a material misrepresentation in any application we accept and make part of this Policy. However, we cannot bring any legal action to contest the validity of this Policy or to resist a claim after the Policy has been in force for two years during the life of the Insured, unless fraud is involved.

If we accept an application to change the Policy, add or change a benefit, or reinstate the Policy after it has lapsed and make the application part of this Policy, we cannot bring any legal action to contest the change, addition or reinstatement after it has been in force for two years during the life of the Insured, unless fraud is involved.

Error In Age [or Gender]: If statements in an application regarding the Insured's age [or gender] are not correct, we will adjust the Policy benefits to those that the premium would have purchased based on the correct age [and gender].

Modification of the Contract: No one is authorized to modify or waive any term or provision of this Policy unless we agree to the modification or waiver in writing and it is signed by our President, Vice-President, Secretary or Assistant Secretary. We have the right, subject to required regulatory approvals, to modify the Policy to conform to any applicable laws, regulations or rules issued by a government agency or to assure the Policy continues to qualify as life insurance under applicable sections of the Code. If this occurs, we will send you the endorsement that modifies your Policy and will obtain all necessary regulatory approvals and consents.

Assignments: You may assign some or all of your rights in this Policy (as they exist at the time of the assignment) either irrevocably or for a limited period of time. However, this Policy may not be owned by or assigned to a qualified retirement plan or to the trustee of a qualified retirement plan without our prior written consent. We must receive a signed copy of the assignment along with the written notice if the assignment is to be binding on us, even though we are not responsible for the legal effect, validity or sufficiency of the assignment.

Coverage Limitations: On the date this Policy or any subsequent modification or change is delivered to the Owner, unless the Insured's health and other conditions are as represented on the corresponding application, we reserve the right to cancel the Policy or modification, or reevaluate the application and re-issue the Policy or modification with appropriate adjustments.

Written Notice: All instructions regarding this Policy, and any request to change or assign it must be in writing in a form acceptable to us and received at our Administrative Office. Written instructions, requests and assignments are effective as of the date they are signed, but we are not responsible for following any instruction or acting on any request or assignment before we actually receive it. Instructions, requests and assignments are subject to any payment we have made and any action we have taken prior to receiving the written notice.

Termination: This Policy will terminate, and all the insurance coverage and any other benefit it provides will end, upon the earliest of any of the following:

a) the Owner instructs us to terminate; or
b) the grace period ends and the required premium has not been paid; or
c) a conversion of this Policy to another plan of insurance; or,
d) the Policy End Date; or
e) the Insured dies, and we pay all proceeds legally due under the Policy.

Protection of Proceeds: To the extent permitted by law and subject to any assignment, the proceeds of this Policy are free from legal process and the claims of creditors.

Minimum Values: The non-forfeiture benefits available under this Policy are at least equal to the minimum required by the state in which it is issued for delivery to the Owner. The method of computing the minimum values has been filed with the insurance supervisory authority of that state.

Non-Participating: This Policy does not pay dividends, or share in the Company's surplus or profits.

PREMIUMS

Premium Payments: Premiums are the payments you must make to us to keep this Policy in force. They are shown on the Policy Schedule. The premium may change if a benefit is added, terminated or modified after the Policy Effective Date.

Premium payments are due in advance beginning not later than the Policy Effective Date and continuing through the earlier of the Policy End Date or the Insured's date of death. Premiums should be remitted by check payable to us and sent to our Administrative Office, or by any other method we allow at the time the premium payment is made. If you request it in writing, we will send a receipt for your premium payment.

Premium Payment Modes: You select the premium payment mode from among those available. The table in the Policy Schedule entitled "Total Premium for All Benefits on the Policy Effective Date" shows the premium required to keep this Policy in force for the payment modes available on the Policy Effective Date. Regardless of the payment mode, each premium payment is due on the same day of the month as the Policy Effective Date.

Generally, you may change the premium payment mode by sending us a written request in advance of the premium due date on which you wish to make the change. However, you may not change the payment mode when premiums are being waived on account of any "Waiver of Premium" benefit, or if the requested change would result in a modal payment of less than [$10]. The method we use to calculate the premium payable for any mode other than annual is consistent for all for Policy years.

Grace Period: A 31-day grace period follows each premium due date. Policy benefits continue through the grace period. If we have not received the premium payment by the end of the grace period following any premium due date, this Policy will lapse as of the date the unpaid premium first became due.

Reinstatement: If this Policy lapses at the end of a grace period because the required premium has not been paid, you may request a reinstatement of the Policy. Reinstatement must be made prior to the Policy's End Date, during the life of the Insured and within [5] years of the last day of the grace period. Further requirements depend on when this Policy is reinstated.

> Prompt Reinstatement - This is reinstatement within 31 days after the end of the grace period. Evidence of insurability is not required. All overdue premiums must be paid.
>
> Later Reinstatement - This is reinstatement more than 31 days after the end of the grace period. Evidence of insurability satisfactory to the Company is required. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be computed at an annual effective rate of [6%].

CONVERSION

Through the Latest Conversion Date shown on the Policy Schedule and prior to the Insured's age [75], if earlier, the Owner may convert this base Policy (the "original policy") without evidence of insurability to a new policy of flexible premium adjustable life insurance, universal life insurance, whole life insurance, or other similar plan of life insurance (the "conversion policy"), subject to the following terms:

1. From time to time, the Company will designate one or more policies of flexible premium adjustable life insurance, universal life insurance, whole life insurance, or other similar plan of life insurance as an available conversion policy under this provision. The Company will always have at least one conversion policy available. The Company is not required to have more than one conversion policy available. The designation of any particular policy as a conversion policy will be effective only during the time when that policy remains so designated by the Company. The designation of a policy as a conversion policy may be withdrawn by the Company at any time for any reason. After the designation of a conversion policy is withdrawn, that policy will no longer be available as a conversion policy under this provision.

2. The Owner must submit a written request to the Company for conversion of the original policy to a conversion policy. The designation of the conversion policy or policies in effect on the date the Owner's written request for conversion is received by the Company will be the policy or policies from which the Owner may choose a conversion policy under this provision.

3. The conversion policy will not provide a face amount of insurance (the "face amount") that is greater than the Conversion Value of the original policy. If more than one policy is available as a conversion policy, the Owner may not select, as the conversion policy, one that has a required minimum face amount that is greater than the Conversion Value of the original policy. However, if the minimum allowable face amount of each available conversion policy is greater than the Conversion Value of the original policy, then the Owner may select any of those policies, and the conversion policy will not have a face amount greater than the Conversion Value of the original policy.

4. The effective date of the conversion policy will be a date selected by the Company based on its administrative systems and any other relevant factors, but in no event more than 90 days after the Owner's request for conversion is received by the Company. The conversion policy will be modified to show that the contestable and suicide periods will be measured from the effective date of the original policy or the approval date of the last reinstatement, whichever is later.

5. Premiums for the original policy must be paid to the date of conversion.

6. The premiums for the original policy and the conversion policy may differ. The conversion policy will be issued at the attained age of the Insured as defined under the conversion policy. The conversion policy will be issued with a risk classification that, in the Company's judgment, most closely corresponds to the risk classification of the original policy, based on the Company's underwriting rules in effect on the effective date of the original policy and in effect on the effective date of the conversion policy.

7. The issuance of any rider under the conversion policy will be at the discretion of the Company. Evidence of insurability, the intended use of the policy, and continued adequate insurable interest, in each case satisfactory to the Company in its discretion may be required to obtain any rider under the conversion policy. Any evidence of insurability required by the Company will be obtained at the Owner's expense.

Even after it is issued, the conversion policy will not become effective until the Company receives the minimum premium required to initiate insurance coverage under the conversion policy, and the conversion policy is delivered to the Owner during the Insured's life. Once effective, the terms of the conversion policy will control and the original policy will terminate automatically. In no instance will the Company provide insurance coverage for the same Insured under both the original policy and the conversion policy.

DEATH BENEFIT

Death Benefit: When we receive a valid claim in good order that includes due proof the Insured died while this Policy was in force, we will begin payment of the death benefit proceeds to the Beneficiary. The amount, frequency and duration for payment of the death benefit proceeds are described on the Policy Schedule.

We will make the first payment of the death benefit described on the Policy Schedule as soon as administratively possible after we receive a claim in good order. If the first payment is delayed more than 30 days after we receive a claim in good order, we will pay interest on the payment amount due at a rate of 8% per annum.

Adjustments to the Death Benefit Proceeds: If we have accepted premium that paid for insurance coverage beyond the month in which the Insured died, we will add the amount of the excess premium to the first payment of the death benefit proceeds. If the Insured died after the Policy entered the grace period but while insurance coverage is still in force, we will deduct the amount of the unpaid premium from the first and, if necessary, successive payment of the death benefit proceeds.

If any payment of the death benefit proceeds to any one person would be less than $100, we have the right to change the frequency of the payments to an interval that results in a payment at least equal to that amount.

Commuting the Death Benefit Proceeds: Anytime after the Commutation Waiting Period shown on the Policy Schedule, a Beneficiary may instruct us to commute all or part of her or his entire interest in the death benefit proceeds and pay the commuted value in a lump sum. The commuted value is equal to the present value of the remaining death benefit payments discounted at an annual effective interest rate equal to the 10-year U.S. Treasury Rate on the commutation date, plus 3.00%.

If, after the commutation, any payment of the death benefit proceeds to any Beneficiary would be less than $100 annually, we commute the Beneficiary's entire interest in the death benefit proceeds.

Death of the Beneficiary: If a Beneficiary dies before all of the death benefit proceeds are paid, we will continue the death benefit payments to the successor Beneficiary named in our records. The successor Beneficiary is the person named by the Beneficiary to receive the remaining death benefit proceeds, if any, upon the death of the Beneficiary. If no successor Beneficiary is named, or if no successor Beneficiary is living at the time of that Beneficiary's death, we will pay the entire commuted value to the estate of the deceased Beneficiary.

Limited Death Benefit for Suicide: If, while sane or insane, the Insured commits suicide within two years of the Policy Effective Date and the Policy was still in force, we will pay a Limited Death Benefit to the Beneficiary in a lump sum. The Limited Death Benefit is equal to the total premium paid for the Policy.

THIS PAGE INTENTIONALLY LEFT BLANK

TERM LIFE INSURANCE POLICY
[Term Coverage to Age 100]

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

LEVEL PREMIUM PAYABLE DURING THE INITIAL PREMIUM PERIOD
[Premium Increases After the Initial Premium Period]

A DEATH BENEFIT IS PAYABLE IF THE INSURED DIES BEFORE THE POLICY END DATE

West Coast Life
Insurance Company
A PROTECTIVE COMPANY

State of Domicile: Nebraska

P.O. Box 193892, San Francisco, CA 94119-3892
Home Office : San Francisco, California
1-800-366-9378

TERM LIFE INSURANCE RIDER

We are amending the Policy to which this rider is attached to provide additional term life insurance coverage on the Insured. Policy provisions not expressly modified by this rider remain in full force and effect, and are applicable to this rider.

Benefit Amount and Rider Cost: The amount of term life insurance provided by this rider and the rider's annual premium for the Initial Premium Period are shown in the Schedule of Benefits and Premiums on the Policy Effective Date on the Policy Schedule.

The premium for this rider will not change during the rider's Initial Premium Period. After the Initial Premium Period, the annual premium for this rider may increase but will never exceed the maximum premium shown in the Term Life Insurance Rider column of the Schedule of Guaranteed Annual Premiums on the Policy Schedule.

Payment of the Rider Benefit: We pay the death benefit provided by this rider to the Beneficiary in a lump sum, unless instructed otherwise in writing, as soon as administratively possible after we receive a claim in good order, including due proof of death. We pay interest on the death benefit only as required under applicable state law.

Values: This rider does not develop cash value. The method of computing values under this rider has been filed with the insurance supervisory authority of the state in which the Policy is issued for delivery.

Termination: You may terminate this rider during the life of the insured. We will terminate the rider as of the monthly anniversary of the Policy Effective Date that follows our receipt of your written termination request, and will no longer charge the rider premium. We will send you a written confirmation of the rider termination and advise you of the new Total Premium for all Policy benefits.

Unless you instruct us to terminate it earlier, this rider automatically terminates when the Policy to which the rider is attached terminates.

Reinstatement: If this rider terminates because the Policy to which it is attached lapsed at the end of the grace period and the Policy is reinstated, then this rider is reinstated.

Conversion: Through the earlier of the end of the rider's Initial Premium Period or the Policy's Latest Conversion Date, both of which are shown on the Policy Schedule, the amount of term insurance provided by this rider will be included in the Conversion Amount if the Owner elects to exercise the Conversion provision in the Policy.

Reserves: The reserve basis for this rider is the same as the reserve basis for the Policy to which it is attached.

Signed for the Company as of the Date of Issue.

WEST COAST LIFE INSURANCE COMPANY

Deborah J. Long

Secretary

WC-621 11-08

THIS PAGE INTENTIONALLY LEFT BLANK

West Coast Life
Insurance Company
A PROTECTIVE COMPANY
State of Domicile: Nebraska

P.O. Box 193892, San Francisco, CA 94119-3892
Home Office : San Francisco, California
1-800-366-9378

WAIVER OF PREMIUM RIDER

We have issued this rider as a part of the policy to which it is attached. It is issued in return for the application and the payment of the premiums for this rider shown in the Schedule of Benefits and Premiums of the policy. All the terms of the policy apply to this rider except for those that disagree with this rider.

Waiver Benefit. This rider provides a waiver of premium benefit for total disability. After the Insured has been totally disabled for six months and all the conditions of this rider are met, we will waive premiums for the policy, including all riders attached to it. These premiums are:

(1) Any premium which becomes due after the Insured has been totally disabled for six months; and
(2) Any premium which was due during the first six months of total disability.

If any of these premiums have been paid to us, they will be refunded to you when the waiver benefit is allowed.

If disability begins during the Grace Period of an unpaid premium, we will be entitled to that premium and interest at 6% per year from the end of the Grace Period until it is paid and, if not paid to us earlier, this amount will be deducted from any amount due under the policy.

Waiver of any premium will not reduce the amount payable in any settlement of the policy. All policy rights and values will be the same as if the premiums had been paid. The only exception is that the frequency of premium payments cannot be changed while the Insured is totally disabled.

Exclusions. This rider does not cover:

(1) Total disability directly caused by any intentionally self-inflicted injury; or
(2) Total disability caused by war while the Insured is in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war or any act of war. "Country" includes any international organization or group of countries; or
(3) Total disability, consisting solely of blindness or partial blindness, when such condition existed on the Rider Date.

Total Disability. Total disability is an incapacity of the Insured which:

(1) is caused by sickness or injury; and
(2) Begins while this rider and the policy are in full force; and
(3) (a) For the first 5 years of any period of any total disability, prevents the Insured from performing substantially all the substantial and material duties of the Insured's regular occupation, if any; or
(b) After total disability has continued for 5 years, or, if the Insured has no regular occupation, from the start of total disability, prevents the Insured from engaging in any occupation the Insured is qualified to perform.

"Regular occupation" means the Insured's usual work, employment, business or profession at the time total disability began.

"Occupation" means any work, employment, business or profession which the Insured is or becomes reasonably qualified to do based on education, training or experience.

For some conditions, we consider the Insured to be totally disabled even if the Insured is able to work, provided that the condition did not exist on the Rider Date. These conditions are the total loss of the sight of both eyes, or the total loss of use of both hands, or both feet, or one hand and one foot. Any of these will be total disability as long as the loss continues.

Recurrent Disabilities. A period of total disability due to the same or related cause as that of a prior period of total disability may be a continuation of the prior period. This depends on how much time has passed from the end of the prior period to the date the current total disability began. If less than 30 days have passed, we will consider it to be a continuation of the prior period. If 30 days or more have passed, we will consider it to be a new period of total disability.

Notice of Claim. Notice of claim means notice to us at our Home Office that the Insured is totally disabled and that a claim may be made under this rider. We require that this notice be in writing and that it identify the Insured. Notice given by or for you shall be notice of claim.

There are two time limits for giving notice of claim. First, no benefit will be allowed unless this notice is given to us while the Insured is living and during continuance of total disability. Second, no premium will be waived if its due date was more than one year before we were given the notice.

However, if it was not reasonably possible to give us notice of claim within the time limit, the delay will not reduce the benefit if notice is given as soon as it is reasonably possible to do so.

Proof of Claim. Before the waiver benefit is allowed, proof of claim must be given to us at our Home Office. Proof may be given by or for the Owner. Proof of claim means satisfactory written proof that:

(1) The insured is totally disabled;
(2) Total disability began while this rider and the policy were in full force;
(3) Total disability began before Age 60; and
(4) Total disability has continued for six months.

We have forms which are to be used to make a claim. They will be sent within 15 days of notice of claim. As part of the proof of claim, we have the right to require that the Insured be examined by a physician chosen by us. We will pay for this examination.

When Proof of Claim Must be Made. Proof of claim must be received at our Home Office while the Insured is living and during the continuance of total disability. Also, it must be received within one year after the termination of this rider.

However, if it was not reasonably possible to give us proof of claim on time, the delay will not reduce the benefit if proof is given as soon as it is reasonably possible to do so.

Proof of Continued Disability. During the first two years after proof of claim is received, we may require satisfactory proof of continued disability at reasonable intervals. After two years, we may require proof not more often than once a year. As part of this proof, we have the right to ask for an examination of the Insured by a physician chosen by us. We will pay for this examination.

If your total disability ends and you fail to tell us in writing, you will owe us any premium we waive after the end of total disability with interest at 6% per year.

When Waiver Ends. The waiver benefit will end when any of the following occurs:

(1) The Insured is no longer totally disabled; or
(2) Satisfactory proof of continued total disability is not given to us as required; or
(3) The Insured refuses or fails to have an examination we ask for.

General Provisions

Rider Date. The benefits under this rider shall be effective as of the Rider Date. The Rider Date will be the Date of Issue of the policy to which it is attached unless a different date is shown below.

Contestability. The contestability limitation contained in the policy applies to claims under this rider. The period of contestability will be measured from the Rider Date instead of the Date of Issue.

Termination. This rider will terminate:

(1) at Age 60;
(2) at the end of the Grace Period for any unpaid premium;
(3) on any premium due date upon written request; but you must return the policy so we may remove the rider; or
(4) if the policy to which it is attached ceases to be in full force (the policy is not in full force if a non-forfeiture option has been elected or if the policy is in force under Extended or Paid-Up Insurance).

but we are still responsible for any claim because of total disability that exists at the date of termination.

The premium for the policy after the rider terminates will be reduced by this rider's premium. If we are paid and accept a premium for the rider after it terminates, we will owe you all such amounts and interest at 6% but will have no other liability.

Signed for the Company as of the Rider Date.

WEST COAST LIFE INSURANCE COMPANY

Deborah J. Long

Secretary

THIS PAGE INTENTIONALLY LEFT BLANK

West Coast Life Insurance Company
P.O. Box 193892
San Francisco, California 94119-3892

Supplemental Application
Income Term Product

Proposed Insured John Doe **Policy #** 1234

1. Please indicate the annual Income Term Product death benefit amount and the number of years the payments are to be made. Annual Income Amount: $ 50,000 Number of Years: 10
2. Please indicate the Initial Premium Period. ☒ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30
3. I want to purchase the Term Life Insurance rider. Amount: $ 00.00 Initial Premium Period: 10 Years
4. Please indicate the estimated annualized premium for the policy: $ 00.00

Signed at: Anycity, Anystate
(City / State)

John Doe
Proposed Insured Signature

10-10-2008
Date

Jane Jones
Owner Signature

10-10-2008
Date

Jim D. Jones
Agent Signature

10-10-2008
Date

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
	rates	WC-509V2 11-08	New		WOP Rates - WC-509V2.pdf
	rates	WC-T16 11-08, WC-621 11-08	New		WCL Term Premium Rates -- 2008-09-30.pdf

Waiver of Premium 10 year
Annual Premium Rate per $1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.10	0.10	0.10	0.10	0.10	0.10
19	0.10	0.10	0.10	0.10	0.10	0.10
20	0.10	0.10	0.10	0.10	0.10	0.10
21	0.10	0.10	0.10	0.10	0.10	0.10
22	0.10	0.10	0.10	0.10	0.10	0.10
23	0.10	0.10	0.10	0.10	0.10	0.10
24	0.10	0.10	0.10	0.10	0.10	0.10
25	0.10	0.10	0.10	0.10	0.10	0.10
26	0.10	0.10	0.10	0.10	0.10	0.10
27	0.10	0.10	0.10	0.10	0.10	0.10
28	0.10	0.10	0.10	0.10	0.10	0.11
29	0.10	0.10	0.10	0.10	0.10	0.12
30	0.10	0.10	0.10	0.10	0.10	0.14
31	0.10	0.10	0.11	0.10	0.11	0.16
32	0.10	0.10	0.12	0.10	0.12	0.19
33	0.11	0.11	0.14	0.12	0.15	0.24
34	0.11	0.11	0.15	0.12	0.16	0.25
35	0.12	0.12	0.17	0.13	0.17	0.28
36	0.12	0.12	0.18	0.13	0.17	0.29
37	0.13	0.13	0.20	0.14	0.18	0.32
38	0.13	0.14	0.20	0.14	0.18	0.33
39	0.14	0.15	0.23	0.16	0.19	0.37
40	0.15	0.17	0.27	0.18	0.22	0.41
41	0.17	0.19	0.32	0.21	0.25	0.46
42	0.19	0.21	0.37	0.24	0.28	0.51
43	0.21	0.24	0.43	0.28	0.32	0.57
44	0.23	0.27	0.49	0.32	0.36	0.63
45	0.26	0.29	0.54	0.34	0.39	0.68
46	0.28	0.31	0.58	0.36	0.41	0.72
47	0.32	0.35	0.65	0.40	0.45	0.79
48	0.39	0.42	0.78	0.46	0.53	0.91
49	0.48	0.51	0.94	0.55	0.61	1.05
50	0.61	0.64	1.15	0.68	0.73	1.24
51	0.79	0.81	1.44	0.85	0.89	1.50
52	1.00	1.01	1.77	1.05	1.07	1.78
53	1.23	1.23	2.16	1.26	1.28	2.11
54	1.53	1.53	2.72	1.55	1.55	2.57
55	1.92	1.93	3.47	1.92	1.92	3.18

Waiver of Premium 15 year
Annual Premium Rate per $1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.10	0.10	0.10	0.10	0.10	0.12
19	0.10	0.10	0.10	0.10	0.10	0.12
20	0.10	0.10	0.10	0.10	0.10	0.12
21	0.10	0.10	0.10	0.10	0.10	0.12
22	0.10	0.10	0.10	0.10	0.10	0.12
23	0.10	0.10	0.10	0.10	0.10	0.12
24	0.10	0.10	0.10	0.10	0.10	0.12
25	0.10	0.10	0.10	0.10	0.10	0.12
26	0.10	0.10	0.10	0.10	0.10	0.12
27	0.10	0.10	0.10	0.10	0.10	0.12
28	0.10	0.10	0.10	0.10	0.10	0.12
29	0.10	0.10	0.10	0.10	0.10	0.13
30	0.10	0.10	0.11	0.10	0.11	0.15
31	0.10	0.10	0.12	0.11	0.12	0.17
32	0.10	0.10	0.13	0.12	0.13	0.20
33	0.12	0.12	0.16	0.14	0.16	0.25
34	0.12	0.12	0.17	0.14	0.17	0.27
35	0.13	0.13	0.19	0.15	0.19	0.31
36	0.13	0.13	0.20	0.15	0.19	0.33
37	0.14	0.14	0.22	0.16	0.20	0.36
38	0.15	0.15	0.24	0.17	0.20	0.38
39	0.16	0.16	0.26	0.18	0.21	0.40
40	0.17	0.18	0.29	0.19	0.23	0.43
41	0.18	0.20	0.34	0.21	0.25	0.46
42	0.20	0.22	0.37	0.23	0.27	0.49
43	0.24	0.26	0.45	0.28	0.32	0.56
44	0.27	0.30	0.52	0.32	0.36	0.63
45	0.28	0.32	0.56	0.33	0.39	0.65
46	0.32	0.36	0.64	0.38	0.43	0.73
47	0.37	0.41	0.73	0.43	0.48	0.81
48	0.47	0.50	0.89	0.52	0.58	0.97
49	0.60	0.63	1.10	0.65	0.71	1.18
50	0.69	0.71	1.20	0.72	0.77	1.26
51	1.00	1.03	1.67	1.03	1.08	1.73
52	1.24	1.26	1.99	1.26	1.30	2.01
53	1.52	1.53	2.35	1.53	1.56	2.30
54	1.85	1.86	2.78	1.86	1.87	2.63
55	2.29	2.29	3.36	2.29	2.29	3.08

Waiver of Premium 20 year
Annual Premium Rate per $1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.11	0.11	0.11	0.11	0.11	0.13
19	0.11	0.11	0.11	0.11	0.11	0.13
20	0.11	0.11	0.11	0.11	0.11	0.13
21	0.11	0.11	0.11	0.11	0.11	0.13
22	0.11	0.11	0.11	0.11	0.11	0.13
23	0.11	0.11	0.11	0.11	0.11	0.13
24	0.11	0.11	0.11	0.11	0.11	0.13
25	0.11	0.11	0.11	0.11	0.11	0.13
26	0.11	0.11	0.11	0.11	0.11	0.13
27	0.11	0.11	0.11	0.11	0.11	0.13
28	0.11	0.11	0.11	0.11	0.11	0.13
29	0.11	0.11	0.11	0.11	0.11	0.14
30	0.11	0.11	0.12	0.11	0.12	0.17
31	0.11	0.11	0.13	0.12	0.13	0.20
32	0.11	0.11	0.14	0.12	0.14	0.21
33	0.12	0.12	0.16	0.14	0.16	0.25
34	0.12	0.12	0.18	0.14	0.17	0.27
35	0.13	0.13	0.20	0.15	0.19	0.31
36	0.14	0.14	0.23	0.16	0.20	0.35
37	0.15	0.15	0.26	0.17	0.21	0.38
38	0.16	0.16	0.28	0.18	0.21	0.40
39	0.18	0.18	0.32	0.20	0.24	0.44
40	0.19	0.20	0.34	0.21	0.25	0.46
41	0.20	0.22	0.37	0.23	0.27	0.49
42	0.23	0.25	0.43	0.27	0.31	0.55
43	0.25	0.28	0.48	0.30	0.34	0.60
44	0.28	0.31	0.54	0.33	0.38	0.65
45	0.31	0.35	0.61	0.37	0.42	0.72
46	0.40	0.44	0.78	0.46	0.52	0.87
47	0.46	0.50	0.88	0.52	0.58	0.94
48	0.55	0.58	0.99	0.60	0.65	1.03
49	0.68	0.71	1.15	0.72	0.76	1.17
50	0.77	0.79	1.21	0.79	0.82	1.20
51	1.07	1.10	1.59	1.09	1.13	1.55
52	1.37	1.40	1.92	1.39	1.42	1.82
53	1.71	1.73	2.26	1.72	1.74	2.10
54	2.16	2.17	2.73	2.16	2.17	2.46
55	2.62	2.62	3.18	2.62	2.62	2.79

Waiver of Premium 25 year
Annual Premium Rate per $1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.16	0.16	0.19	0.16	0.16	0.26
19	0.16	0.16	0.19	0.16	0.16	0.26
20	0.16	0.16	0.19	0.16	0.16	0.26
21	0.16	0.16	0.19	0.16	0.16	0.26
22	0.16	0.16	0.19	0.16	0.16	0.26
23	0.16	0.16	0.19	0.16	0.16	0.26
24	0.16	0.16	0.19	0.16	0.16	0.26
25	0.16	0.16	0.19	0.16	0.16	0.26
26	0.16	0.16	0.19	0.16	0.16	0.26
27	0.17	0.17	0.20	0.17	0.17	0.27
28	0.17	0.17	0.20	0.17	0.19	0.27
29	0.17	0.17	0.22	0.17	0.20	0.29
30	0.17	0.17	0.24	0.17	0.22	0.32
31	0.18	0.18	0.29	0.20	0.27	0.40
32	0.18	0.18	0.29	0.20	0.28	0.41
33	0.18	0.18	0.30	0.21	0.29	0.42
34	0.19	0.19	0.32	0.22	0.31	0.47
35	0.21	0.21	0.36	0.24	0.36	0.56
36	0.22	0.22	0.37	0.23	0.37	0.56
37	0.25	0.25	0.42	0.26	0.42	0.63
38	0.27	0.27	0.44	0.27	0.42	0.63
39	0.31	0.31	0.49	0.30	0.47	0.68
40	0.36	0.36	0.57	0.35	0.52	0.76
41	0.40	0.40	0.63	0.39	0.54	0.79
42	0.43	0.44	0.68	0.43	0.55	0.81
43	0.46	0.48	0.73	0.47	0.55	0.82
44	0.52	0.53	0.82	0.53	0.56	0.88
45	0.59	0.59	0.91	0.59	0.59	0.97
46	0.65	0.65	0.99	0.63	0.63	1.01
47	0.71	0.71	1.06	0.67	0.67	1.03
48	0.81	0.81	1.15	0.75	0.75	1.09
49	1.00	1.00	1.31	0.89	0.89	1.21
50	1.13	1.13	1.39	0.98	0.98	1.25
51	1.33	1.33		1.15	1.15	1.36
52	1.55	1.55		1.34	1.34	1.46
53	1.83	1.83		1.56	1.56	1.59
54	2.13	2.13		1.80	1.80	1.80
55	2.53	2.53		2.14	2.14	2.14

Waiver of Premium 30 year
Annual Premium Rate per $1,000

Proposed Rates

IA	MPF	MNT	MTB	FPF	FNT	FTB
18	0.16	0.16	0.19	0.16	0.16	0.26
19	0.16	0.16	0.19	0.16	0.16	0.26
20	0.16	0.16	0.19	0.16	0.16	0.26
21	0.16	0.16	0.19	0.16	0.16	0.26
22	0.16	0.16	0.19	0.16	0.16	0.26
23	0.16	0.16	0.19	0.16	0.16	0.26
24	0.16	0.16	0.19	0.16	0.16	0.26
25	0.16	0.16	0.19	0.16	0.16	0.26
26	0.16	0.16	0.19	0.16	0.16	0.26
27	0.17	0.17	0.20	0.17	0.17	0.27
28	0.17	0.17	0.20	0.17	0.19	0.27
29	0.17	0.17	0.22	0.17	0.20	0.29
30	0.17	0.17	0.24	0.17	0.22	0.32
31	0.18	0.18	0.29	0.20	0.27	0.40
32	0.18	0.18	0.29	0.20	0.28	0.41
33	0.18	0.18	0.30	0.21	0.29	0.42
34	0.19	0.19	0.32	0.22	0.31	0.47
35	0.21	0.21	0.36	0.24	0.36	0.56
36	0.22	0.22	0.37	0.23	0.37	0.56
37	0.25	0.25	0.42	0.26	0.42	0.63
38	0.27	0.27	0.44	0.27	0.42	0.63
39	0.31	0.31	0.49	0.30	0.47	0.68
40	0.36	0.36	0.57	0.35	0.52	0.76
41	0.40	0.40	0.63	0.39	0.54	0.79
42	0.43	0.44	0.68	0.43	0.55	0.81
43	0.46	0.48	0.73	0.47	0.55	0.82
44	0.52	0.53	0.82	0.53	0.56	0.88
45	0.59	0.59	0.91	0.59	0.59	0.97
46	0.65	0.65	0.99	0.63	0.63	1.01
47	0.71	0.71	1.06	0.67	0.67	1.03
48	0.81	0.81	1.15	0.75	0.75	1.09
49	1.00	1.00	1.31	0.89	0.89	1.21
50	1.13	1.13	1.39	0.98	0.98	1.25
51	1.33	1.33		1.15	1.15	1.36
52	1.55	1.55		1.34	1.34	1.46
53	1.83	1.83		1.56	1.56	1.59
54	2.13	2.13		1.80	1.80	1.80
55	2.53	2.53		2.14	2.14	2.14

Waiver of Premium (Renewal)
Annual Premium Rate per $1,000

Proposed Rates

AA	MPF	MNT	MTB	FPF	FNT	FTB
28	0.17	0.17	0.28	0.17	0.17	0.28
29	0.17	0.17	0.28	0.17	0.17	0.28
30	0.17	0.17	0.28	0.17	0.17	0.28
31	0.17	0.17	0.28	0.17	0.17	0.28
32	0.17	0.17	0.28	0.17	0.17	0.28
33	0.17	0.17	0.28	0.17	0.17	0.28
34	0.17	0.17	0.29	0.17	0.17	0.29
35	0.19	0.19	0.31	0.19	0.19	0.31
36	0.21	0.21	0.35	0.21	0.21	0.35
37	0.24	0.24	0.42	0.24	0.24	0.42
38	0.29	0.29	0.51	0.29	0.29	0.51
39	0.33	0.33	0.60	0.33	0.33	0.60
40	0.38	0.38	0.69	0.38	0.38	0.69
41	0.40	0.40	0.75	0.40	0.40	0.75
42	0.42	0.42	0.80	0.42	0.42	0.80
43	0.44	0.44	0.85	0.44	0.44	0.85
44	0.47	0.47	0.91	0.47	0.47	0.91
45	0.50	0.50	0.98	0.50	0.50	0.98
46	0.53	0.53	1.06	0.53	0.53	1.06
47	0.56	0.56	1.13	0.56	0.56	1.13
48	0.59	0.59	1.21	0.59	0.59	1.21
49	0.64	0.64	1.33	0.64	0.64	1.33
50	0.72	0.72	1.52	0.72	0.72	1.52
51	0.89	0.89	1.85	0.89	0.89	1.85
52	1.10	1.10	2.30	1.10	1.10	2.30
53	1.38	1.38	2.86	1.38	1.38	2.86
54	1.73	1.73	3.59	1.73	1.73	3.59
55	2.11	2.11	4.33	2.11	2.11	4.33
56	2.55	2.55	5.20	2.55	2.55	5.20
57	3.12	3.12	6.34	3.12	3.12	6.34
58	3.74	3.74	7.53	3.74	3.74	7.53
59	4.51	4.51	9.01	4.51	4.51	9.01

	10-YEAR							
	$100,000 - $249,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.64	-	-	-	0.55	-
16	-	-	0.64	-	-	-	0.55	-
17	-	-	0.64	-	-	-	0.55	-
18	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
19	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
20	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
21	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
22	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
23	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
24	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
25	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.33
26	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.34
27	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.34
28	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.35
29	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.35
30	0.36	0.45	0.64	1.72	0.30	0.38	0.55	1.36
31	0.36	0.45	0.64	1.75	0.30	0.38	0.55	1.37
32	0.36	0.45	0.64	1.77	0.30	0.38	0.55	1.38
33	0.36	0.45	0.64	1.79	0.30	0.38	0.55	1.40
34	0.36	0.45	0.64	1.82	0.30	0.38	0.55	1.41
35	0.36	0.45	0.64	1.83	0.30	0.38	0.55	1.42
36	0.37	0.47	0.67	1.95	0.31	0.40	0.58	1.53
37	0.39	0.50	0.71	2.06	0.34	0.43	0.61	1.64
38	0.43	0.53	0.76	2.23	0.37	0.46	0.67	1.78
39	0.46	0.58	0.83	2.41	0.40	0.51	0.72	1.93
40	0.50	0.62	0.89	2.67	0.44	0.55	0.78	2.12
41	0.54	0.68	0.97	2.91	0.48	0.61	0.84	2.35
42	0.59	0.75	1.06	3.19	0.53	0.67	0.91	2.57
43	0.65	0.82	1.17	3.49	0.59	0.74	0.99	2.82
44	0.71	0.91	1.28	3.83	0.65	0.81	1.06	3.06
45	0.80	1.00	1.41	4.15	0.70	0.88	1.16	3.28
46	0.89	1.11	1.56	4.76	0.76	0.94	1.24	3.63
47	0.99	1.23	1.72	5.36	0.81	1.01	1.35	3.91
48	1.09	1.36	1.90	5.98	0.86	1.09	1.44	4.20
49	1.22	1.50	2.10	6.64	0.93	1.16	1.56	4.51
50	1.35	1.66	2.32	7.24	1.00	1.26	1.68	4.85
51	1.49	1.83	2.54	7.65	1.09	1.35	1.80	5.10
52	1.62	2.01	2.78	7.99	1.19	1.45	1.95	5.41
53	1.77	2.21	3.04	8.60	1.29	1.55	2.10	5.76
54	1.95	2.43	3.33	9.24	1.40	1.67	2.26	6.06
55	2.13	2.67	3.64	9.83	1.52	1.81	2.44	6.39
56	2.34	2.92	3.98	11.07	1.62	1.95	2.63	6.77
57	2.55	3.19	4.34	12.23	1.73	2.09	2.82	6.99
58	2.81	3.49	4.74	12.73	1.83	2.27	3.05	7.57
59	3.10	3.83	5.20	13.06	1.97	2.45	3.30	8.03
60	3.43	4.25	5.76	13.26	2.14	2.68	3.63	8.49
61	3.81	4.72	6.38	14.36	2.36	2.95	4.03	9.37
62	4.22	5.26	7.06	15.72	2.61	3.24	4.50	10.18
63	4.71	5.88	7.82	17.32	2.91	3.59	5.03	10.88
64	5.27	6.58	8.66	19.27	3.24	3.96	5.62	11.49
65	5.95	7.41	9.60	21.72	3.61	4.37	6.23	12.17
66	6.73	8.32	10.65	24.86	3.98	4.76	6.82	13.04
67	7.61	9.31	11.75	28.68	4.34	5.13	7.39	14.13
68	8.64	10.46	12.99	32.97	4.77	5.58	8.05	15.76
69	9.82	11.84	14.52	37.46	5.36	6.20	8.91	17.73
70	11.20	13.51	16.64	41.93	6.20	7.09	10.09	19.68
71	12.79	15.55	19.45	46.45	7.29	8.28	11.60	28.21
72	14.56	17.95	22.97	56.23	8.65	9.78	13.42	36.89
73	16.57	20.69	27.07	67.88	10.25	11.54	15.55	45.74
74	18.88	23.69	31.56	79.74	12.08	13.51	17.99	51.65
75	21.52	26.90	36.29	91.82	14.12	15.69	20.73	60.34
76	24.54	30.30	41.17	108.97	16.38	19.51	23.79	78.74
77	27.97	33.90	46.21	119.26	18.85	24.79	27.18	97.49
78	31.86	37.67	51.32	136.10	21.54	30.18	30.93	116.59
79	36.25	41.61	56.41	153.25	24.47	35.66	39.23	136.03
80	41.20	45.67	61.40	170.70	27.63	41.24	45.36	147.01
81	-	48.89	64.86	-	-	47.43	52.17	-
82	-	56.22	74.59	-	-	54.54	59.99	-
83	-	64.65	85.78	-	-	62.72	68.99	-
84	-	74.35	98.65	-	-	72.13	79.34	-
85	-	85.50	113.45	-	-	82.95	91.24	-

	10-YEAR							
	$250,000.00 - $999,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.52	-	-	-	0.44	-
16	-	-	0.52	-	-	-	0.44	-
17	-	-	0.52	-	-	-	0.44	-
18	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
19	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
20	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
21	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
22	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
23	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
24	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
25	0.23	0.32	0.52	1.37	0.21	0.28	0.44	1.13
26	0.23	0.32	0.52	1.38	0.21	0.28	0.44	1.13
27	0.23	0.32	0.52	1.39	0.21	0.28	0.44	1.13
28	0.23	0.32	0.52	1.39	0.21	0.28	0.44	1.14
29	0.23	0.32	0.52	1.40	0.21	0.28	0.44	1.14
30	0.23	0.32	0.52	1.41	0.21	0.28	0.44	1.14
31	0.23	0.32	0.52	1.42	0.21	0.28	0.44	1.15
32	0.23	0.32	0.52	1.43	0.21	0.28	0.44	1.16
33	0.23	0.32	0.52	1.44	0.21	0.28	0.44	1.16
34	0.23	0.32	0.52	1.45	0.21	0.28	0.44	1.17
35	0.23	0.32	0.52	1.48	0.21	0.28	0.44	1.19
36	0.24	0.34	0.54	1.57	0.22	0.29	0.46	1.27
37	0.25	0.36	0.58	1.67	0.23	0.31	0.50	1.36
38	0.27	0.39	0.62	1.81	0.24	0.33	0.54	1.47
39	0.29	0.43	0.68	1.97	0.26	0.35	0.59	1.60
40	0.32	0.47	0.74	2.17	0.29	0.39	0.64	1.73
41	0.36	0.52	0.80	2.41	0.32	0.44	0.70	1.91
42	0.42	0.58	0.88	2.68	0.37	0.50	0.75	2.08
43	0.48	0.64	0.97	2.98	0.42	0.56	0.82	2.28
44	0.54	0.72	1.07	3.32	0.47	0.63	0.89	2.49
45	0.61	0.80	1.18	3.66	0.52	0.70	0.96	2.69
46	0.67	0.89	1.30	4.09	0.57	0.76	1.04	2.94
47	0.72	0.99	1.45	4.53	0.61	0.82	1.13	3.17
48	0.77	1.10	1.61	4.98	0.66	0.88	1.21	3.41
49	0.84	1.21	1.78	5.45	0.72	0.95	1.32	3.66
50	0.93	1.34	1.97	5.88	0.78	1.02	1.42	3.92
51	1.05	1.47	2.16	6.27	0.85	1.10	1.53	4.15
52	1.19	1.60	2.37	6.62	0.94	1.17	1.65	4.42
53	1.36	1.74	2.59	7.11	1.02	1.26	1.78	4.70
54	1.53	1.90	2.83	7.63	1.12	1.36	1.93	4.96
55	1.72	2.09	3.11	8.16	1.22	1.47	2.09	5.25
56	1.91	2.30	3.40	9.09	1.32	1.60	2.25	5.58
57	2.10	2.53	3.71	10.03	1.41	1.74	2.41	5.84
58	2.32	2.79	4.05	10.71	1.52	1.89	2.61	6.28
59	2.56	3.08	4.46	11.39	1.64	2.07	2.83	6.72
60	2.85	3.41	4.94	12.10	1.79	2.27	3.12	7.21
61	3.14	3.81	5.50	12.94	1.98	2.50	3.46	7.96
62	3.34	4.17	6.15	13.76	2.19	2.75	3.87	8.75
63	3.85	4.76	6.88	15.59	2.44	3.04	4.34	9.54
64	4.40	5.33	7.69	17.60	2.71	3.35	4.84	10.34
65	4.93	5.97	8.57	19.91	2.98	3.69	5.38	11.23
66	5.53	6.67	9.42	22.85	3.22	4.01	5.89	12.14
67	6.19	7.41	10.27	26.15	3.43	4.31	6.39	13.19
68	6.95	8.27	11.27	29.45	3.69	4.67	6.96	14.57
69	7.81	9.29	12.59	32.77	4.10	5.18	7.71	16.27
70	8.79	10.54	14.43	36.03	4.73	5.92	8.73	18.13
71	9.86	12.05	16.88	42.55	5.60	6.92	10.05	23.51
72	10.99	13.77	19.93	50.30	6.70	8.17	11.63	29.21
73	12.27	15.74	23.50	58.24	8.01	9.64	13.48	35.18
74	13.87	17.99	27.41	66.33	9.56	11.32	15.60	39.79
75	15.90	20.58	31.52	74.53	11.33	13.18	17.99	45.82
76	18.47	23.50	35.76	85.25	13.33	15.23	20.64	56.69
77	21.63	26.83	40.14	92.54	15.58	17.45	23.60	67.71
78	25.50	30.59	44.58	103.04	18.09	19.86	26.86	78.84
79	30.15	34.84	49.02	113.66	20.88	22.46	30.44	90.04
80	35.73	39.62	53.36	124.35	23.97	25.23	34.36	96.85
81	-	45.59	56.36	-	-	29.01	35.49	-
82	-	52.42	64.81	-	-	33.37	40.62	-
83	-	60.29	74.53	-	-	38.37	46.53	-
84	-	69.33	85.71	-	-	44.13	53.35	-
85	-	79.73	98.57	-	-	50.75	61.35	-

	10-YEAR							
	$1,000,000 +							
					FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.52	-	-	-	0.44	-
16	-	-	0.52	-	-	-	0.44	-
17	-	-	0.52	-	-	-	0.44	-
18	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
19	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
20	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
21	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
22	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
23	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
24	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
25	0.22	0.31	0.52	1.37	0.20	0.25	0.44	1.13
26	0.22	0.31	0.52	1.38	0.20	0.25	0.44	1.13
27	0.22	0.31	0.52	1.38	0.20	0.25	0.44	1.13
28	0.22	0.31	0.52	1.38	0.20	0.26	0.44	1.14
29	0.22	0.31	0.52	1.39	0.20	0.26	0.44	1.14
30	0.22	0.31	0.52	1.39	0.20	0.26	0.44	1.14
31	0.22	0.31	0.52	1.40	0.20	0.26	0.44	1.15
32	0.22	0.31	0.52	1.41	0.20	0.26	0.44	1.16
33	0.22	0.31	0.52	1.42	0.20	0.27	0.44	1.16
34	0.22	0.31	0.52	1.43	0.20	0.27	0.44	1.17
35	0.22	0.31	0.52	1.46	0.20	0.27	0.44	1.19
36	0.23	0.33	0.54	1.54	0.21	0.28	0.46	1.27
37	0.24	0.35	0.58	1.64	0.22	0.30	0.50	1.36
38	0.25	0.38	0.62	1.77	0.24	0.32	0.54	1.47
39	0.27	0.41	0.68	1.93	0.26	0.35	0.59	1.60
40	0.30	0.45	0.74	2.12	0.28	0.38	0.64	1.73
41	0.33	0.50	0.80	2.35	0.31	0.43	0.70	1.91
42	0.38	0.55	0.88	2.62	0.35	0.48	0.75	2.08
43	0.43	0.61	0.97	2.92	0.40	0.55	0.82	2.28
44	0.48	0.67	1.07	3.26	0.44	0.62	0.89	2.49
45	0.54	0.74	1.18	3.60	0.49	0.68	0.96	2.69
46	0.60	0.81	1.30	4.03	0.53	0.73	1.04	2.92
47	0.66	0.89	1.45	4.46	0.58	0.78	1.13	3.14
48	0.73	0.98	1.61	4.91	0.63	0.83	1.21	3.36
49	0.81	1.07	1.78	5.38	0.68	0.90	1.32	3.59
50	0.90	1.18	1.97	5.81	0.74	0.98	1.42	3.83
51	1.00	1.31	2.16	6.18	0.81	1.06	1.53	4.07
52	1.12	1.45	2.37	6.51	0.89	1.15	1.65	4.35
53	1.25	1.61	2.59	6.97	0.97	1.24	1.78	4.65
54	1.40	1.78	2.83	7.46	1.06	1.35	1.93	4.94
55	1.56	1.97	3.11	7.97	1.16	1.46	2.09	5.25
56	1.74	2.16	3.39	8.90	1.26	1.58	2.25	5.58
57	1.95	2.37	3.67	9.87	1.36	1.70	2.41	5.84
58	2.17	2.61	3.98	10.59	1.47	1.84	2.61	6.28
59	2.43	2.87	4.31	11.32	1.60	2.00	2.83	6.72
60	2.71	3.18	4.75	12.08	1.75	2.18	3.12	7.21
61	3.03	3.61	5.33	12.93	1.93	2.40	3.46	7.96
62	3.25	4.08	6.00	13.75	2.13	2.65	3.87	8.75
63	3.75	4.59	6.76	15.58	2.36	2.94	4.34	9.54
64	4.22	5.17	7.59	17.59	2.61	3.24	4.84	10.34
65	4.67	5.83	8.49	19.91	2.89	3.58	5.38	11.23
66	5.09	6.49	9.40	22.85	3.14	3.91	5.89	12.14
67	5.49	7.19	10.25	26.15	3.38	4.22	6.39	13.19
68	5.94	8.00	11.25	29.45	3.67	4.59	6.96	14.57
69	6.55	8.96	12.58	32.77	4.07	5.12	7.71	16.27
70	7.41	10.15	14.43	36.03	4.72	5.87	8.73	18.13
71	8.48	11.57	16.88	42.55	5.58	6.88	10.05	23.50
72	9.73	13.18	19.93	50.30	6.62	8.14	11.63	29.21
73	11.22	15.05	23.50	58.24	7.89	9.64	13.48	35.18
74	13.04	17.19	27.41	66.33	9.36	11.32	15.60	39.79
75	15.27	19.67	31.52	74.53	11.04	13.16	17.99	45.81
76	17.97	22.52	35.76	85.24	13.01	15.15	20.64	56.68
77	21.20	25.77	40.14	92.53	15.16	17.28	23.60	67.70
78	25.02	29.48	44.58	103.04	17.58	19.55	26.86	78.84
79	29.50	33.68	49.02	113.65	20.27	21.95	30.44	90.04
80	34.71	38.43	53.36	124.34	23.25	24.47	34.36	96.85
81	-	44.22	56.35	-	-	28.14	34.98	-
82	-	50.85	64.80	-	-	32.36	40.23	-
83	-	58.48	74.52	-	-	37.22	46.27	-
84	-	67.25	85.70	-	-	42.80	53.21	-
85	-	77.34	98.56	-	-	49.22	61.19	-

	15-YEAR							
	$100,000 - $249,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.86	-	-	-	0.76	-
16	-	-	0.86	-	-	-	0.76	-
17	-	-	0.86	-	-	-	0.76	-
18	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
19	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
20	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
21	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
22	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
23	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
24	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
25	0.48	0.61	0.86	2.47	0.44	0.54	0.76	1.93
26	0.48	0.61	0.86	2.48	0.44	0.54	0.76	1.96
27	0.48	0.61	0.86	2.48	0.44	0.54	0.76	2.00
28	0.48	0.61	0.86	2.51	0.44	0.55	0.76	2.04
29	0.48	0.61	0.86	2.51	0.44	0.55	0.76	2.04
30	0.48	0.61	0.86	2.51	0.44	0.55	0.76	2.05
31	0.48	0.61	0.86	2.55	0.44	0.55	0.76	2.10
32	0.48	0.61	0.86	2.58	0.44	0.55	0.76	2.16
33	0.48	0.61	0.86	2.62	0.44	0.55	0.76	2.20
34	0.48	0.61	0.86	2.64	0.45	0.55	0.76	2.25
35	0.48	0.61	0.88	2.66	0.46	0.55	0.77	2.30
36	0.51	0.65	0.92	2.80	0.48	0.59	0.81	2.40
37	0.54	0.69	0.97	2.93	0.53	0.63	0.87	2.47
38	0.59	0.75	1.05	3.11	0.58	0.69	0.94	2.59
39	0.65	0.82	1.14	3.36	0.62	0.76	1.02	2.73
40	0.71	0.90	1.25	3.65	0.67	0.82	1.10	2.87
41	0.81	1.00	1.39	4.02	0.71	0.88	1.19	3.17
42	0.93	1.12	1.55	4.40	0.77	0.94	1.29	3.44
43	1.06	1.24	1.73	4.82	0.83	1.03	1.39	3.76
44	1.21	1.38	1.92	5.36	0.89	1.09	1.50	4.02
45	1.35	1.53	2.12	5.81	0.94	1.17	1.61	4.31
46	1.49	1.67	2.32	6.43	1.00	1.26	1.73	4.76
47	1.63	1.82	2.52	7.00	1.07	1.34	1.85	5.10
48	1.78	1.98	2.74	7.50	1.14	1.43	1.97	5.47
49	1.95	2.16	2.98	7.99	1.21	1.53	2.10	5.86
50	2.13	2.36	3.26	8.37	1.30	1.63	2.26	6.27
51	2.30	2.59	3.56	9.13	1.39	1.74	2.40	6.67
52	2.49	2.83	3.90	9.87	1.50	1.84	2.54	7.18
53	2.67	3.11	4.28	10.99	1.61	1.96	2.70	7.73
54	2.90	3.42	4.71	12.19	1.75	2.12	2.92	8.18
55	3.18	3.76	5.18	13.42	1.95	2.35	3.23	8.65
56	3.50	4.13	5.66	15.34	2.19	2.67	3.67	9.53
57	3.85	4.51	6.18	17.24	2.47	3.06	4.22	10.19
58	4.27	4.95	6.78	18.12	2.81	3.52	4.84	11.54
59	4.74	5.48	7.48	18.79	3.19	4.02	5.52	12.76
60	5.30	6.13	8.33	19.26	3.60	4.51	6.20	14.03
61	5.94	6.91	9.27	20.18	4.06	5.02	6.89	15.64
62	6.60	7.80	10.30	22.37	4.58	5.53	7.60	17.22
63	7.38	8.83	11.43	24.85	5.15	6.09	8.38	18.63
64	8.34	10.04	12.68	27.73	5.76	6.69	9.22	19.89
65	9.52	11.48	14.06	31.05	6.41	7.37	10.16	21.33
66	11.00	13.16	16.54	35.95	7.07	8.13	11.20	25.76
67	12.79	15.12	19.48	44.10	7.78	8.98	12.37	30.29
68	14.96	17.39	22.90	52.47	8.49	9.95	13.67	34.87
69	17.54	20.01	26.92	61.06	9.24	11.02	15.15	37.32
70	20.61	23.01	31.57	69.89	9.98	12.24	16.79	41.83
71	22.78	23.58	33.79	-	10.98	14.34	17.53	48.07
72	24.94	28.91	36.01	-	13.04	17.38	20.11	54.20
73	30.03	32.42	41.35	-	15.91	20.93	23.09	60.18
74	35.30	37.71	47.49	-	18.99	26.07	26.50	66.03
75	38.43	43.13	54.57	-	22.27	29.92	30.44	67.66
76	43.79	49.24	-	-	25.61	34.41	35.01	-
77	50.36	56.63	-	-	29.45	39.57	40.26	-
78	-	-	-	-	-	-	-	-
79	-	-	-	-	-	-	-	-
80	-	-	-	-	-	-	-	-
81								
82								
83								
84								
85								

	15-YEAR							
	$250,000.00 - $999,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.67	-	-	-	0.62	-
16	-	-	0.67	-	-	-	0.62	-
17	-	-	0.67	-	-	-	0.62	-
18	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
19	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
20	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
21	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
22	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
23	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
24	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
25	0.29	0.42	0.67	1.70	0.28	0.36	0.62	1.30
26	0.29	0.42	0.67	1.73	0.28	0.36	0.62	1.32
27	0.29	0.42	0.67	1.75	0.28	0.37	0.62	1.33
28	0.29	0.42	0.67	1.77	0.28	0.37	0.62	1.37
29	0.29	0.42	0.67	1.80	0.28	0.37	0.62	1.39
30	0.29	0.42	0.67	1.82	0.28	0.38	0.62	1.41
31	0.29	0.42	0.67	1.86	0.28	0.38	0.62	1.45
32	0.29	0.42	0.67	1.88	0.28	0.38	0.62	1.49
33	0.29	0.42	0.67	1.92	0.28	0.38	0.62	1.53
34	0.29	0.42	0.68	1.95	0.28	0.39	0.62	1.57
35	0.29	0.42	0.69	2.00	0.28	0.39	0.63	1.63
36	0.30	0.42	0.72	2.13	0.29	0.40	0.67	1.76
37	0.32	0.45	0.77	2.27	0.31	0.43	0.72	1.89
38	0.34	0.48	0.84	2.45	0.33	0.47	0.78	2.06
39	0.37	0.53	0.91	2.67	0.36	0.51	0.85	2.25
40	0.41	0.59	1.00	2.93	0.40	0.56	0.92	2.44
41	0.48	0.66	1.11	3.25	0.44	0.61	1.00	2.66
42	0.57	0.73	1.25	3.59	0.48	0.66	1.08	2.87
43	0.67	0.83	1.40	3.96	0.54	0.72	1.17	3.10
44	0.78	0.93	1.57	4.41	0.59	0.78	1.27	3.31
45	0.89	1.04	1.73	4.85	0.64	0.84	1.36	3.55
46	0.99	1.17	1.89	5.37	0.69	0.90	1.46	3.90
47	1.09	1.31	2.05	5.88	0.75	0.97	1.57	4.23
48	1.21	1.46	2.23	6.39	0.80	1.04	1.68	4.57
49	1.33	1.62	2.41	6.91	0.86	1.11	1.79	4.95
50	1.47	1.79	2.64	7.39	0.93	1.20	1.92	5.33
51	1.57	1.93	2.89	8.04	1.00	1.29	2.05	5.69
52	1.72	2.13	3.16	8.69	1.07	1.40	2.17	6.08
53	1.89	2.36	3.46	9.55	1.14	1.52	2.31	6.51
54	2.05	2.64	3.80	10.48	1.24	1.66	2.50	6.92
55	2.24	2.89	4.18	11.49	1.37	1.84	2.77	7.38
56	2.46	3.11	4.59	12.87	1.51	2.01	3.15	8.07
57	2.71	3.40	5.03	14.28	1.66	2.16	3.63	8.68
58	2.99	3.69	5.53	15.27	1.84	2.36	4.17	9.66
59	3.32	4.05	6.13	16.25	2.06	2.60	4.75	10.61
60	3.71	4.51	6.88	17.25	2.30	2.86	5.35	11.61
61	4.06	4.98	7.76	18.45	2.58	3.16	5.95	12.79
62	4.40	5.51	8.64	19.64	2.90	3.52	6.58	14.00
63	5.22	6.41	9.91	22.26	3.26	3.92	7.25	15.16
64	5.95	7.30	11.29	25.02	3.64	4.43	7.98	16.29
65	6.77	8.35	12.98	28.06	4.07	4.91	8.80	17.58
66	7.72	9.65	15.00	32.97	4.62	5.55	9.70	20.39
67	8.83	11.18	17.39	39.05	5.24	6.32	10.72	23.31
68	10.12	12.98	20.23	45.50	5.95	7.24	11.85	26.35
69	11.60	15.06	23.55	52.34	6.76	8.34	13.13	28.44
70	13.31	17.47	27.41	59.62	7.67	9.64	14.56	31.62
71	19.50	23.17	29.27	-	10.61	11.76	15.35	36.36
72	24.39	28.48	31.13	-	12.13	13.27	17.54	41.82
73	29.49	32.04	35.80	-	13.74	15.03	20.08	48.09
74	34.82	37.34	41.17	-	15.62	17.07	23.01	55.30
75	38.07	42.81	47.35	-	17.80	19.45	26.38	63.60
76	43.78	49.23	-	-	20.47	22.37	30.34	-
77	50.35	56.62	-	-	23.54	25.73	34.89	-
78	-	-	-	-	-	-	-	-
79	-	-	-	-	-	-	-	-
80	-	-	-	-	-	-	-	-
81								
82								
83								
84								
85								

	15-YEAR							
	$1,000,000 +							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.66	-	-	-	0.62	-
16	-	-	0.66	-	-	-	0.62	-
17	-	-	0.66	-	-	-	0.62	-
18	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
19	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
20	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
21	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
22	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
23	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
24	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
25	0.26	0.40	0.66	1.65	0.25	0.34	0.62	1.28
26	0.26	0.40	0.66	1.68	0.25	0.34	0.62	1.30
27	0.26	0.40	0.66	1.70	0.25	0.34	0.62	1.31
28	0.26	0.40	0.67	1.74	0.25	0.34	0.62	1.36
29	0.26	0.40	0.67	1.77	0.25	0.34	0.62	1.37
30	0.27	0.40	0.67	1.80	0.26	0.35	0.62	1.40
31	0.27	0.40	0.67	1.84	0.26	0.35	0.62	1.44
32	0.27	0.40	0.67	1.87	0.26	0.35	0.62	1.48
33	0.27	0.40	0.67	1.90	0.26	0.35	0.62	1.52
34	0.27	0.40	0.68	1.93	0.26	0.35	0.62	1.56
35	0.27	0.40	0.69	1.99	0.26	0.36	0.63	1.63
36	0.29	0.42	0.72	2.12	0.28	0.38	0.67	1.75
37	0.31	0.45	0.77	2.25	0.29	0.40	0.72	1.86
38	0.33	0.48	0.84	2.43	0.32	0.43	0.78	2.02
39	0.35	0.53	0.91	2.65	0.34	0.47	0.85	2.20
40	0.40	0.59	1.00	2.90	0.38	0.51	0.92	2.38
41	0.45	0.66	1.11	3.21	0.42	0.56	1.00	2.60
42	0.54	0.73	1.25	3.55	0.46	0.62	1.08	2.81
43	0.62	0.82	1.40	3.92	0.52	0.69	1.17	3.04
44	0.73	0.92	1.57	4.37	0.56	0.76	1.27	3.27
45	0.85	1.02	1.73	4.80	0.64	0.84	1.36	3.51
46	0.95	1.13	1.89	5.31	0.68	0.90	1.46	3.86
47	1.05	1.26	2.05	5.81	0.72	0.97	1.57	4.20
48	1.15	1.40	2.23	6.31	0.79	1.04	1.68	4.55
49	1.27	1.55	2.41	6.82	0.85	1.11	1.79	4.94
50	1.39	1.70	2.64	7.29	0.92	1.20	1.92	5.33
51	1.53	1.86	2.89	7.94	0.98	1.29	2.05	5.67
52	1.68	2.09	3.16	8.59	1.04	1.39	2.17	6.05
53	1.84	2.32	3.46	9.44	1.10	1.50	2.31	6.46
54	2.00	2.56	3.80	10.38	1.18	1.63	2.50	6.85
55	2.20	2.82	4.18	11.39	1.30	1.79	2.77	7.29
56	2.41	3.07	4.59	12.78	1.44	1.97	3.15	7.96
57	2.65	3.33	5.03	14.20	1.61	2.13	3.63	8.58
58	2.92	3.62	5.53	15.22	1.80	2.33	4.17	9.56
59	3.24	3.98	6.13	16.23	2.02	2.56	4.75	10.49
60	3.62	4.43	6.75	17.25	2.25	2.82	5.35	11.50
61	3.97	4.90	7.42	18.45	2.54	3.13	5.95	12.68
62	4.32	5.44	8.25	19.64	2.86	3.48	6.58	13.88
63	5.16	6.27	9.24	22.26	3.21	3.88	7.25	15.04
64	5.87	7.16	10.44	25.02	3.59	4.37	7.98	16.17
65	6.74	8.28	11.79	28.06	4.02	4.84	8.80	17.46
66	7.70	9.59	13.58	32.97	4.56	5.48	9.70	20.26
67	8.82	11.12	16.11	39.05	5.19	6.27	10.72	23.18
68	10.10	12.92	19.38	45.50	5.89	7.19	11.85	26.22
69	11.57	15.02	23.31	52.34	6.68	8.27	13.13	28.31
70	13.25	17.44	27.41	59.62	7.59	9.55	14.56	31.50
71	19.33	23.15	29.27	-	10.06	11.31	15.08	36.23
72	24.23	28.44	31.12	-	11.57	12.89	17.34	41.66
73	29.35	31.96	35.79	-	13.31	14.71	19.94	47.91
74	34.68	37.24	41.16	-	15.31	16.82	22.93	55.09
75	37.96	42.66	47.34	-	17.61	19.25	26.37	63.36
76	43.65	49.06	-	-	20.25	22.14	30.33	-
77	50.20	56.42	-	-	23.29	25.46	34.88	-
78	-	-	-	-	-	-	-	-
79	-	-	-	-	-	-	-	-
80	-	-	-	-	-	-	-	-
81								
82								
83								
84								
85								

	20-YEAR							
	$100,000 - $249,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	1.05	-	-	-	0.85	-
16	-	-	1.05	-	-	-	0.85	-
17	-	-	1.05	-	-	-	0.85	-
18	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
19	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
20	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
21	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
22	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
23	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
24	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
25	0.67	0.84	1.05	2.56	0.51	0.67	0.85	1.95
26	0.67	0.84	1.05	2.57	0.51	0.67	0.85	2.01
27	0.67	0.84	1.05	2.58	0.51	0.67	0.85	2.04
28	0.67	0.84	1.06	2.59	0.51	0.67	0.85	2.06
29	0.67	0.84	1.07	2.60	0.51	0.67	0.85	2.08
30	0.67	0.84	1.08	2.61	0.51	0.67	0.85	2.10
31	0.67	0.84	1.09	2.70	0.51	0.68	0.87	2.21
32	0.67	0.84	1.10	2.78	0.51	0.70	0.90	2.31
33	0.67	0.84	1.11	2.86	0.52	0.72	0.93	2.42
34	0.67	0.84	1.12	2.91	0.52	0.74	0.98	2.55
35	0.67	0.84	1.14	3.06	0.54	0.77	1.03	2.65
36	0.70	0.89	1.19	3.24	0.57	0.80	1.08	2.78
37	0.76	0.96	1.27	3.50	0.60	0.82	1.15	2.89
38	0.83	1.05	1.37	3.85	0.64	0.86	1.22	3.04
39	0.92	1.15	1.48	4.28	0.69	0.90	1.31	3.22
40	1.01	1.27	1.63	4.84	0.75	0.95	1.39	3.43
41	1.13	1.39	1.78	5.33	0.81	1.02	1.49	3.81
42	1.27	1.55	1.98	5.83	0.89	1.10	1.58	4.20
43	1.42	1.73	2.20	6.38	0.97	1.20	1.70	4.62
44	1.58	1.90	2.42	7.08	1.06	1.31	1.82	5.04
45	1.74	2.08	2.66	7.70	1.15	1.42	1.96	5.44
46	1.91	2.26	2.88	8.47	1.25	1.54	2.12	5.86
47	2.09	2.44	3.11	9.20	1.36	1.67	2.30	6.19
48	2.29	2.62	3.32	9.81	1.47	1.81	2.50	6.48
49	2.51	2.84	3.62	10.45	1.60	1.96	2.71	6.81
50	2.73	3.12	3.98	11.11	1.74	2.13	2.93	7.12
51	2.95	3.44	4.38	12.02	1.88	2.32	3.17	7.59
52	3.18	3.81	4.86	13.01	2.03	2.52	3.41	8.13
53	3.42	4.23	5.42	14.03	2.20	2.74	3.68	8.74
54	3.73	4.72	6.01	15.11	2.40	2.99	4.01	9.28
55	4.11	5.26	6.67	16.22	2.64	3.28	4.41	9.87
56	4.57	5.86	7.35	17.73	2.93	3.59	4.87	10.60
57	5.10	6.52	8.05	20.11	3.26	3.93	5.39	11.10
58	5.72	7.26	8.80	21.46	3.64	4.30	5.99	12.23
59	6.43	8.12	9.68	22.60	4.08	4.75	6.71	13.24
60	7.28	9.11	10.81	23.54	4.59	5.30	7.61	14.26
61	8.27	10.26	12.15	29.56	5.19	5.97	8.69	17.90
62	9.42	11.59	13.70	35.71	5.88	6.78	10.00	21.56
63	10.75	13.12	15.52	42.01	6.67	7.74	11.55	25.26
64	12.27	14.88	17.65	-	7.58	8.88	13.38	28.99
65	14.02	16.90	20.19	-	8.62	10.23	15.01	32.74
66	16.13	19.45	23.14	-	9.74	10.41	15.38	37.65
67	18.55	22.36	26.60	-	10.95	11.66	17.69	-
68	21.34	25.72	30.67	-	12.33	13.10	20.34	-
69	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	20-YEAR							
	$250,000.00 - $999,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.86	-	-	-	0.70	-
16	-	-	0.86	-	-	-	0.70	-
17	-	-	0.86	-	-	-	0.70	-
18	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
19	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
20	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
21	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
22	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
23	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
24	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
25	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.34
26	0.41	0.58	0.86	1.94	0.36	0.47	0.70	1.38
27	0.41	0.58	0.86	1.96	0.36	0.47	0.70	1.42
28	0.41	0.58	0.87	1.97	0.36	0.47	0.70	1.46
29	0.41	0.59	0.87	1.99	0.36	0.47	0.70	1.51
30	0.41	0.59	0.88	2.03	0.37	0.47	0.70	1.56
31	0.42	0.60	0.88	2.14	0.37	0.48	0.71	1.64
32	0.42	0.60	0.88	2.28	0.37	0.49	0.74	1.71
33	0.43	0.60	0.89	2.43	0.37	0.50	0.77	1.80
34	0.43	0.60	0.90	2.57	0.37	0.53	0.80	1.90
35	0.44	0.60	0.93	2.73	0.37	0.55	0.85	2.01
36	0.47	0.61	0.98	2.91	0.39	0.55	0.89	2.15
37	0.51	0.64	1.05	3.08	0.43	0.57	0.94	2.31
38	0.56	0.69	1.13	3.30	0.49	0.62	1.00	2.48
39	0.63	0.75	1.23	3.59	0.55	0.65	1.06	2.68
40	0.72	0.81	1.35	3.96	0.61	0.70	1.14	2.90
41	0.80	0.91	1.48	4.40	0.66	0.76	1.22	3.19
42	0.88	1.02	1.66	4.90	0.71	0.83	1.31	3.49
43	0.97	1.13	1.85	5.46	0.76	0.92	1.41	3.81
44	1.06	1.25	2.04	6.11	0.82	1.01	1.53	4.14
45	1.17	1.40	2.24	6.72	0.89	1.10	1.66	4.50
46	1.30	1.54	2.43	7.40	0.95	1.17	1.80	4.86
47	1.44	1.69	2.63	8.07	1.04	1.28	1.96	5.19
48	1.58	1.85	2.84	8.71	1.11	1.38	2.14	5.52
49	1.74	2.03	3.08	9.38	1.20	1.49	2.33	5.89
50	1.91	2.23	3.40	10.00	1.31	1.62	2.54	6.25
51	2.10	2.47	3.76	10.74	1.44	1.74	2.74	6.70
52	2.31	2.71	4.18	11.47	1.59	1.88	2.95	7.19
53	2.54	2.96	4.65	12.44	1.77	2.04	3.18	7.73
54	2.80	3.21	5.16	13.45	1.95	2.21	3.46	8.27
55	3.08	3.48	5.73	14.45	2.16	2.43	3.82	8.85
56	3.40	3.75	6.32	16.06	2.35	2.67	4.22	9.51
57	3.77	4.14	6.92	17.68	2.56	2.94	4.67	10.08
58	4.19	4.58	7.58	18.84	2.78	3.26	5.19	10.97
59	4.67	5.11	8.41	19.98	3.04	3.61	5.82	11.84
60	5.23	5.83	9.45	21.17	3.38	4.06	6.60	12.77
61	5.87	6.82	10.71	25.02	3.79	4.59	7.54	15.05
62	6.63	7.96	12.27	29.18	4.26	5.19	8.67	17.43
63	7.58	9.26	14.23	33.66	4.82	5.90	10.03	19.93
64	8.69	10.71	16.60	-	5.49	6.72	11.62	22.56
65	10.02	12.32	19.46	-	6.30	7.67	13.03	25.32
66	11.53	14.27	21.11	-	7.30	8.86	13.35	29.11
67	13.26	16.41	22.36	-	8.40	10.18	15.35	-
68	15.25	18.87	25.71	-	9.66	11.71	17.65	-
69	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	20-YEAR							
	$1,000,000 +							
					FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	0.77	-	-	-	0.70	-
16	-	-	0.77	-	-	-	0.70	-
17	-	-	0.77	-	-	-	0.70	-
18	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
19	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
20	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
21	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
22	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
23	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
24	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
25	0.39	0.54	0.77	1.92	0.33	0.44	0.70	1.32
26	0.39	0.54	0.78	1.92	0.33	0.44	0.70	1.36
27	0.39	0.54	0.78	1.94	0.33	0.44	0.70	1.41
28	0.39	0.54	0.79	1.97	0.33	0.44	0.70	1.45
29	0.39	0.54	0.80	1.99	0.33	0.44	0.70	1.51
30	0.39	0.54	0.81	2.02	0.33	0.44	0.70	1.55
31	0.40	0.55	0.82	2.14	0.33	0.45	0.71	1.63
32	0.41	0.55	0.84	2.27	0.33	0.46	0.74	1.71
33	0.42	0.55	0.86	2.42	0.33	0.48	0.77	1.80
34	0.43	0.56	0.89	2.57	0.34	0.49	0.80	1.90
35	0.44	0.56	0.93	2.73	0.35	0.51	0.85	2.01
36	0.46	0.59	0.98	2.90	0.36	0.53	0.89	2.14
37	0.49	0.63	1.05	3.07	0.39	0.56	0.94	2.30
38	0.53	0.69	1.13	3.30	0.42	0.59	1.00	2.47
39	0.58	0.74	1.23	3.58	0.46	0.62	1.06	2.68
40	0.64	0.80	1.35	3.94	0.50	0.68	1.14	2.89
41	0.71	0.87	1.48	4.38	0.55	0.74	1.22	3.18
42	0.80	0.96	1.66	4.88	0.61	0.81	1.31	3.47
43	0.91	1.08	1.85	5.44	0.69	0.88	1.41	3.78
44	1.03	1.21	2.04	6.08	0.77	0.97	1.53	4.12
45	1.16	1.35	2.23	6.70	0.85	1.05	1.66	4.47
46	1.29	1.48	2.43	7.37	0.91	1.14	1.80	4.84
47	1.42	1.63	2.63	8.04	1.00	1.23	1.96	5.17
48	1.55	1.79	2.84	8.69	1.07	1.33	2.14	5.50
49	1.70	1.97	3.08	9.35	1.16	1.45	2.33	5.87
50	1.86	2.14	3.40	9.98	1.27	1.57	2.54	6.24
51	2.04	2.35	3.76	10.71	1.39	1.69	2.74	6.68
52	2.24	2.59	4.18	11.42	1.54	1.84	2.95	7.17
53	2.46	2.84	4.65	12.38	1.70	2.00	3.18	7.72
54	2.71	3.11	5.16	13.37	1.88	2.18	3.46	8.26
55	2.99	3.41	5.73	14.36	2.08	2.41	3.82	8.85
56	3.30	3.75	6.32	15.96	2.29	2.63	4.22	9.49
57	3.65	4.14	6.91	17.58	2.51	2.92	4.67	10.04
58	4.05	4.58	7.57	18.74	2.75	3.23	5.19	10.91
59	4.53	5.07	8.39	19.88	3.03	3.60	5.82	11.76
60	5.12	5.64	9.43	21.07	3.37	4.03	6.60	12.66
61	5.81	6.46	10.69	24.93	3.78	4.54	7.54	14.94
62	6.62	7.46	12.17	29.09	4.25	5.15	8.67	17.33
63	7.55	8.69	13.87	33.60	4.81	5.82	10.03	19.85
64	8.63	10.15	15.79	-	5.47	6.67	11.62	22.51
65	9.92	11.95	18.06	-	6.23	7.62	13.03	25.31
66	11.42	13.75	20.68	-	7.19	8.79	13.34	29.11
67	13.13	15.82	22.35	-	8.27	10.10	15.34	-
68	15.10	18.19	25.70	-	9.51	11.62	17.64	-
69	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	25-YEAR							
	$100,000 - $249,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	1.54	-	-	-	1.10	-
16	-	-	1.54	-	-	-	1.10	-
17	-	-	1.54	-	-	-	1.10	-
18	0.84	1.14	1.54	3.29	0.56	0.82	1.10	2.29
19	0.84	1.14	1.54	3.29	0.56	0.82	1.10	2.29
20	0.84	1.14	1.54	3.29	0.56	0.82	1.10	2.29
21	0.84	1.14	1.54	3.29	0.56	0.82	1.10	2.29
22	0.84	1.14	1.54	3.29	0.56	0.82	1.10	2.29
23	0.84	1.14	1.54	3.29	0.56	0.82	1.10	2.29
24	0.84	1.14	1.54	3.29	0.56	0.82	1.10	2.29
25	0.85	1.14	1.55	3.29	0.57	0.82	1.10	2.29
26	0.86	1.14	1.58	3.37	0.60	0.82	1.12	2.38
27	0.87	1.14	1.61	3.46	0.62	0.83	1.14	2.47
28	0.90	1.15	1.65	3.59	0.65	0.85	1.17	2.58
29	0.91	1.15	1.69	3.72	0.66	0.85	1.19	2.71
30	0.93	1.15	1.71	3.87	0.67	0.86	1.22	2.82
31	0.95	1.17	1.73	4.02	0.69	0.87	1.23	2.93
32	0.98	1.18	1.73	4.17	0.70	0.88	1.25	3.05
33	1.03	1.20	1.73	4.34	0.71	0.89	1.26	3.16
34	1.05	1.20	1.75	4.54	0.71	0.90	1.28	3.31
35	1.12	1.22	1.80	4.80	0.75	0.91	1.35	3.49
36	1.19	1.30	1.92	5.07	0.80	0.95	1.44	3.72
37	1.28	1.39	2.07	5.38	0.86	1.01	1.56	4.00
38	1.38	1.48	2.27	5.74	0.93	1.09	1.70	4.30
39	1.43	1.59	2.47	6.20	1.00	1.16	1.86	4.64
40	1.61	1.70	2.70	6.83	1.08	1.25	2.01	5.02
41	1.78	1.87	2.95	7.62	1.16	1.34	2.16	5.42
42	1.96	2.06	3.20	8.60	1.26	1.45	2.29	5.85
43	2.16	2.26	3.49	9.72	1.35	1.59	2.44	6.32
44	2.33	2.46	3.82	10.98	1.45	1.72	2.62	6.88
45	2.57	2.69	4.20	12.34	1.63	1.87	2.83	7.54
46	2.70	2.84	4.64	12.79	1.80	2.00	3.09	8.31
47	2.84	2.99	5.15	13.34	1.96	2.14	3.39	9.01
48	3.04	3.24	5.73	13.89	2.11	2.29	3.76	9.40
49	3.33	3.61	6.41	14.45	2.27	2.45	4.19	9.79
50	3.69	4.08	7.21	14.82	2.44	2.62	4.70	10.06
51	4.24	4.69	8.10	17.04	2.81	3.01	5.41	11.57
52	4.88	5.39	9.31	19.60	3.23	3.46	6.22	13.31
53	5.61	6.20	10.71	22.54	3.71	3.98	7.15	15.31
54	6.45	7.13	12.60	-	4.27	4.58	8.22	17.61
55	7.42	8.20	14.49	-	4.91	5.27	9.45	20.25
56	8.53	9.43	16.66	-	5.65	6.06	10.87	-
57	9.81	10.84	19.16	-	6.50	6.97	12.50	-
58	11.28	12.47	-	-	7.48	8.02	14.38	-
59	12.97	14.34	-	-	8.60	9.22	16.53	-
60	14.92	16.49	-	-	9.89	10.60	19.01	-
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	25-YEAR							
	$250,000.00 - $999,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	1.32	-	-	-	0.95	-
16	-	-	1.32	-	-	-	0.95	-
17	-	-	1.32	-	-	-	0.95	-
18	0.65	0.84	1.32	2.85	0.47	0.68	0.95	1.98
19	0.65	0.84	1.32	2.85	0.47	0.68	0.95	1.98
20	0.65	0.84	1.32	2.85	0.47	0.68	0.95	1.98
21	0.65	0.84	1.32	2.85	0.47	0.68	0.95	1.98
22	0.65	0.84	1.32	2.85	0.47	0.68	0.95	1.98
23	0.65	0.84	1.32	2.85	0.47	0.68	0.95	1.98
24	0.65	0.84	1.32	2.85	0.47	0.68	0.95	1.98
25	0.65	0.84	1.33	2.85	0.49	0.68	0.95	1.98
26	0.66	0.84	1.35	2.92	0.51	0.68	0.96	2.05
27	0.68	0.84	1.36	3.01	0.53	0.68	0.99	2.14
28	0.69	0.84	1.38	3.11	0.55	0.68	1.01	2.23
29	0.71	0.84	1.40	3.23	0.56	0.68	1.03	2.34
30	0.73	0.84	1.42	3.36	0.57	0.68	1.04	2.44
31	0.75	0.86	1.43	3.49	0.57	0.69	1.06	2.53
32	0.76	0.88	1.43	3.61	0.59	0.71	1.07	2.63
33	0.78	0.89	1.44	3.77	0.60	0.74	1.08	2.74
34	0.80	0.92	1.48	3.94	0.60	0.75	1.10	2.86
35	0.84	0.97	1.53	4.16	0.63	0.76	1.15	3.02
36	0.89	1.02	1.63	4.40	0.67	0.79	1.23	3.22
37	0.96	1.09	1.76	4.66	0.72	0.86	1.33	3.46
38	1.05	1.17	1.92	4.98	0.78	0.93	1.46	3.73
39	1.14	1.27	2.10	5.38	0.85	1.01	1.59	4.02
40	1.21	1.36	2.29	5.92	0.92	1.10	1.72	4.35
41	1.33	1.50	2.50	6.62	1.01	1.19	1.85	4.70
42	1.48	1.67	2.72	7.47	1.12	1.29	1.97	5.08
43	1.58	1.84	2.95	8.45	1.24	1.40	2.10	5.49
44	1.73	2.01	3.23	9.54	1.36	1.53	2.26	5.97
45	1.88	2.21	3.54	10.72	1.49	1.67	2.44	6.54
46	2.04	2.36	3.92	11.99	1.62	1.82	2.67	7.22
47	2.23	2.52	4.35	12.77	1.75	1.97	2.94	8.01
48	2.45	2.76	4.85	13.40	1.88	2.14	3.26	8.94
49	2.70	3.14	5.44	14.06	2.01	2.31	3.64	9.45
50	2.96	3.61	6.13	14.52	2.14	2.48	4.08	9.77
51	3.30	4.13	6.80	16.70	2.32	2.68	4.69	11.24
52	3.75	4.73	7.81	19.21	2.61	2.98	5.39	12.93
53	4.31	5.42	8.98	22.09	3.04	3.48	6.20	14.87
54	4.99	6.23	10.73	-	3.59	4.08	7.13	17.10
55	5.81	7.17	12.34	-	4.21	4.78	8.20	19.67
56	8.00	8.45	14.19	-	4.84	5.50	9.43	-
57	9.20	9.89	16.32	-	5.85	6.33	10.84	-
58	10.58	11.53	-	-	6.73	7.28	12.47	-
59	12.17	13.41	-	-	7.74	8.37	14.34	-
60	13.99	15.54	-	-	8.90	9.63	16.49	-
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	25-YEAR							
	$1,000,000 +							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	1.32	-	-	-	0.95	-
16	-	-	1.32	-	-	-	0.95	-
17	-	-	1.32	-	-	-	0.95	-
18	0.62	0.81	1.32	2.85	0.46	0.66	0.95	1.98
19	0.62	0.81	1.32	2.85	0.46	0.66	0.95	1.98
20	0.62	0.81	1.32	2.85	0.46	0.66	0.95	1.98
21	0.62	0.81	1.32	2.85	0.46	0.66	0.95	1.98
22	0.62	0.81	1.32	2.85	0.46	0.66	0.95	1.98
23	0.62	0.81	1.32	2.85	0.46	0.66	0.95	1.98
24	0.62	0.81	1.32	2.85	0.46	0.66	0.95	1.98
25	0.62	0.81	1.33	2.85	0.47	0.66	0.95	1.98
26	0.63	0.81	1.35	2.92	0.48	0.66	0.96	2.05
27	0.64	0.81	1.36	3.01	0.51	0.66	0.99	2.14
28	0.65	0.81	1.38	3.11	0.53	0.66	1.01	2.23
29	0.67	0.81	1.40	3.23	0.53	0.66	1.03	2.34
30	0.68	0.81	1.42	3.36	0.54	0.66	1.04	2.44
31	0.69	0.82	1.43	3.49	0.54	0.67	1.06	2.53
32	0.70	0.83	1.43	3.61	0.57	0.69	1.07	2.63
33	0.71	0.83	1.44	3.77	0.58	0.70	1.08	2.74
34	0.73	0.84	1.48	3.94	0.58	0.71	1.10	2.86
35	0.83	0.88	1.53	4.16	0.60	0.71	1.15	3.02
36	0.87	0.92	1.63	4.40	0.63	0.74	1.23	3.22
37	0.93	0.99	1.76	4.66	0.69	0.80	1.33	3.46
38	1.00	1.08	1.92	4.98	0.73	0.87	1.46	3.73
39	1.06	1.17	2.10	5.38	0.78	0.94	1.59	4.02
40	1.12	1.28	2.29	5.92	0.86	1.04	1.72	4.35
41	1.23	1.41	2.50	6.62	0.98	1.14	1.85	4.70
42	1.36	1.56	2.72	7.47	1.08	1.25	1.97	5.08
43	1.46	1.72	2.95	8.45	1.17	1.38	2.10	5.49
44	1.59	1.89	3.23	9.54	1.29	1.49	2.26	5.97
45	1.73	2.08	3.54	10.72	1.43	1.61	2.44	6.54
46	1.89	2.20	3.92	11.99	1.57	1.73	2.67	7.22
47	2.06	2.34	4.34	12.77	1.71	1.87	2.94	8.01
48	2.25	2.57	4.82	13.40	1.83	1.99	3.26	8.94
49	2.46	2.93	5.40	14.06	1.94	2.13	3.64	9.45
50	2.70	3.44	6.08	14.52	2.02	2.31	4.08	9.77
51	3.11	3.97	6.76	16.70	2.32	2.66	4.69	11.24
52	3.57	4.59	7.75	19.21	2.61	2.98	5.39	12.93
53	4.11	5.31	8.96	22.09	3.04	3.48	6.20	14.87
54	4.72	6.14	10.72	-	3.55	4.05	7.13	17.10
55	5.42	7.10	12.34	-	4.07	4.66	8.20	19.67
56	7.82	8.37	14.19	-	4.68	5.36	9.43	-
57	8.99	9.81	16.32	-	5.67	6.16	10.84	-
58	10.34	11.44	-	-	6.52	7.08	12.47	-
59	11.89	13.30	-	-	7.50	8.15	14.34	-
60	13.67	15.42	-	-	8.62	9.37	16.49	-
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	30-YEAR							
	$100,000 - $249,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	1.65	-	-	-	1.20	-
16	-	-	1.65	-	-	-	1.20	-
17	-	-	1.65	-	-	-	1.20	-
18	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
19	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
20	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
21	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
22	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
23	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
24	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
25	0.90	1.27	1.65	4.43	0.61	0.91	1.20	3.27
26	0.91	1.28	1.68	4.43	0.63	0.92	1.23	3.28
27	0.93	1.29	1.72	4.43	0.67	0.93	1.27	3.28
28	0.94	1.30	1.76	4.43	0.70	0.94	1.31	3.30
29	0.98	1.31	1.81	4.43	0.74	0.96	1.34	3.30
30	1.00	1.32	1.87	4.43	0.77	0.97	1.38	3.33
31	1.04	1.34	1.89	4.55	0.80	0.98	1.39	3.42
32	1.06	1.35	1.89	4.67	0.81	0.98	1.40	3.54
33	1.11	1.36	1.89	4.82	0.82	0.99	1.40	3.65
34	1.15	1.38	1.91	5.00	0.84	1.00	1.41	3.82
35	1.21	1.43	1.97	5.23	0.88	1.04	1.48	4.03
36	1.28	1.50	2.08	5.68	0.92	1.08	1.59	4.28
37	1.36	1.60	2.23	6.22	0.97	1.15	1.73	4.60
38	1.45	1.72	2.43	6.82	1.03	1.23	1.91	4.95
39	1.57	1.85	2.64	7.48	1.11	1.32	2.09	5.31
40	1.72	2.01	2.87	8.17	1.20	1.44	2.27	5.72
41	1.90	2.20	3.15	8.92	1.31	1.57	2.44	6.22
42	2.13	2.43	3.43	9.69	1.46	1.72	2.59	6.79
43	2.38	2.67	3.73	10.68	1.63	1.89	2.76	7.39
44	2.68	2.96	4.10	12.08	1.81	2.08	2.96	8.02
45	2.99	3.27	4.53	13.60	1.98	2.29	3.20	8.73
46	3.34	3.61	4.98	14.00	2.14	2.52	3.50	9.69
47	3.69	3.99	5.52	-	2.28	2.76	3.86	10.72
48	4.10	4.41	6.15	-	2.41	3.04	4.30	11.83
49	4.51	4.85	6.89	-	2.50	3.33	4.83	13.04
50	4.95	5.35	7.75	-	2.55	3.64	5.46	14.33
51	5.70	6.16	8.17	-	3.17	4.20	5.54	-
52	6.56	7.09	9.40	-	3.65	4.83	6.37	-
53	7.54	8.15	10.81	-	4.20	5.55	7.33	-
54	8.68	9.37	-	-	4.83	6.38	8.43	-
55	9.98	10.78	-	-	5.55	7.34	9.69	-
56	-	-	-	-	6.38	8.44	11.14	-
57	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	30-YEAR							
	$250,000.00 - $999,999.99							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	1.44	-	-	-	1.05	-
16	-	-	1.44	-	-	-	1.05	-
17	-	-	1.44	-	-	-	1.05	-
18	0.66	0.90	1.44	3.61	0.52	0.76	1.05	2.71
19	0.66	0.90	1.44	3.61	0.52	0.76	1.05	2.71
20	0.66	0.90	1.44	3.61	0.52	0.76	1.05	2.71
21	0.66	0.90	1.44	3.61	0.52	0.76	1.05	2.71
22	0.66	0.90	1.44	3.61	0.52	0.76	1.05	2.71
23	0.66	0.90	1.44	3.61	0.52	0.76	1.05	2.71
24	0.66	0.90	1.44	3.61	0.52	0.76	1.05	2.71
25	0.66	0.90	1.45	3.61	0.52	0.76	1.05	2.71
26	0.67	0.91	1.47	3.67	0.54	0.76	1.07	2.75
27	0.69	0.92	1.49	3.74	0.55	0.76	1.11	2.80
28	0.70	0.93	1.51	3.81	0.57	0.76	1.14	2.86
29	0.72	0.94	1.53	3.90	0.58	0.76	1.17	2.92
30	0.74	0.95	1.54	3.98	0.60	0.76	1.19	2.99
31	0.76	0.96	1.57	4.13	0.62	0.76	1.21	3.08
32	0.77	0.97	1.57	4.27	0.63	0.78	1.21	3.19
33	0.79	0.98	1.58	4.44	0.66	0.79	1.21	3.30
34	0.81	0.98	1.62	4.64	0.68	0.80	1.23	3.44
35	0.85	1.00	1.68	4.89	0.71	0.82	1.28	3.61
36	0.90	1.05	1.79	5.22	0.75	0.86	1.38	3.86
37	0.97	1.13	1.94	5.60	0.78	0.92	1.50	4.17
38	1.06	1.24	2.12	6.04	0.83	0.97	1.66	4.50
39	1.17	1.37	2.32	6.56	0.89	1.04	1.82	4.87
40	1.28	1.52	2.53	7.15	0.96	1.13	1.97	5.25
41	1.39	1.66	2.75	7.90	1.05	1.24	2.12	5.70
42	1.51	1.83	2.98	8.75	1.16	1.37	2.25	6.17
43	1.64	2.02	3.23	9.71	1.28	1.51	2.40	6.68
44	1.78	2.23	3.53	10.73	1.41	1.68	2.57	7.24
45	1.95	2.46	3.87	11.83	1.54	1.85	2.78	7.90
46	2.15	2.63	4.29	13.60	1.68	2.00	3.04	8.84
47	2.38	2.78	4.78	-	1.81	2.15	3.36	9.89
48	2.64	3.04	5.35	-	1.94	2.32	3.74	11.08
49	2.94	3.46	6.03	-	2.05	2.49	4.20	12.02
50	3.29	3.97	6.81	-	2.15	2.68	4.74	12.87
51	3.71	4.68	6.92	-	2.47	3.09	4.82	-
52	4.21	5.43	7.96	-	2.84	3.56	5.54	-
53	4.79	6.30	9.15	-	3.30	4.09	6.37	-
54	5.46	7.28	-	-	3.79	4.70	7.33	-
55	6.22	8.41	-	-	4.36	5.41	8.43	-
56	-	-	-	-	5.00	6.22	9.69	-
57	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

	30-YEAR							
	$1,000,000 +							
	MALE				FEMALE			
Age	Sel Pfd	Pfd NT	NT	Tob	Sel Pfd	Pfd NT	NT	Tob
15	-	-	1.40	-	-	-	1.05	-
16	-	-	1.40	-	-	-	1.05	-
17	-	-	1.40	-	-	-	1.05	-
18	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
19	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
20	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
21	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
22	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
23	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
24	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
25	0.63	0.83	1.40	3.53	0.49	0.70	1.05	2.60
26	0.64	0.84	1.42	3.59	0.51	0.70	1.07	2.66
27	0.65	0.85	1.44	3.65	0.52	0.70	1.11	2.72
28	0.66	0.86	1.46	3.74	0.54	0.71	1.14	2.81
29	0.68	0.87	1.48	3.86	0.55	0.72	1.17	2.88
30	0.69	0.88	1.50	3.97	0.57	0.74	1.19	2.97
31	0.71	0.89	1.52	4.12	0.59	0.74	1.21	3.06
32	0.74	0.89	1.55	4.26	0.61	0.75	1.21	3.18
33	0.77	0.90	1.58	4.43	0.63	0.75	1.21	3.28
34	0.81	0.91	1.62	4.63	0.65	0.76	1.23	3.44
35	0.85	0.92	1.68	4.88	0.68	0.78	1.28	3.61
36	0.90	0.97	1.75	5.21	0.72	0.82	1.38	3.86
37	0.97	1.03	1.85	5.59	0.75	0.88	1.50	4.16
38	1.06	1.12	1.99	6.02	0.79	0.93	1.66	4.49
39	1.17	1.23	2.17	6.53	0.84	1.00	1.82	4.85
40	1.28	1.37	2.41	7.12	0.91	1.09	1.97	5.22
41	1.39	1.51	2.67	7.88	1.00	1.20	2.12	5.67
42	1.50	1.67	2.95	8.74	1.10	1.34	2.25	6.14
43	1.61	1.85	3.23	9.70	1.23	1.48	2.40	6.64
44	1.74	2.06	3.53	10.73	1.36	1.64	2.57	7.20
45	1.88	2.28	3.86	11.83	1.48	1.82	2.78	7.86
46	2.05	2.43	4.20	13.60	1.62	1.96	3.04	8.81
47	2.27	2.56	4.57	-	1.74	2.10	3.36	9.87
48	2.55	2.80	5.01	-	1.86	2.26	3.74	11.06
49	2.89	3.20	5.52	-	1.97	2.41	4.20	12.01
50	3.29	3.72	6.09	-	2.06	2.59	4.74	12.86
51	3.71	4.48	6.80	-	2.39	3.00	4.81	-
52	4.19	5.27	7.76	-	2.75	3.45	5.53	-
53	4.73	6.16	8.99	-	3.16	3.97	6.36	-
54	5.33	7.17	-	-	3.64	4.56	7.32	-
55	6.01	8.33	-	-	4.18	5.25	8.42	-
56	-	-	-	-	4.81	6.04	9.68	-
57	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/19/2008

Comments:

Attachment:

AR Cert.pdf

Review Status:

Satisfied -Name: Application 10/19/2008

Comments:

Please see form schedule

Review Status:

Satisfied -Name: Readability 10/19/2008

Comments:

Attachment:

Readability WCL.pdf

Review Status:

Satisfied -Name: Authorization 10/19/2008

Comments:

Attachment:

West Coast Life Authorization Letter.pdf

Review Status:

Satisfied -Name: Variability 10/19/2008

Comments:

Attachment:

WCL Statement of Variability WC-T16 - SIGNED.pdf

Review Status:

Satisfied -Name: Sample policy schedule 10/20/2008

SERFF Tracking Number:	*CMPL-125864400*	*State:*	*Arkansas*
Filing Company:	*West Coast Life Insurance Company*	*State Tracking Number:*	*40627*
Company Tracking Number:	*WCL TIR T16 11-08*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name:	*WCL TIR T16 11-08*		
Project Name/Number:	*WCL TIR T16 11-08/WCL TIR T16 11-08*		

Comments:

sample policy schedule

Attachment:

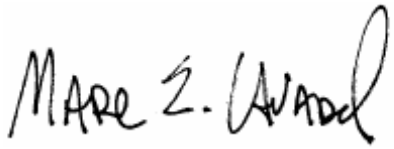
Sample Policy Schedule with Term and WOP Riders.pdf

Certificate of Compliance with
Arkansas Rule and Regulation 19

Insurer: West Coast Life Insurance Company

WC-T16-AR 11-08, Policy
WC-621 11-08, Lump Sum Benefit Rider
WC-509V2 11-08, Waiver of Premium Rider
WC-U-413 (11/08), Supplemental Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Marc Cavadel
Name

AVP – Product Development

Title

10-17-2008
Date

West Coast Life Insurance Company

NAIC #458-70335 • FEIN #94-0971150

Individual Income Term Life Insurance Policy Forms:

READABILITY CERTIFICATION

This is to certify that the form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

		Score
WC-T16AR 11-08	Policy	61
WC-621 11-08	Lump Sum Benefit Rider	50
WC-509V2 11-08	Waiver of Premium Rider	57
WC-U-413 (11/08)	Supplemental Application	51

Marc Cavadel, J.D.
AVP – Product Development

WEST COAST LIFE INSURANCE COMPANY
P. O. Box 2606 Birmingham, Alabama 35202-0648

September 11, 2008

NAIC Company Code: 70335

Re: Individual Term Life Forms

To: All Departments of Insurance

West Coast Life Insurance Company hereby authorizes Compliance Research Services, LLC to represent us in the submission of the above-referenced forms and to negotiate with insurance departments for their approval.

Sincerely,

Keith D. Kirkley, JD, MBA
Assistant Vice President
Product Development
keith.kirkley@protective.com

Statement of Variability – Policy Form WC-T16 11-08 and state variations

General Variables

1. Specimen data provided are for male, age 35 non-tobacco with a $100,000 face amount. Data and table entries that are dependent upon gender, age, rate class, premium pattern, etc., are determinable and will populate the appropriate data fields at policy issue.

2. The Schedule Page numbering may vary due to the length of table entries, etc.

3. Bracketed numbers within the text of the policy body pages may be varied in accordance with applicable state statutory requirements.

4. No variables will change with respect to in-force policies without notification, appropriate regulatory approvals, and (where required) consent of the contract holder, owner or participant.

Specific Variables

Face Page

Company Address and Phone Number – Will only be changed to accurately disclose the company's correct mailing address and phone number.

Company State of Domicile – Will only be changed to accurately disclose the company's state of domicile. This change would not be made until any required notifications or regulatory filings are completed.

Right to Cancel – Not less than 30 days but at least equal to the statutory minimum in the state where the policy is delivered.

Officer Signatures – Will only be changed to accurately disclose the company's officers. This change would not be made until any required notifications or regulatory filings are completed.

Term Coverage to Age 100 – Describes the type and duration of the insurance coverage. Could vary between 70-100.

Premiums increase after the initial premium period – Describes the premium structure.

Page 3

John Doe information including Policy Effective and End Dates, Age at Issue, Gender, Insured, Owner, Initial Premium Period, Conversion Value of the Policy Effective Date, Death Benefit, and Commutation Waiting Period.

Premium Class – Can be Super Preferred, Preferred NonTobacco, Standard NonTobacco, Preferred Tobacco, Standard Tobacco

Initial Premium Period – Can be 10, 15, 20, 25 or 30 Years

Latest Conversion Date – Based on the Initial Premium Period, but not later than the Insured's age 75:
If the Initial Premium Period is 10 years the Latest Conversion Date is 10 years after the Policy Effective Date.
If the Initial Premium Period is 15 years the Latest Conversion Date is 15 years after the Policy Effective Date.
If the Initial Premium Period is 20, 25 or 30 years the Latest Conversion Date is 20 years after the Policy Effective Date.

Page 3A

The Schedule of Guaranteed Annual Premiums is based on the Insured's Age, Gender, Premium Class, Face Amount and Premium Period.

Policy Body Pages

Age – Will be populated with either age "nearest" or "last" birthday as appropriate for the plan of insurance as issued.

Misstatement of Age or Gender – The bracketed reference to gender will not be used when unisex plans of insurance are issued

Premium Payment Modes – Provides for changes in minimum modal premium amount. Could vary between $10 and $50.

Reinstatement – Provides for changes in the maximum reinstatement period (between 3 to 5 years) and the maximum interest rate charged on overdue premium (between 4% and 6%).

Conversion – May or may not be used depending upon plan of insurance purchased. Age can vary between 65 and 85.

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:

Marc E. Cavadel, J.D., FLMI
AVP – Product Development
Protective Life Insurance Company

September 18, 2008

POLICY SCHEDULE

POLICY NUMBER: SPECIMEN

INSURED:	[JOHN DOE]	**POLICY EFFECTIVE DATE:**	[SEPTEMBER 1, 2008]
AGE AT ISSUE:	[35]	**INITIAL PREMIUM PERIOD:**	[10 YEARS]
GENDER:	[MALE]	**POLICY END DATE:**	[SEPTEMBER 1, 2073]
PREMIUM CLASS:	[NON TOBACCO]		
OWNER:	[JOHN DOE]		

CONVERSION

LATEST CONVERSION DATE: [SEPTEMBER 1, 2048]
POLICY CONVERSION VALUE: [$86,240]

DEATH BENEFIT

DEATH BENEFIT: [$20,000] PER YEAR FOR [5] YEARS
COMMUTATION WAITING PERIOD: [2] YEARS FROM THE DATE THE DEATH BENEFIT PROCEEDS BECOME DUE AND PAYABLE

SCHEDULE OF BENEFITS AND PREMIUMS ON THE POLICY EFFECTIVE DATE

FORM NO.	BENEFIT	BENEFIT AMOUNT	INITIAL ANNUAL PREMIUM	INITIAL PREMIUM PERIOD
WC-T16 11-08	LIFE INSURANCE	[$20,000] PER YEAR FOR [5] YEARS	[$119.26]	[10] YEARS
WC-621 11-08	TERM LIFE INSURANCE RIDER	[$150,000]	[$96.00]	[10] YEARS
WC-509V2 11-08	WAIVER OF PREMIUM RIDER		[$29.11]	[10] YEARS

TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY PRE-AUTHORIZED CHECK
PER PAYMENT	[$244.38]	[$127.08]	[$64.76]	[$21.38]
PER YEAR	[$244.38]	[$254.16]	[$259.04]	[$256.56]

THE AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE" INCLUDE THE POLICY PREMIUM AND POLICY FEE, IF ANY, AND THE PREMIUM FOR ANY ADDITIONAL BENEFIT RIDER SELECTED. THE TOTAL PREMIUM WILL INCREASE AFTER A BENEFIT'S "INITIAL PREMIUM PERIOD" AND WILL DECREASE BY THE AMOUNT OF THE RIDER PREMIUM IF A BENEFIT TERMINATES BEFORE THE POLICY END DATE.

REFER TO THE TABLE ON THE FOLLOWING PAGES TO SEE THE GUARANTEED ANNUAL PREMIUM FOR THE LISTED BENEFITS IN EACH POLICY YEAR.

BASIS OF RESERVE COMPUTATION. STATUTORY RESERVES ARE BASED ON MORTALITY RATES FROM THE [GENDER-DISTINCT, SMOKER OR NONSMOKER 2001 COMMISSIONERS STANDARD ORDINARY (CSO) MORTALITY TABLE AND AN ANNUAL EFFECTIVE INTEREST RATE OF 4.0%].

POLICY SCHEDULE (CONTINUED)

SCHEDULE OF GUARANTEED ANNUAL PREMIUMS

POLICY YEAR	AGE	LIFE INSURANCE	WAIVER OF PREMIUM	TERM LIFE INSURANCE RIDER
1	35	$[119.26]	$[29.11]	$[96.00]
2	36	[119.26]	[29.11]	[96.00]
3	37	[119.26]	[29.11]	[96.00]
4	38	[119.26]	[29.11]	[96.00]
5	39	[119.26]	[29.11]	[96.00]
6	40	[119.26]	[29.11]	[96.00]
7	41	[119.26]	[29.11]	[96.00]
8	42	[119.26]	[29.11]	[96.00]
9	43	[119.26]	[29.11]	[96.00]
10	44	[119.26]	[29.11]	[96.00]
11	45	[511.89]	[121.30]	[732.00]
12	46	[554.48]	[128.58]	[801.00]
13	47	[589.67]	[135.86]	[858.00]
14	48	[617.45]	[143.13]	[903.00]
15	49	[653.57]	[155.26]	[961.50]
16	50	[699.87]	[174.67]	[1,036.50]
17	51	[758.20]	[215.91]	[1,131.00]
18	52	[829.51]	[266.86]	[1,246.50]
19	53	[911.92]	[334.79]	[1,380.00]
20	54	[1,007.30]	[419.70]	[1,534.50]
21	55	[1,116.57]	[511.89]	[1,711.50]
22	56	[1,231.39]	[618.63]	[1,897.50]
23	57	[1,340.66]	[756.91]	[2,074.50]
24	58	[1,446.22]	[907.32]	[2,245.50]
25	59	[1,562.90]	[1,094.13]	[2,434.50]
26	60	[1,712.91]		[2,677.50]
27	61	[1,909.22]		[2,995.50]
28	62	[2,149.06]		[3,384.00]
29	63	[2,411.11]		[3,808.50]
30	64	[2,648.17]		[4,192.50]
31	65	[2,857.45]		[4,531.50]
32	66	[3,100.98]		[4,926.00]
33	67	[3,399.16]		[5,409.00]
34	68	[3,747.33]		[5,973.00]
35	69	[4,170.51]		[6,658.50]
36	70	[4,677.96]		[7,480.50]
37	71	[5,240.04]		[8,391.00]
38	72	[5,832.68]		[9,351.00]
39	73	[6,453.10]		[10,356.00]
40	74	[7,112.42]		[11,424.00]
41	75	[7,838.40]		[12,600.00]
42	76	[8,663.47]		[13,936.50]
43	77	[9,616.32]		[15,480.00]
44	78	[10,721.96]		[17,271.00]
45	79	[11,960.95]		[19,278.00]

POLICY SCHEDULE (CONTINUED)

SCHEDULE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

POLICY YEAR	AGE	LIFE INSURANCE WAIVER OF PREMIUM	TERM LIFE INSURANCE RIDER
46	80	$[13,341.62]	$[21,514.50]
47	81	[14,843.59]	[23,947.50]
48	82	[16,435.38]	[26,526.00]
49	83	[18,173.49]	[29,341.50]
50	84	[20,105.12]	[32,470.50]
51	85	[22,253.44]	[35,950.50]
52	86	[24,615.67]	[39,777.00]
53	87	[27,169.58]	[43,914.00]
54	88	[29,885.53]	[48,313.50]
55	89	[32,733.91]	[52,927.50]
56	90	[35,569.32]	[57,520.50]
57	91	[38,363.06]	[62,046.00]
58	92	[41,289.22]	[66,786.00]
59	93	[44,375.58]	[71,785.50]
60	94	[47,624.92]	[77,049.00]
61	95	[50,843.69]	[82,263.00]
62	96	[53,985.61]	[87,352.50]
63	97	[57,334.95]	[92,778.00]
64	98	[60,904.68]	[98,560.50]
65	99	[64,715.17]	[104,733.00]