

SERFF Tracking Number: AOIC-125575189 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 40100
 Company Tracking Number: LIF-AR-02-08/29/2008-01
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Universal Life
 Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: Universal Life SERFF Tr Num: AOIC-125575189 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40100

Adjustable Life

Sub-TOI: L09I.001 Single Life Co Tr Num: LIF-AR-02-08/29/2008-01 State Status: Approved-Closed

Filing Type: Form

Co Status: Reviewer(s): Linda Bird
 Authors: Jennifer Smith, Megan Shaff, Mindy Russell, Debbie

Garofalo, James Godair, Kelly

Staake

Staake

Date Submitted: 08/28/2008 Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Universal Life

Project Number: LIF-AR-02-08/29/2008-01

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/01/2008

Domicile Status Comments: Michigan is the state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/24/2008

Explanation for Other Group Market Type:

State Status Changed: 09/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Life Insurance Company of Lansing, MI submits our new Flexible Premium Adjustable Life Insurance Perma Term 2 and Perma Term 3 policies, forms 61473 (1-08) et al and 61490 (1-08) et al, respectively. The primary

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Linda Bird	11/24/2008	11/24/2008
Approved	Linda Bird	09/10/2008	09/10/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/04/2008	09/04/2008	James Godair	09/08/2008	09/09/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Health - Actuarial Justification	Supporting Document	James Godair	11/21/2008	11/21/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revised Actuarial Memorandums	Note To Filer	Linda Bird	11/21/2008	11/21/2008
Revised Actuarial Memorandums	Note To Reviewer	James Godair	11/19/2008	11/19/2008

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Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Filed

Comment: Revised actuarial memorandums have been submitted on this filing.

Rate data does NOT apply to filing.

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 Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document (revised)	Health - Actuarial Justification		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	11-83 Consent to Submit Rates		Yes
Supporting Document	Arkansas Rule and Regulation 34		Yes
Form	Flexible Premium Adjustable Life Insurance (Perma Term 2) Policy Jacket		Yes
Form	Policy Page 3 PT2		Yes
Form	Policy Page 4 PT2		Yes
Form	Policy Pages 5-12 PT2		Yes
Form	Individual Life/Disability Income Application		Yes
Form	Back Policy Jacket PT2		Yes
Form	Flexible Premium Adjustable Life Insurance (Perma Term 3) Policy Jacket		Yes
Form	Policy Page 3 PT3		Yes
Form	Policy Page 4 PT3		Yes
Form	Policy Pages 5-12 PT3		Yes
Form	Back Policy Jacket PT3		Yes
Form	Disability Premium Waiver Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Guaranteed Purchase Option Rider		Yes
Form	Spouse and Children's Term Insurance Benefit Rider		Yes
Form	Children's Term Life Insurance Benefit Rider		Yes
Form	Premium Waiver For Death or Disability of Payor		Yes
Form	Cost of Living Increase Rider		Yes

<i>SERFF Tracking Number:</i>	<i>AOIC-125575189</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40100</i>
<i>Company Tracking Number:</i>	<i>LIF-AR-02-08/29/2008-01</i>		
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<i>Product Name:</i>	<i>Universal Life</i>		
<i>Project Name/Number:</i>	<i>Universal Life/LIF-AR-02-08/29/2008-01</i>		

Form	Disability Income Benefit Rider	Yes
Form	Secondary Insured Benefit Rider	Yes
Form	Joint Life and/or Disability Application	Yes
Form	APP-Celerator Application	Yes
Form	APP-Celerator Addendum	Yes

SERFF Tracking Number: AOIC-125575189 *State:* Arkansas
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Disposition

Disposition Date: 09/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125575189 State: Arkansas
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Form	Policy Page 4 PT2		Yes
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Form	Spouse and Children's Term Insurance Benefit Rider		Yes
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Form	Premium Waiver For Death or Disability of Payor		Yes
Form	Cost of Living Increase Rider		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/04/2008
Submitted Date 09/04/2008

Respond By Date

Dear Jennifer Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)
- Individual Life/Disability Income Application (Form)
- Joint Life and/or Disability Application (Form)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/08/2008
Submitted Date 09/09/2008

Dear Linda Bird,

Comments:

SERFF Tracking Number: AOIC-125575189 State: Arkansas
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Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Response 1

Comments: This letter is in response to your filing correspondence dated September 4, 2008 concerning Arkansas Universal Life for Auto-Owners Life Insurance Company of Lansing, Michigan.

-We have included a signed certificate to assure you that we are in compliance with Rule and Regulation 34.

-We have also included a signed certificate in accordance with Bulletin 11-83.

In accordance with Ark. Code Ann. 23-66-503, forms 1002 (1-08) and 10598 (1-08) include the following fraud statement on the binding receipt:

INSURANCE FRAUD

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

We hope the above information will help conclude your review of the above mentioned filing. If you have any questions regarding this filing, please contact James Godair at (517) 703-2455.

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)
- Individual Life/Disability Income Application (Form)
- Joint Life and/or Disability Application (Form)

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 11-83 Consent to Submit Rates

Comment:

Satisfied -Name: Arkansas Rule and Regulation 34

Comment:

SERFF Tracking Number: AOIC-125575189 State: Arkansas
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Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Amendment Letter

Amendment Date:

Submitted Date: 11/21/2008

Comments:

Thank you for reopening this filing. We have made the following changes to the actuarial memorandums:

Page 5: The nonforfeiture interest rate has been changed from 3% to 4%.

Exhibit D: The expense allowance and initial surrender charges are now based on 4% interest rather than 3%.

Exhibit E: The amortization schedule is now based on 4% interest rather than 3%.

We believe you have all information necessary to conclude your review of the above mentioned filing. If you have any questions regarding this filing, please contact James Godair at (517) 703-2455.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

Revised PT2 Act. Memo.pdf

Revised PT3 Act. Memo.pdf

SERFF Tracking Number: AOIC-125575189 *State:* Arkansas
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Product Name: Universal Life
Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Note To Reviewer

Created By:

James Godair on 11/19/2008 09:38 AM

Last Edited By:

James Godair

Submitted On:

11/19/2008 09:38 AM

Subject:

Revised Actuarial Memorandums

Comments:

This letter applies to Universal Life for Auto-Owners Life Insurance Company of Lansing, Michigan. We are requesting this filing be reopened so that revised actuarial memorandums may be attached. We apologize for the inconvenience. If you have any further questions or concerns, please contact James Godair at (517)703-2455.

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	61473 (1-08)	Policy Jacket	Flexible Premium Adjustable Life Insurance (Perma Term 2) Policy Jacket	Initial			61473 (1-08).pdf
	61550 (1-08)	Schedule Pages	Policy Page 3 PT2	Initial			61550 (1-08).pdf
	61551 (1-08)	Policy/Contract/Fraternal Certificate	Policy Page 4 PT2	Initial			61551 (1-08).pdf
	61483 (1-08)	Policy/Contract/Fraternal Certificate	Policy Pages 5-12 PT2	Initial			61483 (1-08).pdf
	10598 (1-08)	Application/Enrollment Form	Individual Life/Disability Income Application	Initial			10598 (1-08).pdf
	61554 (1-08)	Policy Jacket	Back Policy Jacket PT2	Initial			61554 (1-08).pdf
	61490 (1-08)	Policy Jacket	Flexible Premium Adjustable Life Insurance (Perma Term 3) Policy Jacket	Initial			61490 (1-08).pdf
	61557 (1-08)	Schedule Pages	Policy Page 3 PT3	Initial			61557 (1-08).pdf
	61558 (1-08)	Policy/Contract/Fraternal Certificate	Policy Page 4 PT3	Initial			61558 (1-08).pdf

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 Adjustable Life
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 Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

61485 (1-08)	Policy/Cont Policy Pages 5-12 ract/Fratern PT3 al Certificate	Initial	61485 (1-08).pdf
61491 (1-08)	Policy Back Policy Jacket Jacket PT3	Initial	61491 (1-08).pdf
61461 (1-08)	Policy/Cont Disability Premium ract/Fratern Waiver Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	61461 (1-08).pdf
61460 (1-08)	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	61460 (1-08).pdf
61487 (1-08)	Policy/Cont Guaranteed ract/Fratern Purchase Option al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	61487 (1-08).pdf
61462 (1-08)	Policy/Cont Spouse and ract/Fratern Children's Term al Insurance Benefit Certificate: Rider	Initial	61462 (1-08).pdf

SERFF Tracking Number: AOIC-125575189 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 40100
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 Adjustable Life
 Product Name: Universal Life
 Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

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61463 (1-08) Policy/Cont Children's Term Life Initial 61463 (1-08).pdf
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61467 (1-08) Policy/Cont Premium Waiver For Initial 61467 (1-08).pdf
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61486 (1-08) Policy/Cont Cost of Living Initial 61486 (1-08).pdf
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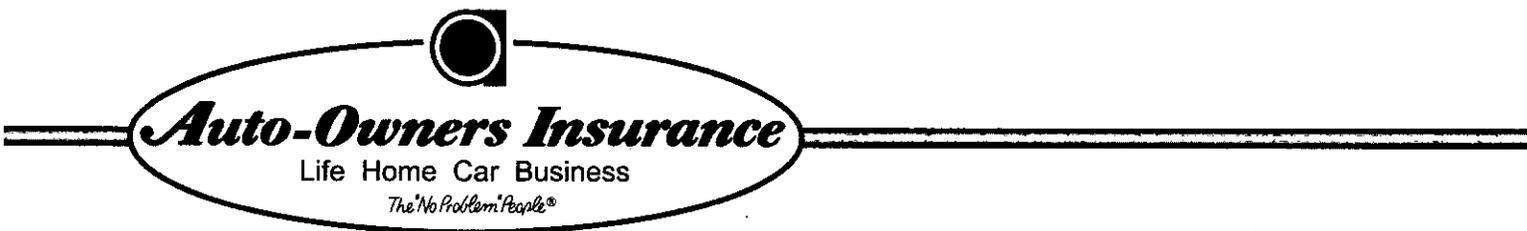
61465 (1-08) Policy/Cont Disability Income Initial 61465 (1-08).pdf
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61464 (1-08)	Policy/Cont Secondary Insured ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	61464 (1-08).pdf
1002 (1-08)	Application/ Joint Life and/or Enrollment Disability Application Form	Initial	1002 (1-08).pdf
61446 (1-08) AR, OH, TN	Application/ APP-Celerator Enrollment Application Form	Initial	61446 (1-08) AR, OH, TN.pdf
61447 (1-08)	Application/ APP-Celerator Enrollment Addendum Form	Initial	61447 (1-08).pdf



Auto-Owners Insurance

Life Home Car Business

The "No Problem" People®

Insured: [JOHN DOE]
Number: [020-756446-0]
Plan: ADJUSTABLE LIFE INSURANCE
Type: NO DIVIDENDS

Our Promise

We promise to pay the death benefit of this policy to the beneficiary when we receive proof that the insured has died. We also promise to provide the other rights and benefits of this policy. We make these promises subject to all of the provisions of the contract.

Legal Contract

PLEASE READ YOUR POLICY CAREFULLY. It is a legal contract. We issue it in return for your application and payment of the premiums. A guide to the policy's contents is on page 2. If there is ever a question about it, please contact your Auto-Owners agent or our Home Office at (517) 323-1200.

Right To Cancel

We want you to be satisfied with this policy. If you are not satisfied, you may cancel it within 30 days after receiving it. All you have to do is mail or deliver it to our Home Office, agent office, the agent who sold it to you, or any other agent or representative of the company. If returned, the policy will be considered void from the start, and we will refund any premium paid within 10 days of its return.

Signed on the policy date at Lansing, Michigan.



Secretary



President

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT PAYABLE ON DEATH OF THE INSURED
FLEXIBLE PREMIUMS PAYABLE AS SHOWN ON PAGE 3
NON-PARTICIPATING**

Auto-Owners Life Insurance Company

A MUTUAL COMPANY
P.O. BOX 30325
LANSING, MI 48909-8160
(517) 323-1200

IN THIS POLICY:

YOU and **YOUR** mean the owner of this policy.

WE, OUR and **US** mean Auto-Owners Life Insurance Company at its Home Office.

The **INSURED** means the person named as the insured in this policy. The insured may or may not be the owner.

A **RIDER** is an attachment to the policy which provides additional benefits.

AGE means age at last birthday on the policy anniversary.

ANNUAL POLICY DATE means the same day each year as the policy date shown on page 3.

MONTHLY POLICY DATE means the same day each month as the annual date.

POLICY YEARS, ANIVERSARIES and **PREMIUM DUE DATES** are determined from the Policy Date shown on page 3.

INDEX

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Data Page.....	3	Policy Values.....	8
Death Benefits	5	Premiums	8
Death Benefit Changes.....	5	Reinstatement.....	9
General Provisions.....	12	Right to Cancel.....	1
Grace Period.....	9	Suicide	5
Incontestability.....	12	Surrender.....	10

As part of the policy, you will find a copy of the application and descriptions of any riders listed on the data page.

Auto-Owners Life Insurance Company

(Herein Called the Company)
Lansing, Michigan 48909-8160

POLICY DATA

INSURED:	[JOHN DOE]	POLICY NUMBER:	[020-756446-0]
POLICY OWNER:	[JOHN DOE]	POLICY DATE:	[MARCH 1, 2007]
PLAN:	ADJUSTABLE LIFE INSURANCE	GENDER:	[MALE]
TYPE:	NO DIVIDENDS	ISSUE AGE:	[20]
PREMIUM CLASS:	[STANDARD NON-SMOKER]	LOAN INTEREST RATE:	[6%] (CURRENT)

SCHEDULE OF BENEFITS AND PREMIUMS

LIFE INSURANCE AMOUNT [\$100,000]

THE POLICY CASH VALUE IS [NOT] INCLUDED IN THE INSURANCE AMOUNT

ADDITIONAL BENEFITS

SECONDARY INSURED

JANE DOE

ISSUE AGE: 01

PREMIUM CLASS:

INSURED AMOUNT:

FEMALE

STANDARD

\$50,000

DISABILITY PREMIUM WAIVER

ACCIDENTAL DEATH BENEFIT

JOHN DOE:

\$100,000

GUARANTEED PURCHASE OPTION

JOHN DOE:

\$50,000 PER OPTION

PREMIUM WAIVER FOR DEATH OR DISABILITY OF PAYOR

JOHN DOE:

PAYOR

SPOUSE AND CHILDREN'S TERM INSURANCE BENEFIT

10 UNITS:

\$219.96

CHILDREN'S TERM LIFE INSURANCE BENEFIT

10 UNITS:

\$ 60.00

COST OF LIVING INCREASE

DISABILITY INCOME BENEFIT

JOHN DOE

MONTHLY INCOME:

\$1,000.00

ELIMINATION PERIOD:

60 DAYS

OCCUPATION CLASS:

AA

TERM PERIOD:

30 YEARS

EXPIRY DATE:

09-15-36

TOTAL [ANNUAL] PLANNED PREMIUM PAYMENT: [\$500.00]

Auto-Owners Life Insurance Company

(Herein Called the Company)
Lansing, Michigan 48909-8160

POLICY DATA

INSURED:	[JOHN DOE]	POLICY NUMBER:	[020-756446-0]
POLICY OWNER:	[JOHN DOE]	POLICY DATE:	[MARCH 1, 2007]
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TYPE:	NO DIVIDENDS	ISSUE AGE:	[20]
PREMIUM CLASS:	[STANDARD NON-SMOKER]	LOAN INTEREST RATE:	[6%] (CURRENT)

SCHEDULE OF BENEFITS AND PREMIUMS

INITIAL RENEWABLE ACCUMULATION PERIOD: [6 YEARS]

THE DECLARED RATE OF INTEREST ON THE INITIAL PREMIUM PAYMENT IF RECEIVED WITHIN 15 DAYS OF THE POLICY DATE SHOWN ABOVE IS: [4.70%]

THE DECLARED RATE OF INTEREST WILL NEVER BE LESS THAN: 3.00%

THE MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000 FOR EACH POLICY YEAR CAN BE FOUND ON PAGE 4 OF THIS POLICY.

THERE IS NO EXPIRATION ON THIS POLICY, HOWEVER, COVERAGE COULD END AT ANY TIME IF PREMIUM PAYMENTS ARE NOT PAID OR IF THEY ARE INSUFFICIENT TO CONTINUE COVERAGE. INSURANCE COVERAGE WILL CONTINUE THROUGHOUT THE LIFE OF THE NAMED INSURED UNLESS THE POLICY IS SURRENDERED OR LAPSED.

A SURRENDER CHARGE EQUAL TO 10% OF ANY CASH WITHDRAWN FROM THE POLICY WILL BE DEDUCTED EXCEPT AS NOTED ON PAGE 10.

THE \$6.25 MONTHLY SERVICE CHARGE WILL BE \$5.00 IF 2 ADJUSTABLE LIFE POLICIES ARE BILLED ON THE SAME PREMIUM NOTICE. WHEN THERE ARE 3 OR MORE SUCH POLICIES BILLED ON THE SAME PREMIUM NOTICE, OR THE POLICY IS ON A PAYROLL DEDUCTION PLAN, IT WILL BE \$3.75. AN INSURABLE INTEREST ALSO MUST EXIST BETWEEN INSUREDS.

LOAN INTEREST RATE MAY BE ADJUSTED BUT WILL NEVER EXCEED 8%.

3 CONTINUED

INSURED: [JOHN DOE]
 POLICY NO.: [021-381802-0]

TABLE OF MONTHLY GUARANTEED COST OF
 INSURANCE RATES PER \$1,000

MONTHLY RATE			MONTHLY RATE			MONTHLY RATE		
AGE	LIFE [ADB	GPO]	AGE	LIFE [ADB	GPO]	AGE	LIFE [ADB	GPO]
20	.1466	.0958 .0583	50	.3558	.0641 N/A	80	4.6483	N/A N/A
21	.1466	.0958 .0583	51	.3558	.0641 N/A	81	4.6483	N/A N/A
22	.1466	.0958 .0583	52	.3558	.0641 N/A	82	4.6483	N/A N/A
23	.1466	.0958 .0583	53	.3558	.0641 N/A	83	4.6483	N/A N/A
24	.1466	.0958 .0583	54	.3558	.0641 N/A	84	4.6483	N/A N/A
25	.1466	.0958 .0583	55	.3558	.0641 N/A	85	4.6483	N/A N/A
26	.1466	.0958 .0583	56	.3558	.0641 N/A	86	4.6483	N/A N/A
27	.1466	.0958 .0583	57	.3558	.0641 N/A	87	4.6483	N/A N/A
28	.1466	.0958 .0583	58	.3558	.0641 N/A	88	4.6483	N/A N/A
29	.1466	.0958 .0583	59	.3558	.0641 N/A	89	4.6483	N/A N/A
30	.1466	.0958 .0583	60	.3558	.0641 N/A	90	4.6483	N/A N/A
31	.1466	.0958 .0583	61	.3558	.0641 N/A	91	4.6483	N/A N/A
32	.1466	.0958 .0583	62	.3558	.0641 N/A	92	4.6483	N/A N/A
33	.1466	.0958 .0583	63	.3558	.0641 N/A	93	4.6483	N/A N/A
34	.1466	.0958 N/A	64	.3558	.0641 N/A	94	4.6483	N/A N/A
35	.1466	.0958 N/A	65	.3558	.0641 N/A	95	4.6483	N/A N/A
36	.1466	.0958 N/A	66	.3558	.0641 N/A	96	4.6483	N/A N/A
37	.1466	.0958 N/A	67	.3558	.0641 N/A	97	4.6483	N/A N/A
38	.1466	.0958 N/A	68	.3558	.0641 N/A	98	4.6483	N/A N/A
39	.1466	.0958 N/A	69	.3558	.0641 N/A	99	4.6483	N/A N/A
40	.1466	.0958 N/A	70	.3558	N/A N/A	100	4.6483	N/A N/A
41	.1466	.0958 N/A	71	.3558	N/A N/A	101	4.6483	N/A N/A
42	.1466	.0958 N/A	72	.3558	N/A N/A	102	4.6483	N/A N/A
43	.1466	.0958 N/A	73	.3558	N/A N/A	103	4.6483	N/A N/A
44	.1466	.0958 N/A	74	.3558	N/A N/A	104	4.6483	N/A N/A
45	.1466	.0958 N/A	75	.3558	N/A N/A	105	4.6483	N/A N/A
46	.1466	.0958 N/A	76	.3558	N/A N/A	106	4.6483	N/A N/A
47	.1466	.0958 N/A	77	.3558	N/A N/A	107	4.6483	N/A N/A
48	.1466	.0958 N/A	78	.3558	N/A N/A	108	4.6483	N/A N/A
49	.1466	.0958 N/A	79	.3558	N/A N/A	109	4.6483	N/A N/A
						110+	4.6483	N/A N/A

[ADB MEANS ACCIDENTAL DEATH BENEFIT.]

[GPO MEANS GUARANTEED PURCHASE OPTION.]

[THE MONTHLY COST OF INSURANCE FOR THE PREMIUM WAIVER FOR DEATH OR DISABILITY OF PAYOR BENEFIT IS INCREASED BY THE FOLLOWING PERCENTAGE: 4% FOR JOHN DOE.]

[THE MONTHLY PREMIUM FOR THE DISABILITY INCOME BENEFIT IS \$23.0800.]

THE COST OF INSURANCE LIFE RATES SHOWN ABOVE ARE THE MAXIMUM MONTHLY RATES PER \$1,000. THE COST OF INSURANCE RATE CHARGED FOR THE INSURANCE AMOUNT IS BASED ON THE INSURED'S ATTAINED AGE AND PREMIUM CLASS AND MAY BE LESS THAN THE MAXIMUM RATES. RATES FOR AGES 111 AND OLDER WILL EQUAL THE AGE 110 RATE.

VALUES AND RESERVES ARE BASED ON THE 2001 COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE AT AN INTEREST RATE OF 4% PER ANNUM. THE RISK RATE DIVISOR USED IN THE COST OF INSURANCE CALCULATION REFERENCED ON PAGE 8 IS 1.00246627.

[SECONDARY INSURED: JANE DOE]

POLICY NO.: [021-381802-0]

TABLE OF MONTHLY GUARANTEED COST OF
INSURANCE RATES PER \$1,000

MONTHLY RATE		MONTHLY RATE		MONTHLY RATE	
AGE	LIFE	AGE	LIFE	AGE	LIFE
01	.1466	38	.3558	75	4.6483
02	.1466	39	.3558	76	4.6483
03	.1466	40	.3558	77	4.6483
04	.1466	41	.3558	78	4.6483
05	.1466	42	.3558	79	4.6483
06	.1466	43	.3558	80	4.6483
07	.1466	44	.3558	81	4.6483
08	.1466	45	.3558	82	4.6483
09	.1466	46	.3558	83	4.6483
10	.1466	47	.3558	84	4.6483
11	.1466	48	.3558	85	4.6483
12	.1466	49	.3558	86	4.6483
13	.1466	50	.3558	87	4.6483
14	.1466	51	.3558	88	4.6483
15	.1466	52	.3558	89	4.6483
16	.1466	53	.3558	90	4.6483
17	.1466	54	.3558	91	4.6483
18	.1466	55	.3558	92	4.6483
19	.1466	56	.3558	93	4.6483
20	.1466	57	.3558	94	4.6483
21	.1466	58	.3558	95	4.6483
22	.1466	59	.3558	96	4.6483
23	.1466	60	.3558	97	4.6483
24	.1466	61	.3558	98	4.6483
25	.1466	62	.3558	99	4.6483
26	.1466	63	.3558	100	4.6483
27	.1466	64	.3558	101	4.6483
28	.1466	65	.3558	102	4.6483
29	.1466	66	.3558	103	4.6483
30	.1466	67	.3558	104	4.6483
31	.1466	68	.3558	105	4.6483
32	.1466	69	.3558	106	4.6483
33	.1466	70	.3558	107	4.6483
34	.1466	71	.3558	108	4.6483
35	.1466	72	.3558	109	4.6483
36	.1466	73	.3558	110+	4.6483
37	.1466	74	.3558		

THE COST OF INSURANCE LIFE RATES SHOWN ABOVE ARE THE MAXIMUM MONTHLY RATES PER \$1,000. THE COST OF INSURANCE RATE CHARGED FOR THE INSURANCE AMOUNT IS BASED ON THE INSURED'S ATTAINED AGE AND PREMIUM CLASS AND MAY BE LESS THAN THE MAXIMUM RATES. RATES FOR AGES 111 AND OLDER WILL EQUAL THE AGE 110 RATE.

VALUES AND RESERVES ARE BASED ON THE 2001 COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE AT AN INTEREST RATE OF 4% PER ANNUM. THE RISK RATE DIVISOR USED IN THE COST OF INSURANCE CALCULATION REFERENCED ON PAGE 8 IS 1.00246627.

4 CONTINUED

DEATH BENEFITS

The death benefit is the amount payable to the beneficiary if the insured dies while this policy is in force.

AMOUNT OF DEATH BENEFIT

To determine the death benefit, we add the benefit amount in force on the date of death and any additional benefits on the insured's life provided by rider. Then we subtract any loan and unpaid loan interest, if applicable, and the portion of any monthly premium due and unpaid.

If the cash value is included in the specified insurance amount (refer to page 3), the benefit amount is the greater of the specified insurance amount, less any partial surrenders, or the percentage of cash value shown in the table below. If the cash value is not included in the specified insurance amount, the benefit amount is the greater of the specified insurance amount, plus the cash value, or the percentage of the cash value shown below. The Insured's Age column is age at last birthday on the annual policy date that begins a policy year.

Insured's		Insured's	
Age	Percentage	Age	Percentage
40 or less	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75-90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
		95-100+	100%

We will pay accrued interest on the death benefit from date of death to date of payment to the beneficiary at the greater of 6%, or as required by law, or the Payment Option 1 rate, including declared supplemental interest.

DEATH BENEFIT CHANGES

You may change the death benefit at any time after the first policy year by giving us a written request. The effective date of a change will be the date we approve your request. The policy will be amended to show the change. Any change is subject to the following conditions:

- We require proof of insurability satisfactory to us for any increase in death benefit except for increases provided by a rider attached to this policy.
- You may change the specified insurance amount on page 3 to include the cash value.
- You may change the specified insurance amount on page 3 to exclude the cash value. The specified insurance amount will be reduced by the amount of the cash value so that the death benefit is not increased as of the date of change.
- Death benefit decreases first reduce any specified insurance amount increases that are in force and then reduce the initial specified insurance amount that remains. Reductions in death benefit increases are made in the order of those increases, beginning with the most recent increase.
- The specified insurance amount after any change must be at least \$25,000.

SUICIDE

If the insured dies by suicide within two years after the policy date, the death benefit will be limited to the return of all premiums paid less any policy loan and unpaid loan interest, if applicable, and less any partial surrenders. Likewise, if the insured dies by suicide within two years after the effective date of any increase in insurance or benefits provided by rider, the death benefit for this increase in insurance will equal the cost of insurance premiums paid for such benefits.

FILING A DEATH CLAIM

To claim the death benefit, file a claim with us by providing us with proof of death, such as a death certificate. When the policy becomes a claim by death of the insured, settlement will be made within two months after we receive due proof of death. Your agent will be pleased to help in the claim process.

BENEFICIARY

The beneficiary is named in the attached application unless later changed. The beneficiary will receive the death benefit in a lump sum unless you provide otherwise.

A revocable beneficiary has no rights in the policy until the death of the insured. The interest of any beneficiary who dies before the earlier of the date we receive proof of the insured's death or the 15th day after the insured's death will pass to the owner, if living, or if not, to the owner's estate.

CHANGING THE BENEFICIARY

Unless you have irrevocably named the beneficiary, you may change the beneficiary at any time if:

- you request the change in writing; *and*
- we receive the change at our Home Office.

When a change is approved, it is effective the date of your written request.

PAYMENT OPTIONS

Unless a payment option is chosen, we will pay any proceeds from death or surrender in a lump sum. Instead of a lump sum, proceeds of \$2,000 or more may be paid under any one or more payment options which will be available to you. We will issue a separate contract for making these payments.

DECLARED SUPPLEMENTAL INTEREST

If our experience is favorable, we will credit your payment with supplemental interest in excess of the 1.50% minimum guaranteed rate. Our Home Office should be contacted for details regarding declared supplemental interest payments.

OPTIONS

Option 1: *Proceeds Left to Earn Interest*

The proceeds may be left with us for up to 30 years. We will credit the proceeds with at least 1.50% interest per year. We will make annual, semi-annual, quarterly or monthly payments if they are requested. The proceeds - and any unpaid interest - may be withdrawn at any time.

Option 2: *Payment of Specified Amount*

We will make equal periodic payments in any amount and frequency which you choose and we approve. We will determine the number of payments and the amount of the final payment. The total amount paid each year must be at least 5% of the amount remaining under the option. We will credit this remaining amount with at least 1.50% interest per year.

Option 3: *Payment for a Number of Years*

We will make periodic payments for a chosen length of time, not to exceed 30 years. The frequency of payments

may be chosen by you, and we must approve. If the payee dies before all payments are made, payments will continue to the payee's beneficiary, if living, or if not, to the payee's estate.

The table below shows selected amounts payable for each \$1,000 due. If you wish, we will supply amounts for years and frequencies not shown here. These amounts are based on 1.50% interest compounded annually.

Option 3 Table	
Number of Years	Monthly Payments Per \$1,000 of Proceeds
5	\$17.28
10	8.96
15	6.20
20	4.81
25	3.99
30	3.44

Option 4: *Payment of Life Income*

We will make equal periodic payments for the full lifetime of the payee, and we guarantee payments for at least 10 or 20 years - whichever is chosen. If the payee dies during the guaranteed period, payments will be continued to the end of that period to the payee's beneficiary, if living, or if not, to the payee's estate.

The monthly payment amount for each \$1,000 due is shown in the table below for certain ages. Amounts are based on the payee's gender and age on his or her last birthday on the due date of our first payment. Payments in the following table are computed using the A-2000 Mortality Table at 1.50% interest. If you wish, we will supply amounts for ages not shown here.

Option 4 Table - Male

Monthly Payments for Life per \$1,000 of Proceeds

Attained Age	Payments Guaranteed for 10 Years	Payments Guaranteed for 20 Years
45	\$2.93	\$2.88
50	3.22	3.14
55	3.60	3.45
60	4.07	3.79
65	4.69	4.14
70	5.45	4.44
75	6.32	4.65
80	7.22	4.76

Option 4 Table - Female

Monthly Payments for Life per \$1,000 of Proceeds

Attained Age	Payments Guaranteed for 10 Years	Payments Guaranteed for 20 Years
45	\$2.73	\$2.71
50	2.99	2.95
55	3.32	3.24
60	3.74	3.58
65	4.28	3.96
70	5.00	4.32
75	5.91	4.60
80	6.93	4.75

Option 5: *Special Arrangement*

The proceeds may be paid in any other form we agree to, including a form naming contingent payees. You may arrange to select an option based on our current Immediate Annuity rates, if these are more favorable for you.

CHOOSING AN OPTION

You may choose to have all or part of the proceeds in any one of the optional forms. You should make the election in writing while the insured is alive. If an option has not been chosen when the insured dies, the beneficiary may choose one.

PAYMENT OF PROCEEDS

Payments are subject to these conditions:

- Each payment must be at least \$20.
- Payments are made only at the following intervals:
 - once a month; *or*
 - once every 3 months; *or*
 - once every 6 months; *or*
 - once a year.
- A payee may not assign or borrow against the proceeds.
- A payee's creditors may not claim any of the proceeds or interest unless allowed by law.

Satisfactory proof of the payee's age may be required before payment is made. If payment under an option depends on a person's survival, we may ask for satisfactory proof that the person is living when payment is due.

At any time under Option 2 or 3, the payee may choose to receive in one lump sum the present value of the rest of the payments due him or her.

At death of the payee, the present value of the rest of the payments will be paid in one lump sum to the payee's estate, unless we have been directed otherwise.

POLICY VALUES

CASH VALUE

To determine the cash value on any monthly policy date:

we add:

- the cash value on the last monthly date; *and*
- any premiums paid during the prior month, less any state premium taxes paid on and any service charges applicable to those premium payments; *and*
- interest credited on both the prior cash value and the net premiums paid during the prior month

Then we subtract:

- the monthly premiums, as specified in the Monthly Premium Provision, for the insurance coverage for the next month; *and*

- any cash payments made to you during the prior month, interest from the date paid and any applicable surrender charges; *and*
- the monthly service charge for the next month.

The cash value is determined on every monthly policy date. We will determine the value at other times, if needed, in a manner consistent with the methods used to calculate the cash value on the monthly policy date.

The cash value on the Policy Date shown on page 3 is the net premium paid on that date minus the monthly premium and service charge for the policy's first month.

BASIS OF VALUES

A description of the method used to compute the cash values has been filed with the State Insurance Department where this policy was delivered. Values are based on the Mortality Table and interest rate shown on page 4. These values meet the minimum requirements in the state.

PREMIUMS

PAYING PREMIUMS

The first premium for this policy is due with the application. Additional premiums may be paid at any time, but not more often than once a month. Unless we consent, each premium payment must be at least \$25.

We will send premium notices on the basis that you request, as shown on page 3. You may pay premiums by sending your payment to our Home Office. Premiums may also be paid to any agent of the company who will give you a receipt. Please include your policy number with each payment. Coverage may end at any time if premiums following the first payment are not paid or if they are insufficient to continue coverage to that date.

Section 101(a) of the Internal Revenue Code provides for exclusion of death benefits from gross income. There is a limit on premiums for the policy to qualify for the exclusion. The portion of any premium payment received in excess of that limit shall be refunded, with interest, to you.

SERVICES CHARGES

On every monthly policy date, we will deduct from the cash value the service charge referenced on page 3 of the policy. It is possible for this charge to change based on our administrative costs, and you will be notified before it is effective. In addition, a \$1.00 service charge will be deducted from each premium payment.

MONTHLY PREMIUM

The monthly premium is equal to the cost of insurance (as defined below) plus the cost for any policy riders. The monthly premium is deducted from the cash value on each monthly policy date to pay for insurance coverage throughout the life of the policy.

COST OF INSURANCE

The cost of insurance is calculated as (a) multiplied by the result of (b) minus (c), where:

- (a) is the monthly cost of insurance rate per \$1,000 for the insured's age on the last annual policy date, divided by \$1,000;
- (b) is the benefit amount divided by the Risk Rate Divisor shown on page 4; *and*
- (c) is the cash value.

MONTHLY RATE

The guaranteed monthly cost of insurance rate is shown on page 4. Monthly rates are determined for each specified insurance amount by the gender, attained age, and rate class of the insured. Rates for ages 111 and older will equal the age 110 rate. We can use lower rates than those shown in the Table of Monthly Guaranteed Cost of Insurance Rates at our option. After the second policy year we may raise or lower the rate charged. Rate adjustments will be filed with the State Insurance Department as required. Adjusted rates will never exceed the maximum rates shown on page 4. Any adjustment will be based on our expectation of future mortality and/or interest rates. We will notify you of a rate adjustment before the anniversary it takes effect.

GRACE PERIOD

If on any monthly date the cash value less any policy loan and unpaid loan interest is less than the monthly premium for the next month, the policy will stay in force for 61 days. The cash value is described in the Policy Values section. If a payment to cover the monthly premium is not made within the 61 day grace period, the policy will lapse on the date the remaining cash value first equals zero. A notice of the premium due will be mailed to the last known address of the owner and of the assignee, if any, at least thirty days before the policy will lapse. If the insured dies during the grace period, we will pay a death benefit but it will be reduced by the premium needed to cover the monthly premiums through the month of death.

REINSTATEMENT

You may reinstate this policy at any time within 5 years after it lapses. To do so, you must:

- give proof of insurability satisfactory to us; *and*
- pay each overdue monthly premium from date of lapse to the end of the grace period; *and*
- repay or reinstate any outstanding policy loan which existed when the policy lapsed and if a loan is reinstated, begin paying loan interest at the loan interest rate in effect on the date of reinstatement; *and*
- pay enough premium to continue the policy to the next planned premium payment date.

The date of reinstatement is the date we approve your reinstatement application.

INTEREST

The interest rate applied to the cash value of this policy which is securing any policy loan is 3% per year. Interest rates applicable to cash values in excess of the policy loan amount, including unpaid loan interest, are determined as follows:

- We will apply interest to the cash value credit of this policy, resulting from your initial premium payment, at the rate shown on page 3. This guaranteed rate of interest will be paid for the remainder of the initial Renewable Accumulation Period;

- Interest applied to cash value credit resulting from any premium payment will be no less than the declared interest rate at the later of the premium payment date or effective date of the then current Renewable Accumulation Period;
- The interest rate applied to cash value credit is always guaranteed for the remainder of the then current Renewable Accumulation Period, and will never be less than 3%.

LOANS

This policy provides a cash surrender value. You may use the cash surrender value without ending the insurance coverage by asking us for a cash loan. This policy is the only security we require.

- 90% of the cash surrender value, as defined in the Surrender Provision, as of the next monthly date; *less*
- loan interest in advance to the next monthly date.

OBTAINING A LOAN

You may obtain a loan from us if:

- you send us a written request; *and*
- this policy is in force; *and*
- this policy has a loan value.

You may ask for a loan at any time. We have the right, though, to wait for 6 months before making the loan unless it is used to pay premiums on one of our policies.

LOAN VALUE

The most we can loan is:

LOAN INTEREST

Interest on the loan will be charged at the loan interest rate shown on page 3. It is due on each annual policy date until the loan is paid in full. Any interest not paid when due will be added to the loan and bear interest at the same rate.

LOAN REPAYMENT

You may repay all or part of a loan while the insured is alive. Each payment must be at least \$25. Any loan or loan interest not repaid will be deducted from the proceeds payable at death or surrender.

SURRENDER

SURRENDER VALUE

The cash surrender value of this policy is equal to the cash value less any policy loan and unpaid loan interest, and less any applicable Accumulation Period Surrender Charge.

ACCUMULATION PERIOD SURRENDER CHARGE

The surrender charge percentage and the initial Renewable Accumulation Period are both shown in the policy data section on page 3 of this policy. Surrender Charge provisions will apply at all times except 30 days before through 30 days after the completion of each Renewable Accumulation Period. At that time, you may request part or all of the policy cash value or apply proceeds to a payment option under this policy without any surrender charge.

We will mail you information regarding available Accumulation Periods before the effective date of each new period. You may select a new Renewable Accumulation Period at that time, or if we do not hear from you prior to the effective date of a new Accumulation Period, we will renew for the same length of time as your most recent Accumulation Period. The rate of interest which will be credited to the cash value of this policy may vary by the Accumulation Period selected.

During any one policy year, you can withdraw, without a surrender charge, up to 10% of the policy's cash value calculated as of the annual policy date that begins that policy year.

No surrender charge will be deducted:

- when the Continuation of Insurance surrender option is elected; *or*
- when proceeds are paid because of the death of the insured; *or*
- under specified conditions while the insured is confined to a nursing care facility (see **Waiver of Surrender Charges While Confined to a Nursing Care Facility** for conditions); *or*
- after the third policy year in the event the insured is afflicted by a critical illness (see **Critical Illness Waiver of Surrender Charges** for critical illness definition).

In addition, no surrender charge will be deducted after the fifth policy year if:

- the cash value is applied under a life income payment option; *or*
- the cash value is withdrawn or applied under a payment option on or after the annual policy date following the insured's sixty-fifth birthdate.

WAIVER OF SURRENDER CHARGES WHILE CONFINED TO A NURSING CARE FACILITY

This policy provision waives surrender charges otherwise applicable in the event the insured is confined to a nursing care facility. The following conditions must be met:

- The insured must be confined to a qualified nursing care facility for at least 60 days in a 70-day period. Confinement must begin at least one calendar year after the issue date of this adjustable life insurance policy; *and*
- Confinement in a qualified nursing care facility must be medically necessary and prescribed by a licensed physician; *and*
- Written proof of confinement and verification the confinement was prescribed by a licensed physician must accompany the withdrawal request.
- This waiver is valid during confinement and up to 90 days following discharge from the qualified nursing care facility.

Qualified nursing care facilities are long-term care centers that are licensed or, if the state does not require licensing, operate according to the laws of the insured's resident state. In the event of dual residency, Auto-Owners will follow the laws for the state in which the qualified nursing care facility is located.

This is not a Long-Term Care policy. Withdrawals are subject to IRS rules and regulations. The policyowner should consult a financial advisor before withdrawing funds from this policy.

CRITICAL ILLNESS WAIVER OF SURRENDER CHARGES

Beginning 36 months from the policy effective date, this policy provision waives the surrender charges, otherwise applicable, in the event the insured is afflicted by a critical illness.

A critical illness is: coronary artery disease requiring heart surgery, stroke resulting in moderate to severe residual neurological impairment, kidney failure requiring transplant or dialysis treatment, cancer (other than Basal Cell Skin Cancer), major organ transplants, Multiple Sclerosis, Parkinson's Disease, Acquired Brain Injury (coma for a minimum of 30 days), severe burns (third degree burns over at least 25% of the body), Alzheimer's Disease, Acquired Immune Deficiency Syndrome (AIDS) and Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease). Written proof from the attending physician verifying the critical illness affliction must accompany the withdrawal request.

This is not a Long-Term Care policy. Withdrawals are subject to IRS rules and regulations. The Policyowner should consult a financial advisor before withdrawing funds from this policy.

SURRENDER REQUEST

While the insured is alive, you may request payment of some or all of this policy's cash surrender value. This is done by giving us written notice and returning this policy

THE OWNER

The insured owns this policy unless someone else is named as owner in the application. Your rights as owner end at the insured's death.

If the insured is under age 18 on the policy date, the applicant owns this policy. Ownership will automatically pass to the insured on his or her 21st birthday, unless the applicant has asked that the ownership period be extended.

CHANGING THE OWNER

You may change the owner if:

- you request the change in writing; *and*
- we approve the change at our Home Office.

to us. We have the right to delay cash surrender for up to 6 months.

SURRENDER OPTIONS

The surrender options under this policy are:

- **Cash:** You can take the surrender value in cash. We have the right to delay paying a cash surrender for up to 6 months. The policy terminates on the date you take all of the policy's cash surrender value.
- **Continuation of Insurance:** We will use the cash value, less any policy loan and unpaid loan interest, at the time of surrender to continue the insurance amount until all of the remaining cash value has been used to purchase monthly insurance protection.

PARTIAL SURRENDER

You may receive a portion of the cash surrender value at any time, provided that the partial surrender is not less than \$500, and the cash value less any policy loan and unpaid loan interest remaining after the partial surrender is at least \$500. This is done by giving us written request. If the policy's cash value is included in the specified insurance amount when you receive a partial surrender, the specified insurance amount is reduced by the amount taken and any applicable surrender charge.

OWNERSHIP

ASSIGNMENT

You may assign this contract. We are not bound by an assignment unless it is received in written form at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment will not change the owner. The rights of a beneficiary come after those of an assignee unless the beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment. Your rights to the proceeds are subject to those of any collateral assignee.

GENERAL PROVISIONS

THE CONTRACT

The entire contract, which is a legal contract, consists of this policy, any attached riders or endorsements, the attached application, and any application required for death benefit increases or for reinstatement.

We assume that any statements made in the application are representations and not warranties. No statement, unless made by the insured in the written application attached to the policy when issued, will be used to defend against a claim.

This policy may not be changed unless our President, Vice President, or Secretary agree, and it must be in writing.

INCONTESTABILITY

The entire contract between the parties is incontestable after it has been in force during the lifetime of the insured for two years from the policy date, except for nonpayment of premiums.

For any increase in insurance or benefits provided by rider, the two year period shall be measured from the effective date of such additional insurance amounts.

The limitation does not apply to any provision or rider that provides benefits for disability or death by accident.

In absence of fraud, all statements made by the insured are representations and not warranties, and no statement voids the policy unless it is contained in a written application and a copy of the application is endorsed upon or attached to the policy when issued or delivered.

AGE AND GENDER

If either the insured's age or gender has not been correctly stated, we will adjust the amount of death benefit. This adjustment will be based on the amount which the most recent monthly cost of insurance premium would have purchased at the correct age and gender.

NO DIVIDENDS

This policy is not eligible to participate in our surplus and, therefore, does not receive dividends.

ANNUAL REPORT

We will send you a report within 90 days after the end of each policy year showing your current death benefit, cash value at the beginning and end of the report period, net cash surrender value, premiums paid, interest credited, monthly premiums subtracted, partial surrenders, policy loan activity, and service charges since our prior report.

PROPOSALS

At any time you may obtain a proposal illustration showing future projected contract values. A reasonable fee may be charged for the illustration. Just contact us or your agent for details.

Life and/or Disability Application to the *Auto-Owners Life Insurance Company*

A. ALL APPLICATIONS

Proposed Insured (print full name)		Height	Weight
Social Security No.	Birthdate	Gender	
Drivers License No.	Telephone No. ()		
Place of Birth (State/Country)	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide valid resident card		
Home Street Address			
Former Address (If moved last 3 years)			
Policy Owner Name, Address, and Relationship (If other than Proposed Insured)			
Social Security No./FEIN			
Beneficiary (print full name and relationship)			
a. Primary:			
b. Contingent:			
Premium with Application \$ _____			
<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly			
<input type="checkbox"/> Electronic Fund Transfer (EFT)			
<input type="checkbox"/> Monthly Direct Bill (PT2/3)			
<input type="checkbox"/> Planned Payment (PT2/3) \$ _____			
Mail Premium Notice To: (If other than proposed insured)			
Home Office Endorsement/Special Requests:			

B. LIFE AND DISABILITY

Proposed Insured's Occupation _____

Type of Business _____

Specific Duties _____

Name and Address of Employer _____

Annual Income _____ Net Worth _____

Length of Employment _____ Years _____ Months

Is Change in Employment Contemplated? (If yes, explain)

Yes No

C. LIFE

Name of Plan _____ Item Number _____

Amount \$ _____

Decreasing Term Period _____ Years

Additional Benefits/Riders:

Premier Preferred Standard Smoker

Disability Premium Waiver (WL, UL, Level & Decreasing Term)

Accidental Death Benefit (WL, UL, Level & Decreasing Term) . . . \$ _____ amount

Guaranteed Purchase Option (WL, UL) \$ _____ amount

Guaranteed Renewability Benefit (10, 20 Year Level Term)

Premium Waiver for Death or Disability of Payor (WL, UL)

Cost of Living Increase (UL)

Automatic Premium Loan (WL)

Disability Income Benefit - complete below (WL, UL, Level & Decreasing Term)

Benefit Amount \$ _____ Waiting Period is 60 Days

Benefit Period _____ Years Occupational Class _____

Annual Net Income if Self Employed \$ _____

Other Income \$ _____ (explain) _____

E. DISABILITY

Complete for Disability Income Policy

Benefit Period _____ Years Waiting Period _____ Days

Occupational Class _____ Benefit Amount \$ _____

Annual Net Income if Self Employed \$ _____

Other Income \$ _____ (explain) _____

Additional Benefits:

Accidental Death and Dismemberment \$ _____

First Day Disability Income While Hospital Confined

Continuation of Application

E. LIFE AND DISABILITY

Please answer the following questions in every case
Give details to yes answers for questions E1-4 in F6

DO NOT COLLECT MONEY AND ISSUE BINDING RECEIPT WHEN ANY ANSWERS TO QUESTIONS 1-4 ARE YES OR BLANK

Yes No

- | | | | | | |
|---|--------------------------|--|--|--------------------------|--------------------------|
| 1. Do you have or during the past 10 years have you been diagnosed or treated by any physician or other practitioner for: | | | | | |
| a. Heart disease or disorder, angina, stroke or cancer? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently unemployed, retired, laid off, or collecting Disability? (if yes, provide details) | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. During the past 5 years have you been absent from work due to accident or sickness for more than 10 days at a time? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the past 90 days have you been admitted to or been advised to be admitted to a hospital or medical facility by any physician or other practitioner? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any existing life or annuity policies? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is the policy applied for replacing or likely to replace any existing plan? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide company name and policy number(s) below. | | | | | |
| 6. Life or Disability Income Insurance in force? (include salary continuation from employer, union, group DI, or State sick pay plan) | | | | | |
| If none, so state _____ | | | | | |

Company	Date	Life Amount	Acc. Death	Disability Income	Benefit Years	Waiting Period

F. LIFE AND DISABILITY

Completion of F1-5 is optional for persons who will be medically examined

Yes No

- | | | | | | |
|--|--------------------------|--|--|--------------------------|--------------------------|
| 1. Are you currently taking medication, receiving treatment, or under consultation for any disease, ailment or condition? | | | | | |
| 2. Do you have or during the past 10 years have you been treated for: | | | | | |
| a. Disease or disorder of the eyes, ears, nose, throat or mouth? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Chest pain, high blood pressure, circulatory system disorder, vascular disease or rheumatic fever? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Diabetes, gout, Lupus or thyroid disorder? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Epilepsy, seizure, headaches, dizziness, paralysis, multiple sclerosis, Alzheimer's, brain or nervous system disorder? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Asthma, sleep apnea, emphysema, chronic obstructive pulmonary disease (COPD), or other lung disorder? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Disease or disorder of the kidneys, bladder, genital organs or any part of the urinary tract? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Disease or disorder of the stomach, gall bladder, liver, intestines, rectum, or for Crohns or ulcerative colitis? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Arthritis, back trouble, or any disorder of the spine, muscles, joints or bones? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Depression, stress, anxiety, nervousness, fatigue, or other mental or emotional disorder? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Cancer, tumor, cyst, growth, or disease or disorder of the skin or lymph nodes? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Complications from pregnancy or are you currently pregnant? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Any other disease, disorder or physical illness? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any other illness, operation or condition not shown above which in the past 10 years: | | | | | |
| a. Caused you to consult any physician or other practitioner? (including all specialists such as a cardiologist, psychologist, chiropractor, etc.) | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Confined you to a hospital, sanitarium or clinic? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Required an x-ray, electrocardiogram, stress test, medical test, laboratory test or study? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Been advised by any physician or other practitioner to have any additional diagnostic testing, hospitalization, or surgery which was not completed? | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Continuation of Application

F. LIFE AND DISABILITY

4. During the past 10 years have you:
- | | | |
|---|--------------------------|--------------------------|
| a. Used cocaine, heroin, LSD, marijuana, PCP or any other hallucinogenic or narcotic drug? | Yes | No |
| b. Received treatment for alcohol or drug abuse or addiction or been advised by any physician or other practitioner to limit the use? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you currently or regularly use or abuse illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Is there any family history of Alzheimer's, diabetes, cancer, heart, Huntington's, kidney or other hereditary diseases?
- (if yes, list age at diagnosis of father, mother, brothers, sisters) Yes No

6. **DETAILS to yes answers** for questions E1-4 and F1-5

Ques. No.	Name	Condition	Date	Medication (name & dose)	Surgery (type & date)	Results	Attending Physician and/or Hospital Name Address

7. Please provide:
- a. Name and address of personal physician: _____
- b. Date and reason last seen: _____
- c. Medications: _____

G. LIFE AND DISABILITY

Please answer the following questions in every case

- | | | |
|---|--------------------------|--------------------------|
| 1. During the past 5 years, have you: | Yes | No |
| a. Been refused, rejected, rated or postponed for Life and/or Disability Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been a member of any armed forces or military or have plans to? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Made or contemplated making flights as pilot, student pilot or crew member? (If yes, complete Section I, page 5) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Participated in any hazardous avocation such as sky diving, scuba diving, hang gliding, any type of organized motor vehicle racing, mountain or rock climbing, or rodeo? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Been convicted of driving while impaired or intoxicated, reckless driving, or 3 or more speeding violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Been convicted of or are awaiting trial for any crime other than a misdemeanor, including currently being on parole or probation? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>(if yes, please explain and provide date and location)</small> | | |
| g. Made a claim for benefits to any insurance company or to the Veterans Administration because of an illness or injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any plans on foreign travel, residence, or occupation outside the US or Canada? (if yes, please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
-
2. Is any other Life and/or Disability application pending with any company?
- Yes No
-
3. Have you used tobacco in any form within the last 24 months?
- (If yes, explain) _____
- a. Have you smoked one or more cigarettes within the last 12 months?
- Yes No

DETAILS to yes answers to questions G1 - 3 (Indicate Question No.)

H. ALL APPLICATIONS

IT IS UNDERSTOOD AND AGREED: (1) That all answers to the questions on **pages 1, 2, 3, 4, and 5 of this application** are complete and true to the best of my knowledge and/or belief. (2) That all answers to such questions, together with this agreement, shall form the basis and become a part of any policy issued. (3) In consideration of the application and premium payment, insurance benefits applied for shall take effect on the date of the application subject to terms and limitations of the Binding Receipt; otherwise, benefits shall not take effect until the policy is delivered to the owner and the first premium paid during the lifetime and continued insurability, as stated in the application, of the person to be insured. (4) That acceptance of any policy issued on this application will constitute a ratification of any correction in or addition to this application made by the Company and noted in the space for Home Office Endorsement, provided, however, no change shall be made as to amount, classification, plan of insurance, or benefits, unless agreed to in writing. (5) Only the President, Vice President, or Secretary of the Company can make, modify, alter or discharge contracts or waive any of the Company's rights or requirements.

HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, medical facility, the Medical Information Bureau, the Veterans Administration, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose to Auto-Owners Life Insurance Company, its reinsurer(s), and insurance supporting organizations and their representatives, my entire medical record, prescription history, medications prescribed and any other protected health information concerning me. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that Auto-Owners Life Insurance Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Auto-Owners Life Insurance Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by providing written notification to Auto-Owners Life Insurance Company. I understand that a revocation is not effective to the extent that any of My Providers have already replied on this Authorization to disclose information about me or to the extent that Auto-Owners Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this Authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by Auto-Owners Life Insurance Company except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, Auto-Owners Life Insurance Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this Authorization upon request.

I AUTHORIZE my employer, any consumer reporting agency, other organization, institution or person having any records or knowledge of me or my health to release any financial or personal details to Auto-Owners, its reinsurers, or insurance support organizations and their representatives. This information may be used by underwriters, Company Officers, and medical personnel to evaluate claims. They may also use it to consider Life and/or Disability insurance and/or benefits applied for by me. I understand this authorization is valid for 24 months from the date it is signed. A copy of it is also valid. I acknowledge having received a copy. I understand that I have the right to revoke this at any time. I also received a copy of NOTICE OF INFORMATION PRACTICES. I acknowledge possession of the binding receipt for Life and/or Disability Income insurance bearing the same date as this application and certify that I have read it, and its terms, conditions and limitations, to which I agree, have been explained to me fully.

I wish to have an interview if an investigative consumer report is made for this application.

THE AGENT AND I CERTIFY that I have read, or the agent has read to me, the completed application. I realize that any false statement or misrepresentation in my application may result in loss of coverage under the policy (subject to the incontestability provision, time limit on certain defenses, and legal proceedings).

Signed at _____ this _____ day of _____, _____

I certify information supplied by the applicant has been accurately recorded on the application.

(Signature of Proposed Insured)

(Agent's Signature)

(Signature of Owner/Applicant — If Other Than Proposed Insured)

(Social Security Number / FEIN)

(Agent's Name — Please Print)

(Agency & Producer Codes)

Continuation of Application

I. LIFE AND DISABILITY

AVIATION SUPPLEMENT (complete only if Section G1c page 3 is answered yes)

FLIGHTS AS: PILOT CREW MEMBER

NAME:

Non-Scheduled - Commercial

Private - Personal - Business

Student

Crop Dusting, Fire Fighting, Aerobatics

Testing or Experimental

Military (Type _____ Service _____)

Helicopter, Pipeline or Powerline Insp.

Charter, Taxi, Bush

Glider, Balloon, Ultralight

Remarks:

	HOURS FLOWN		
	PAST 12 MOS.	1 - 2 YRS. AGO	NEXT 12 MOS.
Non-Scheduled - Commercial			
Private - Personal - Business			
Student			
Crop Dusting, Fire Fighting, Aerobatics			
Testing or Experimental			
Military (Type _____ Service _____)			
Helicopter, Pipeline or Powerline Insp.			
Charter, Taxi, Bush			
Glider, Balloon, Ultralight			

1. Type of certificate(s) held?
 - Private Student ATR IFR
 - COMM'L Instructor Other
2. Total number of pilot hours? _____
3. Have you had any flying accidents? _____
(explain) _____
4. Ever been grounded or had license revoked? _____
(explain) _____
5. Are you a member of, or do you contemplate joining a military air force or reserve? _____
(explain) _____
6. **Coverage desired (check one)**
 - Aviation Restriction Rider**
 - Full Aviation Coverage**
7. Indicate type of aircraft flown _____

J. AGENT'S REPORT FOR LIFE AND DISABILITY

1. If rules require, did you arrange? Yes No
 - Exam EKG TVC Blood Profile Specimen
 Examiner Name _____

2. How long and how well have you known the Proposed Insured?
(If related, explain) _____

3. Did you see the Proposed Insured? Yes No
If no, please explain _____

(Age 18 and older—an Auto-Owners representative is required to see the Proposed Insured when applying for coverage. If you cannot meet with the Proposed Insured to verify the identity and review the answers for accuracy, please arrange to have a paramedic examination performed instead.)

4. What is estimated annual income \$ _____ and net worth \$ _____ of the Proposed Insured?
What is the purpose of this insurance? _____

5. To the best of your knowledge, does the applicant have any existing life or annuity policies? Yes No
Will the insurance applied for replace any existing insurance? Yes No
Is this a 1035 exchange? Yes No

6. IF APPLICATION IS FOR BUSINESS INSURANCE:
 - a. Purpose of this insurance
 - Keyman Fund a Buy-Sell Agreement Split Dollar
 - Stock Redemption Deferred Compensation Other
 - b. Is firm
 - Sole Proprietorship Partnership Corporation
 - c. If Partnership, give names of partners _____

- d. If Corporation, percentage of stock owned by Proposed Insured _____
- e. Net worth of Business \$ _____
- f. Amount of insurance in force or contemplated on other members of firm \$ _____

7. a. Is the Proposed Insured a dependent? Yes No
If so, how much insurance do the parents carry? _____

- b. If the applicant is other than the parents, give name, occupation and amount of insurance in force _____

- c. Are brothers and sisters insured for a like amount?
 Yes No (If no, please explain) _____

- d. If the Proposed Insured is married, how much insurance does the spouse carry? \$ _____

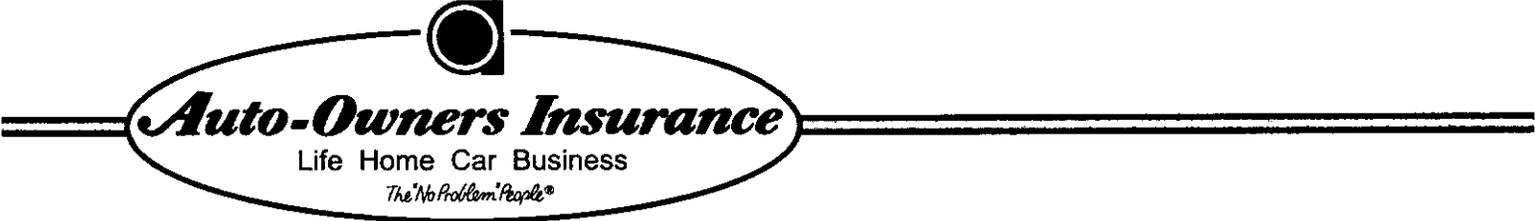
8. I have removed and presented the NOTICE OF INSURANCE INFORMATION PRACTICES to Applicant/Insured Yes No

9. Does Proposed Insured have other Auto-Owners Insurance in force?
 Yes No (If yes, please list) _____

10. Proposed Insured's phone # (_____) _____
Best time to call _____
Proposed Insured's email _____

11. OTHER INFORMATION:





Auto-Owners Insurance

Life Home Car Business

The "No Problem" People®

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT PAYABLE ON DEATH OF THE INSURED
FLEXIBLE PREMIUMS PAYABLE AS SHOWN ON PAGE 3
NON-PARTICIPATING**

61554 (1-08)



Auto-Owners Insurance

Life Home Car Business

The "No Problem" People®

Insured: [JOHN DOE]
Number: [020-756446-0]
Plan: ADJUSTABLE LIFE INSURANCE
Type: NO DIVIDENDS

Our Promise

We promise to pay the death benefit of this policy to the beneficiary when we receive proof that the insured has died. We also promise to provide the other rights and benefits of this policy. We make these promises subject to all of the provisions of the contract.

Legal Contract

PLEASE READ YOUR POLICY CAREFULLY. It is a legal contract. We issue it in return for your application and payment of the premiums. A guide to the policy's contents is on page 2. If there is ever a question about it, please contact your Auto-Owners agent or our Home Office at (517) 323-1200.

Right To Cancel

We want you to be satisfied with this policy. If you are not satisfied, you may cancel it within 30 days after receiving it. All you have to do is mail or deliver it to our Home Office, agent office, the agent who sold it to you, or any other agent or representative of the company. If returned, the policy will be considered void from the start, and we will refund any premium paid within 10 days of its return.

Signed on the policy date at Lansing, Michigan.



Secretary



President

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT PAYABLE ON DEATH OF THE INSURED
FLEXIBLE PREMIUMS PAYABLE AS SHOWN ON PAGE 3
NON-PARTICIPATING**

Auto-Owners Life Insurance Company

A MUTUAL COMPANY
P.O. BOX 30325
LANSING, MI 48909-8160
(517) 323-1200

IN THIS POLICY:

YOU and **YOUR** mean the owner of this policy.

WE, OUR and **US** mean Auto-Owners Life Insurance Company at its Home Office.

The **INSURED** means the person named as the insured in this policy. The insured may or may not be the owner.

A **RIDER** is an attachment to the policy which provides additional benefits.

AGE means age at last birthday on the policy anniversary.

ANNUAL POLICY DATE means the same day each year as the policy date shown on page 3.

MONTHLY POLICY DATE means the same day each month as the annual date.

POLICY YEARS, ANNIVERSARIES and **PREMIUM DUE DATES** are determined from the Policy Date shown on page 3.

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As part of the policy, you will find a copy of the application and descriptions of any riders listed on the data page.

Auto-Owners Life Insurance Company

(Herein Called the Company)
Lansing, Michigan 48909-8160

POLICY DATA

INSURED:	[JOHN DOE]	POLICY NUMBER:	[020-756446-0]
OWNER:	[JOHN DOE]	POLICY DATE:	[MARCH 1, 2007]
PLAN:	ADJUSTABLE LIFE INSURANCE	GENDER:	[MALE]
TYPE:	NO DIVIDENDS	ISSUE AGE:	[20]
PREMIUM CLASS:	[STANDARD NON-SMOKER]	LOAN INTEREST RATE:	[6%] (CURRENT)

SCHEDULE OF BENEFITS AND PREMIUMS

LIFE INSURANCE AMOUNT [extract_itex]100,000]

THE POLICY CASH VALUE IS [NOT] INCLUDED IN THE INSURANCE AMOUNT

ADDITIONAL BENEFITS

SECONDARY INSURED

JANE DOE

ISSUE AGE: 01

PREMIUM CLASS:

INSURED AMOUNT:

FEMALE

STANDARD

[/extract_itex]50,000

DISABILITY PREMIUM WAIVER

ACCIDENTAL DEATH BENEFIT

JOHN DOE:

[/extract_itex]100,000

GUARANTEED PURCHASE OPTION

JOHN DOE:

[/extract_itex]50,000 PER OPTION

PREMIUM WAIVER FOR DEATH OR DISABILITY OF PAYOR

JOHN DOE:

PAYOR

SPOUSE AND CHILDREN'S TERM INSURANCE BENEFIT

10 UNITS:

[/extract_itex]219.96

CHILDREN'S TERM LIFE INSURANCE BENEFIT

10 UNITS:

[/extract_itex] 60.00

COST OF LIVING INCREASE

DISABILITY INCOME BENEFIT

JOHN DOE

MONTHLY INCOME:

[/extract_itex]1,000.00

ELIMINATION PERIOD:

60 DAYS

OCCUPATION CLASS:

AA

TERM PERIOD:

30 YEARS

EXPIRY DATE:

09-15-36

TOTAL [ANNUAL] PLANNED PREMIUM PAYMENT: [extract_itex]500.00]

Auto-Owners Life Insurance Company

(Herein Called the Company)
Lansing, Michigan 48909-8160

POLICY DATA

INSURED:	[JOHN DOE]	POLICY NUMBER:	[020-756446-0]
OWNER:	[JOHN DOE]	POLICY DATE:	[MARCH 1, 2007]
PLAN:	ADJUSTABLE LIFE INSURANCE	GENDER:	[MALE]
TYPE:	NO DIVIDENDS	ISSUE AGE:	[20]
PREMIUM CLASS:	[STANDARD NON-SMOKER]	LOAN INTEREST RATE:	[6%] (CURRENT)

SCHEDULE OF BENEFITS AND PREMIUMS

THE DECLARED RATE OF INTEREST ON THE POLICY DATE SHOWN ABOVE IS [4.50%]

THE DECLARED RATE OF INTEREST WILL NEVER BE LESS THAN 3%

THE MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000 FOR EACH POLICY YEAR CAN BE FOUND ON PAGE 4 OF THIS POLICY

THERE IS NO EXPIRATION ON THIS POLICY, HOWEVER, COVERAGE COULD END AT ANY TIME IF PREMIUM PAYMENTS ARE NOT PAID OR IF THEY ARE INSUFFICIENT TO CONTINUE COVERAGE. INSURANCE COVERAGE WILL CONTINUE THROUGHOUT THE LIFE OF THE NAMED INSURED UNLESS THE POLICY IS SURRENDERED OR LAPSED.

APPLICABLE SURRENDER CHARGES FOR ANY CASH WITHDRAWN FROM THE POLICY CAN BE FOUND ON PAGE 10.

THE \$6.25 MONTHLY SERVICE CHARGE WILL BE \$5.00 IF 2 ADJUSTABLE LIFE POLICIES ARE BILLED ON THE SAME PREMIUM NOTICE. WHEN THERE ARE 3 OR MORE POLICIES BILLED ON THE SAME PREMIUM NOTICE OR THE POLICY IS ON A PAYROLL DEDUCTION PLAN, IT WILL BE \$3.75. AN INSURABLE INTEREST ALSO MUST EXIST BETWEEN INSUREDS.

LOAN INTEREST RATE MAY BE ADJUSTED BUT WILL NEVER EXCEED 8%.

3 CONTINUED

INSURED: [JOHN DOE]
 POLICY NO.: [021-381802-0]

TABLE OF MONTHLY GUARANTEED COST OF
 INSURANCE RATES PER \$1,000

AGE	MONTHLY RATE			AGE	MONTHLY RATE			AGE	MONTHLY RATE		
	LIFE	[ADB	GPO]		LIFE	[ADB	GPO]		LIFE	[ADB	GPO]
20	.1466	.0958	.0583	50	.3558	.0641	N/A	80	4.6483	N/A	N/A
21	.1466	.0958	.0583	51	.3558	.0641	N/A	81	4.6483	N/A	N/A
22	.1466	.0958	.0583	52	.3558	.0641	N/A	82	4.6483	N/A	N/A
23	.1466	.0958	.0583	53	.3558	.0641	N/A	83	4.6483	N/A	N/A
24	.1466	.0958	.0583	54	.3558	.0641	N/A	84	4.6483	N/A	N/A
25	.1466	.0958	.0583	55	.3558	.0641	N/A	85	4.6483	N/A	N/A
26	.1466	.0958	.0583	56	.3558	.0641	N/A	86	4.6483	N/A	N/A
27	.1466	.0958	.0583	57	.3558	.0641	N/A	87	4.6483	N/A	N/A
28	.1466	.0958	.0583	58	.3558	.0641	N/A	88	4.6483	N/A	N/A
29	.1466	.0958	.0583	59	.3558	.0641	N/A	89	4.6483	N/A	N/A
30	.1466	.0958	.0583	60	.3558	.0641	N/A	90	4.6483	N/A	N/A
31	.1466	.0958	.0583	61	.3558	.0641	N/A	91	4.6483	N/A	N/A
32	.1466	.0958	.0583	62	.3558	.0641	N/A	92	4.6483	N/A	N/A
33	.1466	.0958	.0583	63	.3558	.0641	N/A	93	4.6483	N/A	N/A
34	.1466	.0958	N/A	64	.3558	.0641	N/A	94	4.6483	N/A	N/A
35	.1466	.0958	N/A	65	.3558	.0641	N/A	95	4.6483	N/A	N/A
36	.1466	.0958	N/A	66	.3558	.0641	N/A	96	4.6483	N/A	N/A
37	.1466	.0958	N/A	67	.3558	.0641	N/A	97	4.6483	N/A	N/A
38	.1466	.0958	N/A	68	.3558	.0641	N/A	98	4.6483	N/A	N/A
39	.1466	.0958	N/A	69	.3558	.0641	N/A	99	4.6483	N/A	N/A
40	.1466	.0958	N/A	70	.3558	N/A	N/A	100	4.6483	N/A	N/A
41	.1466	.0958	N/A	71	.3558	N/A	N/A	101	4.6483	N/A	N/A
42	.1466	.0958	N/A	72	.3558	N/A	N/A	102	4.6483	N/A	N/A
43	.1466	.0958	N/A	73	.3558	N/A	N/A	103	4.6483	N/A	N/A
44	.1466	.0958	N/A	74	.3558	N/A	N/A	104	4.6483	N/A	N/A
45	.1466	.0958	N/A	75	.3558	N/A	N/A	105	4.6483	N/A	N/A
46	.1466	.0958	N/A	76	.3558	N/A	N/A	106	4.6483	N/A	N/A
47	.1466	.0958	N/A	77	.3558	N/A	N/A	107	4.6483	N/A	N/A
48	.1466	.0958	N/A	78	.3558	N/A	N/A	108	4.6483	N/A	N/A
49	.1466	.0958	N/A	79	.3558	N/A	N/A	109	4.6483	N/A	N/A
								110+	4.6483	N/A	N/A

[ADB MEANS ACCIDENTAL DEATH BENEFIT.]

[GPO MEANS GUARANTEED PURCHASE OPTION.]

[THE MONTHLY COST OF INSURANCE FOR THE PREMIUM WAIVER FOR DEATH OR DISABILITY OF PAYOR BENEFIT IS INCREASED BY THE FOLLOWING PERCENTAGE: 4% FOR JOHN DOE.]

[THE MONTHLY PREMIUM FOR THE DISABILITY INCOME BENEFIT IS \$23.0800.]

THE COST OF INSURANCE LIFE RATES SHOWN ABOVE ARE THE MAXIMUM MONTHLY RATES PER \$1,000. THE COST OF INSURANCE RATE CHARGED FOR THE INSURANCE AMOUNT IS BASED ON THE INSURED'S ATTAINED AGE AND PREMIUM CLASS AND MAY BE LESS THAN THE MAXIMUM RATES. RATES FOR AGES 111 AND OLDER WILL EQUAL THE AGE 110 RATE.

VALUES AND RESERVES ARE BASED ON THE 2001 COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE AT AN INTEREST RATE OF 4% PER ANNUM. THE RISK RATE DIVISOR USED IN THE COST OF INSURANCE CALCULATION REFERENCED ON PAGE 8 IS 1.00246627.

[SECONDARY INSURED: JANE DOE]
 POLICY NO.: [021-381802-0]

TABLE OF MONTHLY GUARANTEED COST OF
 INSURANCE RATES PER \$1,000

MONTHLY RATE		MONTHLY RATE		MONTHLY RATE	
AGE	LIFE	AGE	LIFE	AGE	LIFE
01	.1466	38	.3558	75	4.6483
02	.1466	39	.3558	76	4.6483
03	.1466	40	.3558	77	4.6483
04	.1466	41	.3558	78	4.6483
05	.1466	42	.3558	79	4.6483
06	.1466	43	.3558	80	4.6483
07	.1466	44	.3558	81	4.6483
08	.1466	45	.3558	82	4.6483
09	.1466	46	.3558	83	4.6483
10	.1466	47	.3558	84	4.6483
11	.1466	48	.3558	85	4.6483
12	.1466	49	.3558	86	4.6483
13	.1466	50	.3558	87	4.6483
14	.1466	51	.3558	88	4.6483
15	.1466	52	.3558	89	4.6483
16	.1466	53	.3558	90	4.6483
17	.1466	54	.3558	91	4.6483
18	.1466	55	.3558	92	4.6483
19	.1466	56	.3558	93	4.6483
20	.1466	57	.3558	94	4.6483
21	.1466	58	.3558	95	4.6483
22	.1466	59	.3558	96	4.6483
23	.1466	60	.3558	97	4.6483
24	.1466	61	.3558	98	4.6483
25	.1466	62	.3558	99	4.6483
26	.1466	63	.3558	100	4.6483
27	.1466	64	.3558	101	4.6483
28	.1466	65	.3558	102	4.6483
29	.1466	66	.3558	103	4.6483
30	.1466	67	.3558	104	4.6483
31	.1466	68	.3558	105	4.6483
32	.1466	69	.3558	106	4.6483
33	.1466	70	.3558	107	4.6483
34	.1466	71	.3558	108	4.6483
35	.1466	72	.3558	109	4.6483
36	.1466	73	.3558	110+	4.6483
37	.1466	74	.3558		

THE COST OF INSURANCE LIFE RATES SHOWN ABOVE ARE THE MAXIMUM MONTHLY RATES PER \$1,000. THE COST OF INSURANCE RATE CHARGED FOR THE INSURANCE AMOUNT IS BASED ON THE INSURED'S ATTAINED AGE AND PREMIUM CLASS AND MAY BE LESS THAN THE MAXIMUM RATES. RATES FOR AGES 111 AND OLDER WILL EQUAL THE AGE 110 RATE.

VALUES AND RESERVES ARE BASED ON THE 2001 COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE AT AN INTEREST RATE OF 4% PER ANNUM. THE RISK RATE DIVISOR USED IN THE COST OF INSURANCE CALCULATION REFERENCED ON PAGE 8 IS 1.00246627.

4 CONTINUED

DEATH BENEFITS

The death benefit is the amount payable to the beneficiary if the insured dies while this policy is in force.

AMOUNT OF DEATH BENEFIT

To determine the death benefit, we add the benefit amount in force on the date of death and any additional benefits on the insured's life provided by rider. Then we subtract any loan and unpaid loan interest, if applicable, and the portion of any monthly premium due and unpaid.

If the cash value is included in the specified insurance amount (refer to page 3), the benefit amount is the greater of the specified insurance amount, less any partial surrenders, or the percentage of cash value shown in the table below. If the cash value is not included in the specified insurance amount, the benefit amount is the greater of the specified insurance amount, plus the cash value, or the percentage of the cash value shown below. The Insured's Age column is age at last birthday on the annual policy date that begins a policy year.

Insured's		Insured's	
<u>Age</u>	<u>Percentage</u>	<u>Age</u>	<u>Percentage</u>
40 or less	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75-90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
		95+	100%

We will pay accrued interest on the death benefit from date of death to date of payment to the beneficiary at the greater of 6%, or as required by law, or the Payment Option 1, including declared supplemental interest.

DEATH BENEFIT CHANGES

You may change the death benefit at any time after the first policy year by giving us a written request. The effective date of a change will be the date we approve your request. The policy will be amended to show the change. Any change is subject to the following conditions:

- We require proof of insurability satisfactory to us for any increase in death benefit except for increases provided by a rider attached to this policy.
- You may change the specified insurance amount on page 3 to include the cash value.
- You may change the specified insurance amount on page 3 to exclude the cash value. The specified insurance amount will be reduced by the amount of the cash value so that the death benefit is not increased as of the date of change.
- Death benefit decreases first reduce any specified insurance amount increases that are in force and then reduce the initial specified insurance amount that remains. Reductions in death benefit increases are made in the order of those increases, beginning with the most recent increase.
- The specified insurance amount after any change must be at least \$25,000.

SUICIDE

If the insured dies by suicide within two years after the policy date, the death benefit will be limited to the return of all premiums paid less any policy loan and unpaid loan interest, if applicable, and less any partial surrenders. Likewise, if the insured dies by suicide within two years after the effective date of any increase in insurance or benefits provided by rider, the death benefit for this increase in insurance will equal the cost of insurance premiums paid for such benefits.

FILING A DEATH CLAIM

To claim the death benefit, file a claim with us by providing us with proof of death, such as a death certificate. When the policy becomes a claim by death of the insured, settlement will be made within two months after we receive due proof of death. Your agent will be pleased to help in the claim process.

BENEFICIARY

The beneficiary is named in the attached application unless later changed. The beneficiary will receive the death benefit in a lump sum unless you provide otherwise.

A revocable beneficiary has no rights in the policy until the death of the insured. The interest of any beneficiary who

dies before the earlier of the date we receive proof of the insured's death or the 15th day after the insured's death will pass to the owner, if living, or if not, to the owner's estate.

CHANGING THE BENEFICIARY

Unless you have irrevocably named the beneficiary, you may change the beneficiary at any time if:

- you request the change in writing; *and*
- we receive the change at our Home Office.

When a change is approved, it is effective the date of your written request.

PAYMENT OPTIONS

Unless a payment option is chosen, we will pay any proceeds from death or surrender in a lump sum. Instead of a lump sum, proceeds of \$2,000 or more may be paid under any one or more payment options which will be available to you. We will issue a separate contract for making these payments.

DECLARED SUPPLEMENTAL INTEREST

If our experience is favorable, we will credit your payment with supplemental interest in excess of the 1.50% minimum guaranteed rate. Our Home Office should be contacted for details regarding declared supplemental interest payments.

OPTIONS

Option 1: *Proceeds Left to Earn Interest*

The proceeds may be left with us for up to 30 years. We will credit the proceeds with at least 1.50% interest per year. We will make annual, semi-annual, quarterly or monthly payments if they are requested. The proceeds and any unpaid interest may be withdrawn at any time.

Option 2: *Payment of Specified Amount*

We will make equal periodic payments in any amount and frequency which you choose and we approve. We will determine the number of payments and the amount of the final payment. The total amount paid each year must be at least 5% of the amount remaining under the option. We will credit this remaining amount with at least 1.50% interest per year.

Option 3: *Payment for a Number of Years*

We will make periodic payments for a chosen length of time, not to exceed 30 years. The frequency of payments

may be chosen by you, and we must approve. If the payee dies before all payments are made, payments will continue to the payee's beneficiary, if living, or if not, to the payee's estate.

The table below shows selected amounts payable for each \$1,000 due. If you wish, we will supply amounts for years and frequencies not shown here. These amounts are based on 1.50% interest compounded annually.

Option 3 Table

Number of Years	Monthly Payments Per \$1,000 of Proceeds
5	\$17.28
10	8.96
15	6.20
20	4.81
25	3.99
30	3.44

Option 4: *Payment of Life Income*

We will make equal periodic payments for the full lifetime of the payee, and we guarantee payments for at least 10 or 20 years - whichever is chosen. If the payee dies during the guaranteed period, payments will be continued to the end of that period to the payee's beneficiary, if living, or if not, to the payee's estate.

The monthly payment amount for each \$1,000 due is shown in the table below for certain ages. Amounts are based on the payee's gender and age on his or her last birthday on the due date of our first payment. Payments in the following table are computed using the A-2000 Mortality Table at 1.50% interest. If you wish, we will supply amounts for ages not shown here.

Option 4 Table - Male

Monthly Payments for Life per \$1,000 of Proceeds

Attained Age	Payments Guaranteed for 10 Years	Payments Guaranteed for 20 Years
45	\$2.93	\$2.88
50	3.22	3.14
55	3.60	3.45
60	4.07	3.79
65	4.69	4.14
70	5.45	4.44
75	6.32	4.65
80	7.22	4.76

Option 4 Table - Female

Monthly Payments for Life per \$1,000 of Proceeds

Attained Age	Payments Guaranteed for 10 Years	Payments Guaranteed for 20 Years
45	\$2.73	\$2.71
50	2.99	2.95
55	3.32	3.24
60	3.74	3.58
65	4.28	3.96
70	5.00	4.32
75	5.91	4.60
80	6.93	4.75

Option 5: *Special Arrangement*

The proceeds may be paid in any other form we agree to, including a form naming contingent payees. You may arrange to select an option based on our current Immediate Annuity rates, if these are more favorable for you.

CHOOSING AN OPTION

You may choose to have all or part of the proceeds in any one of the optional forms. You should make the election in writing while the insured is alive. If an option has not been chosen when the insured dies, the beneficiary may choose one.

PAYMENT OF PROCEEDS

Payments are subject to these conditions:

- Each payment must be at least \$20.
- Payments are made only at the following intervals:
 - once a month; *or*
 - once every 3 months; *or*
 - once every 6 months; *or*
 - once a year.
- A payee may not assign or borrow against the proceeds.
- A payee's creditors may not claim any of the proceeds or interest unless allowed by law.

Satisfactory proof of the payee's age may be required before payment is made. If payment under an option depends on a person's survival, we may ask for satisfactory proof that the person is living when payment is due.

At any time under Option 2 or 3, the payee may choose to receive in one lump sum the present value of the rest of the payments due him or her.

At death of the payee, the present value of the rest of the payments will be paid in one lump sum to the payee's estate, unless we have been directed otherwise.

POLICY VALUES

CASH VALUE

To determine the cash value on any monthly policy date:

we add:

- the cash value on the last monthly date; *and*
- any premiums paid during the prior month, less any state premium taxes paid on and any service charges applicable to those premium payments; *and*
- interest credited on both the prior cash value and the net premiums paid during the prior month

Then we subtract:

- the monthly premiums, as specified in the Monthly Premium Provision, for the insurance coverage for the next month; *and*

- any cash payments made to you during the prior month, interest from the date paid and any applicable surrender charges; *and*
- the monthly service charge for the next month.

The cash value is determined on every monthly policy date. We will determine the value at other times, if needed, in a manner consistent with the methods used to calculate the cash value on the monthly policy date.

The cash value on the Policy Date shown on page 3 is the net premium paid on that date minus the monthly premium and service charge for the policy's first month.

BASIS OF VALUES

A description of the method used to compute the cash values has been filed with the State Insurance Department where this policy was delivered. Values are based on the Mortality Table and interest rate shown on page 4. These values meet the minimum requirements in the state.

PREMIUMS

PAYING PREMIUMS

The first premium for this policy is due with the application. Additional premiums may be paid at any time, but not more often than once a month. Unless we consent, each premium payment must be at least \$25.

We will send premium notices on the basis that you request, as shown on page 3. You may pay premiums by sending your payment to our Home Office. Premiums may also be paid to any agent of the company who will give you a receipt. Please include your policy number with each payment. Coverage may end at any time if premiums following the first payment are not paid or if they are insufficient to continue coverage to that date.

Section 101(a) of the Internal Revenue Code provides for exclusion of death benefits from gross income. There is a limit on premiums for the policy to qualify for the exclusion. The portion of any premium payment received in excess of that limit shall be refunded, with interest, to you.

SERVICES CHARGES

On every monthly policy date, we will deduct from the cash value the service charge referenced on page 3 of the policy. It is possible for this charge to change based on our administrative costs, and you will be notified before it is effective. In addition, a \$1.00 service charge will be deducted from each premium payment.

MONTHLY PREMIUM

The monthly premium is equal to the cost of insurance (as defined below) plus the cost for any policy riders. The monthly premium is deducted from the cash value on each monthly policy date to pay for insurance coverage throughout the life of the policy.

COST OF INSURANCE

The cost of insurance is calculated as (a) multiplied by the result of (b) minus (c), where:

- (a) is the monthly cost of insurance rate per \$1,000 for the insured's age on the last annual policy date, divided by \$1,000;
- (b) is the benefit amount divided by the Risk Rate Divisor shown on page 4; *and*
- (c) is the cash value.

MONTHLY RATE

The guaranteed monthly cost of insurance rate is shown on page 4. Monthly rates are determined for each specified insurance amount by the gender, attained age, and rate class of the insured. Rates for ages 111 and older will equal the age 110 rate. We can use lower rates than those shown in the Table of Monthly Guaranteed Cost of Insurance Rates at our option. After the second policy year we may raise or lower the rate charged. Rate

adjustments will be filed with the State Insurance Department as required. Adjusted rates will never exceed the maximum rates shown on page 4. Any adjustment will be based on our expectation of future mortality and/or interest rates. We will notify you of a rate adjustment before the anniversary it takes effect.

GRACE PERIOD

If on any monthly date the cash value less any policy loan and unpaid loan interest is less than the monthly premium for the next month, the policy will stay in force for 61 days. The cash value is described in the Policy Values section. If a payment to cover the monthly premium is not made within the 61 day grace period, the policy will lapse on the date the remaining cash value first equals zero. A notice of the premium due will be mailed to the last known address of the owner and of the assignee, if any, at least thirty days before the policy will lapse. If the insured dies during the grace period, we will pay a death benefit, but it will be reduced by the premium needed to cover the monthly premiums through the month of death.

The interest rate applied to the cash value of this policy which is securing any policy loan is 3% per year. The interest rate applicable to cash values in excess of the

This policy provides a cash surrender value. You may use the cash surrender value without ending the insurance coverage by asking us for a cash loan. This policy is the only security we require.

OBTAINING A LOAN

You may obtain a loan from us if:

- you send us a written request; *and*
- this policy is in force; *and*
- this policy has a loan value.

You may ask for a loan at any time. We have the right, though, to wait for 6 months before making the loan unless it is used to pay premiums on one of our policies.

LOAN VALUE

The most we can loan is:

REINSTATEMENT

You may reinstate this policy at any time within 5 years after it lapses. To do so, you must:

- give proof of insurability satisfactory to us; *and*
- pay each overdue monthly premium from date of lapse to the end of the grace period; *and*
- repay or reinstate any outstanding loan which existed when the policy lapsed and if a loan is reinstated, begin paying loan interest at the loan interest rate in effect on the date of reinstatement; *and*
- pay enough premium to continue the policy to the next planned premium payment date.

The date of reinstatement is the date we approve your reinstatement application.

INTEREST

policy loan amount, including unpaid loan interest, is the interest rate declared by us. The declared interest rate will never be less than 3% per year.

LOANS

- 90% of the cash surrender value, as defined in the Surrender Provision, as of the next monthly date; *less*
- loan interest in advance to the next monthly date.

LOAN INTEREST

Interest on the loan will be charged at the loan interest rate shown on page 3. It is due on each annual policy date until the loan is paid in full. Any interest not paid when due will be added to the loan and bear interest at the same rate.

LOAN REPAYMENT

You may repay all or part of a loan while the insured is alive. Each payment must be at least \$25. Any loan or loan interest not repaid will be deducted from the proceeds payable at death or surrender.

SURRENDER

SURRENDER VALUE

The cash surrender value of this policy is equal to the cash value less any policy loan and unpaid loan interest, and less any applicable surrender charge.

SURRENDER CHARGE

A surrender charge will be deducted from any cash value taken in the form of a single payment or payment option during the first twelve years this policy is in force. The surrender charge is a percentage of the cash value withdrawn. The following table shows the surrender charge during each policy year:

Policy Year	Surrender Charge	Policy Year	Surrender Charge
1	24%	7	12%
2	22	8	10
3	20	9	8
4	18	10	6
5	16	11	4
6	14	12	2

During any one policy year, you can withdraw, without a surrender charge, up to 10% of the policy's cash value calculated as of the annual policy date that begins that policy year.

No surrender charge will be deducted:

- when the Continuation of Insurance surrender option is elected; *or*
- when proceeds are paid because of the death of the insured; *or*
- under specified conditions while the insured is confined to a nursing care facility (see **Waiver of Surrender Charges While Confined to a Nursing Care Facility** for conditions); *or*
- after the third policy year in the event the insured is affected by a critical illness (see **Critical Illness Waiver of Surrender Charges** for critical illness definition).

In addition, no surrender charge will be deducted after the fifth policy year if:

- the cash value is applied under a life income payment option; *or*
- the cash value is withdrawn or applied under a payment option on or after the annual policy date following the insured's sixty-fifth birthdate.

WAIVER OF SURRENDER CHARGES WHILE CONFINED TO A NURSING CARE FACILITY

This policy provision waives surrender charges otherwise applicable in the event the insured is confined to a nursing care facility. The following conditions must be met:

- The insured must be confined to a qualified nursing care facility for at least 60 days in a 70-day period. Confinement must begin at least one calendar year after the issue date of this adjustable life insurance policy; *and*
- Confinement in a qualified nursing care facility must be medically necessary and prescribed by a licensed physician; *and*
- Written proof of confinement and verification the confinement was prescribed by a licensed physician must accompany the withdrawal request.
- This waiver is valid during confinement and up to 90 days following discharge from the qualified nursing care facility.

Qualified nursing care facilities are long-term care centers that are licensed or, if the state does not require licensing, operate according to the laws of the insured's resident state. In the event of dual residency, Auto-Owners will follow the laws for the state in which the qualified nursing care facility is located.

This is not a Long-Term Care policy. Withdrawals are subject to IRS rules and regulations. The Policyowner should consult a financial advisor before withdrawing funds from this policy.

CRITICAL ILLNESS WAIVER OF SURRENDER CHARGES

Beginning 36 months from the policy effective date, this policy provision waives the surrender charges, otherwise applicable, in the event the insured is afflicted by a critical illness.

A critical illness is: coronary artery disease requiring heart surgery, stroke resulting in moderate to severe residual neurological impairment, kidney failure requiring transplant or dialysis treatment, cancer (other than Basal Cell Skin Cancer), major organ transplants, Multiple Sclerosis, Parkinson's Disease, Acquired Brain Injury (coma for a minimum of 30 days), severe burns (third degree burns over at least 25% of the body), Alzheimer's Disease, Acquired Immune Deficiency Syndrome (AIDS) and Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease). Written proof from the attending physician verifying the critical illness affliction must accompany the withdrawal request.

This is not a Long-Term Care policy. Withdrawals are subject to IRS rules and regulations. The Policyowner should consult a financial advisor before withdrawing funds from this policy.

SURRENDER REQUEST

While the insured is alive, you may request payment of some or all of this policy's cash surrender value. This is done by giving us written notice and returning this policy to us. We have the right to delay cash surrender for up to 6 months.

THE OWNER

The insured owns this policy unless someone else is named as owner in the application. Your rights as owner end at the insured's death.

If the insured is under age 18 on the policy date, the applicant owns this policy. Ownership will automatically pass to the insured on his or her 21st birthday, unless the applicant has asked that the ownership period be extended.

CHANGING THE OWNER

You may change the owner if:

- you request the change in writing; *and*
- we approve the change at our Home Office.

SURRENDER OPTIONS

The surrender options under this policy are:

- **Cash:** You can take the surrender value in cash. We have the right to delay paying a cash surrender for up to 6 months. The policy terminates on the date you take all of the policy's cash surrender value.
- **Continuation of Insurance:** We will use the cash value, less any policy loan and unpaid loan interest, at the time of surrender to continue the insurance amount until all of the remaining cash value has been used to purchase monthly insurance protection.

PARTIAL SURRENDER

You may receive a portion of the cash surrender value at any time, provided that the partial surrender is not less than \$500, and the cash value less any policy loan and unpaid loan interest remaining after the partial surrender is at least \$500. This is done by giving us written request. If the policy's cash value is included in the specified insurance amount when you receive a partial surrender, the specified insurance amount is reduced by the amount taken and any applicable surrender charge.

OWNERSHIP

ASSIGNMENT

You may assign this contract. We are not bound by an assignment unless it is received in written form at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment will not change the owner. The rights of a beneficiary come after those of an assignee unless the beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment. Your rights to the proceeds are subject to those of any collateral assignee.

GENERAL PROVISIONS

THE CONTRACT

The entire contract, which is a legal contract, consists of this policy, any attached riders or endorsements, the attached application, and any application required for death benefit increases or for reinstatement.

We assume that any statements made in the application are representations and not warranties. No statement, unless made by the insured in the written application attached to the policy when issued, will be used to defend against a claim.

This policy may not be changed unless our President, Vice President, or Secretary agree, and it must be in writing.

INCONTESTABILITY

The entire contract between the parties is incontestable after it has been in force during the lifetime of the insured for two years from the policy date, except for nonpayment of premiums.

For any increase in insurance or benefits provided by rider, the two year period shall be measured from the effective date of such additional insurance amounts. The limitation does not apply to any provision or rider that provides benefits for disability or death by accident.

In absence of fraud, all statements made by the insured are representations and not warranties, and no statement voids the policy unless it is contained in a written

application and a copy of the application is endorsed upon or attached to the policy when issued or delivered.

AGE AND GENDER

If either the insured's age or gender has not been correctly stated, we will adjust the amount of death benefit. This adjustment will be based on the amount which the most recent monthly cost of insurance premium would have purchased at the correct age and gender.

NO DIVIDENDS

This policy is not eligible to participate in our surplus and, therefore, does not receive dividends.

ANNUAL REPORT

We will send you a report within 90 days after the end of each policy year showing your current death benefit, cash value at the beginning and end of the report period, net cash surrender value, premiums paid, interest credited, monthly premiums subtracted, partial surrenders, policy loan activity, and service charges since our prior report.

PROPOSALS

At any time you may obtain a proposal illustration showing future projected contract values. A reasonable fee may be charged for the illustration. Just contact us or your agent for details.



Auto-Owners Insurance

Life Home Car Business

The No Problem People®

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT PAYABLE ON DEATH OF THE INSURED
FLEXIBLE PREMIUMS PAYABLE AS SHOWN ON PAGE 3
NON-PARTICIPATING**

61491 (1-08)

DISABILITY PREMIUM WAIVER RIDER

BENEFIT

While the insured is totally and permanently disabled, we will not deduct monthly premiums for the disabled insured from the cash value on their due dates. Before we can start waiving the deduction of the monthly premiums, the total and permanent disability must have lasted for at least 6 straight months and the insured must be age 15 or older and less than age 65. (For purposes of this provision, "age" means age at last birthday on the policy anniversary).

As the deduction of each monthly premium is waived, the insurance amount will continue in force until the next monthly premium due date. The policy service charge referenced on page 3 of the policy will continue to be deducted monthly from the cash value. If we stop waiving the deduction of monthly premiums, we will again start deducting them from the cash value to keep this policy in force.

Monthly premiums will be deducted from the cash value until we approve your written claim for waiver of premiums. Any premiums deducted after total and permanent disability begins will be refunded after your claim is approved. Monthly premiums due before total and permanent disability began will not be waived or refunded.

We will start deducting monthly premiums from the cash value again if:

- a physical examination shows that the insured is no longer totally and permanently disabled; *or*
- you do not provide the required proof of the insured's continuous total and permanent disability.

TOTAL AND PERMANENT DISABILITY

Total and permanent disability is a disability of the insured:

- which results from bodily injury or disease first manifested while this policy is in force; *and*
- which begins before age 65.

If the above conditions are satisfied, then total and permanent disability is assumed if:

- the disability prevents the insured from engaging in his or her customary occupation or any other occupation for which the insured becomes qualified by reason of education, training or experience; *or*
- the insured loses the use of:
 - both feet; *or*
 - both hands; *or*
 - one foot and one hand; *or*
 - the sight of both eyes.

NOTICE AND PROOF OF DISABILITY

Written notice of claim and proof of total and permanent disability must be given to us at our Home Office:

- while the insured is alive; *and*
- while the insured is totally and permanently disabled.

If this notice and proof is not given, we will not reduce or deny a claim if:

- it was not reasonably possible for you to give notice and proof; *and*
- you gave us notice and proof as soon as you reasonably could.

A monthly premium not paid within its grace period will be waived only if:

- we receive notice and proof of disability within 1 year after the monthly premium due date; *and*
- disability began before the premium was due or within its grace period.

PROOF OF CONTINUED TOTAL AND PERMANENT DISABILITY

Proof that the insured continues to be totally and permanently disabled may be required once a year. As part of any proof, we may require the insured, at our expense, to have an examination by a physician we choose. If you do not give proof or if the insured engages in his or her customary occupation or any other occupation for which he or she becomes qualified by reason of education, training or experience, no further premiums will be waived.

EXCLUSIONS

We will not waive premiums if disability results from:

- intentional self-injury; *or*
- any act of war, declared or undeclared, or any act related to war; *or*
- military service for any country at war.

CONTESTABILITY

We reserve the right to contest liability for any claim under this provision at any time and for any cause.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.



Secretary



President

TERMINATION OF THIS RIDER

This rider will terminate:

- when this policy terminates; *or*
- on any monthly policy date when you provide us with a written cancellation request; *or*
- when the insured reaches age 65.

GENERAL

This rider is part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect any policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

ACCIDENTAL DEATH BENEFIT RIDER

BENEFIT

If the insured or any secondary insured covered under this rider dies due to an accident, we will pay the accidental death benefit shown on page 3 of the policy to the beneficiary. The death must occur:

- within 90 days after the accident; *and*
- while the policy and this rider are in force; *and*
- before the insured is age 70. (For purposes of this rider, "age" means age at last birthday on the policy anniversary.)

We must have proof that the insured's death was accidental as defined below. We will make payment after receiving this proof and your written claim notice. We will pay this benefit as part of the total death proceeds of the policy.

ACCIDENTAL DEATH

Accidental death means death which:

- results directly from accidental bodily injury; *and*
- is independent of all other causes of death.

We have the right to study the body and ask for an autopsy at our expense unless the law forbids it.

DEATH NOT COVERED

This benefit does not cover death due in any way to:

- suicide; *or*
- intentional self-injury; *or*
- sickness of the body or mind; *or*
- infection or disease except pyogenic infections which occur through an accidental cut or wound and except accidental ingestion of a poisonous food substance; *or*

- taking part in a felony; *or*
- asphyxiation, poison, gas, or drugs as a result of a voluntary act of the insured except drugs taken as prescribed by a duly licensed physician; *or*
- an act of war, declared or undeclared, or any act related to war; *or*
- operating, descending from or riding in any type of aircraft. This also applies to persons being flown for the purpose of descent from the aircraft while in flight. This does not apply to a passenger with no duties on board an aircraft operated:
 - commercially over scheduled routes to transport passengers for hire; *or*
 - by a private business to transport its personnel or guests.

NOTICE AND PROOF CLAIM

To pay the death benefit, we need your written notice of claim and proof of death. This notice and proof must be given to us within 90 days after the insured's death, unless it is not reasonably possible for you to do so. In that case, you must provide notice and proof as soon as possible.

PREMIUMS

The monthly rate for this rider is shown on page 4 of the policy. The monthly premium is deducted from the cash value of the policy on each monthly policy date. Premiums are deducted until the rider terminates.

TERMINATION OF THIS RIDER

This rider will terminate:

- when the policy terminates; *or*
- on any monthly policy date when you provide us with a written cancellation request; *or*
- when the insured reaches age 70.

CONTESTABILITY

We reserve the right to contest liability for any claim under this rider at any time for any cause.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.



Secretary



President

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

GENERAL

This rider is part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect any policy values. This rider is effective on the same date as the policy unless a different date is shown. All provisions of the policy also apply to this rider.

GUARANTEED PURCHASE OPTION RIDER

BENEFIT

The insured may increase the specified insurance amount on certain future dates, without proof of insurability.

Premiums for any increases in specified insurance amount will be based on the insured's age on the option date and our rates in effect at that time.

If the insured is covered by disability waiver of premium benefit, we will include it in the increased death benefit without proof of insurability. If premiums are being waived on an option date, we will also waive future premiums on the increase in specified insurance amount. Premiums will be waived as long as the insured remains disabled.

OPTION AMOUNTS

On each option date, you may increase the specified insurance amount on the insured up to the option amount shown on page 3 of the policy.

OPTION DATES

The option dates are the annual policy dates the insured reaches age 25, 28, 31, and 34. You may not use an option date after it has passed. However, you may still use any future option dates you wish.

Unless premiums are being waived under a Disability Waiver of Premium provision, you may elect to buy all future option insurance amounts all at once on any option date.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date of the policy, unless another date is shown.



Secretary



President

To increase the specified insurance amount, send us an application. We must receive your application within 60 days before the option date. The increase will be in effect as of that option date.

PREMIUMS

The premiums for this rider are shown on the Policy Data Page or Table of Monthly Guaranteed Cost of Insurance Rates per \$1000. They are due at the same time and in the same manner as the policy's premiums.

TERMINATION OF THIS RIDER

This rider will terminate:

- when the policy terminates; *or*
- on any monthly policy date when you provide us with a written cancellation request; *or*
- on the last of the option dates.

GENERAL

This rider is a part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect any policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

Spouse and Children's Term Insurance Benefit Rider

BENEFIT

This rider provides life insurance on the insured spouse and each insured child. To pay the benefit:

- the death must occur while the policy and this rider are in force; *and*
- we must receive proof of death.

INSURED SPOUSE

The insured spouse is the spouse named in the application for this rider.

INSURED CHILD

An insured child is any child who, on the application date of this rider, is an unmarried child, stepchild or legally adopted child between the ages of 15 days and 18 years of the insured and is named in the application for this rider. In addition, the following children will automatically be insured under this rider:

- any child, at least 15 days old, born to the insured and the insured's spouse after this rider is in force; *or*
- any child, between 15 days and age 18, legally adopted by the insured and the insured's spouse after this rider is in force.

For each insured child, coverage will end when he or she reaches age 25, or this rider expires, if earlier. (For purposes of this rider, "age" means age at the last birthday on the policy anniversary.)

AMOUNT OF BENEFIT

On the death of each insured child, we will pay \$1,000 for each unit of this benefit shown on page 3 of the policy.

On the death of the insured spouse, we will pay a benefit amount based on his or her age at that time.

We will use the following information to determine the benefit. The amount will be:

- the death benefit per unit shown below;
times
- the number of units shown on page 3 of the policy.

Age of Insured Spouse	Death Benefit Per Unit	Age of Insured Spouse	Death Benefit Per Unit
15-22	\$5,000	48-52	\$2,000
23-27	4,500	53-57	1,500
28-32	4,000	58-62	1,200
33-37	3,500	63-64	1,000
38-42	3,000	65 and over	0
43-47	2,500		

PAID-UP BENEFIT

If the insured or the insured spouse dies while this rider is in force, any coverage still in force will continue with no further premiums due. This paid-up benefit will have cash value equal to the present value of the rider's future benefits based on the Mortality Table referenced on page 4 of the policy.

We will provide the amount of cash value which will be paid to you upon request.

OWNER

If alive, the owner of the policy is the owner of this rider. If the owner of the policy is not alive, then each insured person is the owner of the coverage on his or her life.

BENEFICIARY

The beneficiary for the insured spouse's coverage is the insured, if living, otherwise the insured spouse's estate. The beneficiary for any insured child's coverage is the insured, if living. If the insured is not alive, the beneficiary will be the insured spouse, if living, otherwise the insured child's estate.

CONVERSION

- **Spouse's Insurance.** On the expiry date, you may exchange this rider's coverage on the insured spouse for any plan of nonparticipating life insurance we issue to the insured spouse's age and premium class at the time of conversion. No proof of insurability will be required. The new policy may be for any amount up to this rider's benefit amount for the insured spouse on the day prior to the expiry date. The exchange will be subject to the conditions explained below.
- **Children's Insurance.** For each insured child, you may exchange this rider's coverage for any plan of nonparticipating life insurance we issue to the insured child's age and premium class at the time of conversion:
 - when the child reaches age 25; *or*
 - on the expiry date, if earlier.

No proof of insurability will be required. The new policy may be for any amount up to 5 times this rider's benefit amount for the insured child. The exchange will be subject to the conditions explained below.

Conditions

To convert the rider, send your written request for conversion to our Home Office within 31 days before the expiry date. Before the conversion can be effective, we must receive your notice at our Home Office and you must surrender the policy to us.

The conversion is subject to these conditions:

1. On the conversion date:
 - this rider must be in force; *and*
 - no premium may be overdue more than 31 days.
2. The new policy date will be the conversion date.
3. The issue age of the new policy will be the attained age of the insured spouse or insured child on the conversion date.

4. The new policy will be issued on the same premium class as this rider. We will base premiums for the new policy on the insured's age and gender and our premium rates in effect on the conversion date.
5. Disability Premium Waiver and Accidental Death Benefit riders will be included in the new policy if:
 - proof of insurability satisfactory to us is provided; *and*
 - we receive the premium for the rider(s).

WAIVING PREMIUMS IN CASE OF DISABILITY

Premiums will be waived on this rider if:

- a Disability Premium Waiver benefit is included in this policy; *and*
- the insured is disabled under the terms of that rider.

PREMIUMS

The premiums for this rider are shown on page 3 of the policy. Premiums are payable until the rider terminates.

EXPIRY DATE

This rider will expire:

- when the insured named in the policy reaches age 65; *or*
- at the end of the premium paying period of the policy, if earlier.

TERMINATION OF THIS RIDER

This rider will terminate:

- when the policy lapses; *or*
- on any monthly policy date when you provide us with a written cancellation request; *or*
- on its expiry date.

SUICIDE

If the insured dies by suicide within 2 years after the date of this rider, then the rider's benefit will be limited to returning the premiums paid for this rider.

INCONTESTABILITY

Except for nonpayment of premium when due, we will never deny a claim on this rider after it has been in force for 2 years from the date of the rider. During the first 2 years, we may deny a claim if:

- an answer in the application was not true or complete to the best of the insured's ability and knowledge; *and*
- if we had known the truth we would not have issued the rider.

GENERAL

This rider is part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect any other policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.



Secretary



President

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER

BENEFIT

This rider provides life insurance on each insured child. To pay the benefit:

- the death must occur while the policy and this rider are in force; *and*
- we must receive proof of death.

INSURED CHILD

An insured child is any child who, on the application date of this rider, is an unmarried child, stepchild or legally adopted child between the ages of 15 days and 18 years of the insured and is named in the application for this rider. In addition, the following children will automatically be insured under this rider:

- any child, at least 15 days old, born to the insured after this rider is in force; *or*
- any child, between 15 days and age 18, legally adopted by the insured after this rider is in force.

For each insured child, coverage will end when he or she reaches age 25, or when the rider expires, if earlier. (For purposes of this rider, "age" means age at the last birthday on the policy anniversary.)

AMOUNT OF BENEFIT

On the death of an insured child, we will pay \$1,000 for each unit of this benefit shown on page 3 of the policy.

PAID-UP BENEFIT

If the insured dies while this rider is in force, coverage will continue with no further premiums due. This paid-up benefit will have cash value equal to the present value of the rider's future benefits based on the Mortality Table referenced on page 4 of the policy.

We will provide the amount of cash value which will be paid to you upon request.

OWNER

If alive, the owner of the policy is the owner of this rider. If the owner of the policy is not alive, then each insured child is the owner of the coverage on his or her life.

BENEFICIARY

The beneficiary of this rider will be the owner, if living. Otherwise, the insured child's estate will be the beneficiary.

CONVERSION

For each insured child, you may exchange this rider's coverage for any plan of nonparticipating life insurance we issue to the insured child's age and premium class at the time of conversion:

- while the insured child is between ages 18 and 25; *or*
- on the expiry date if earlier.

No proof of insurability will be required. The new policy may be for any amount up to 5 times this rider's benefit amount. The conversion will be subject to the conditions explained below.

Conditions

To convert the rider, send your written request for conversion to our Home Office within 31 days before the expiry date. Before the conversion can be effective, we must receive your notice at our Home Office and you must surrender the policy to us.

The conversion is subject to these conditions:

1. On the conversion date:
 - this rider must be in force; *and*
 - no premium may be overdue more than 31 days.
2. The new policy date will be the conversion date.
3. The new policy will be issued on the same premium class as this rider. We will base premiums for the new policy on the insured's age and gender and on our premium rates in effect on the conversion date.

4. The issue age of the new policy will be the attained age of the insured child on the conversion date.
5. Disability Premium Waiver and Accidental Death Benefit riders will be included in the new policy if:
 - proof of insurability satisfactory to us is provided; *and*
 - we receive the premium for the rider(s).

WAIVING PREMIUMS IN CASE OF DISABILITY

Premiums will be waived on this rider if:

- a Disability Premium Waiver rider is included in this policy; *and*
- the insured is disabled under the terms of that rider.

PREMIUMS

The premiums for this rider are shown on page 3 of the policy. Premiums are payable until the rider terminates.

EXPIRY DATE

This rider will expire:

- when the insured named in the policy reaches age 65; *or*
- at the end of the premium paying period of the policy, if earlier.

TERMINATION OF THIS RIDER

This rider will terminate:

- when this policy lapses; *or*
- on any monthly policy date when you provide us with a written cancellation request; *or*
- on its expiry date.

SUICIDE

If the insured dies by suicide within 2 years after the date of this rider, the rider's benefit will be limited to returning the premiums paid for this rider.

INCONTESTABILITY

Except for nonpayment of premium when due, we will never deny a claim on this rider after it has been in force for 2 years from the date of the rider. During the first 2 years, we may deny a claim if:

- an answer in the application was not true or complete to the best of the insured's ability and knowledge; *and*
- if we had known the truth we would not have issued the rider.

GENERAL

This rider is a part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect any other policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.


Secretary


President

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

PREMIUM WAIVER FOR DEATH OR DISABILITY OF PAYOR

BENEFIT

We will waive the deduction of monthly insurance premiums on their due dates for an insured under age 25 if the payor named on page 3 of the policy dies or is totally and permanently disabled while the policy and this rider are in force. For the purpose of this benefit, when reference is made to the insured it also includes all secondary insureds under age 25 covered under this benefit. Premium deductions will be waived to the insured's age 25.

Monthly insurance premium deductions will be waived when death occurs or total and permanent disability begins. The policy service charge referenced on page 3 of the policy will continue to be deducted monthly from the cash value. If we stop waiving the deduction of monthly premiums, we will again start deducting them from the cash value to keep this policy in force.

Monthly premiums will be deducted from the cash value until we approve your written claim for waiver of premiums. Any premiums deducted after death occurs or total and permanent disability begins will be refunded after your claim is approved. Monthly premiums due before total and permanent disability began will not be waived or refunded.

We will start deducting monthly premiums from the cash value again if:

- a physical examination shows that the payor is no longer totally and permanently disabled; *or*
- you do not provide the required proof of the payor's continuous total and permanent disability; *or*
- the insured reaches age 25.

PREMIUMS WAIVED

Premiums waived under the terms of this rider include:

- premiums for the policy; *and*
- premiums for all riders attached to the policy.

DEATH

We will waive premiums if the payor dies before the insured is age 25.

Notice and Proof of Death - To waive premiums, we must receive your written notice of claim and satisfactory proof of death, such as a death certificate.

DISABILITY

We will waive premiums while the payor is totally and permanently disabled as defined below. Before we can start waiving premiums, the total disability must have lasted for at least 6 continuous months.

Total and Permanent Disability - This is a disability of the payor:

- which results from bodily injury originated or disease first manifested while the policy and this rider are in force; *and*
- which begins before the payor's age 60

If the above conditions are satisfied, then total and permanent disability is assumed if:

- the disability prevents the payor from performing his or her customary occupation or any occupation he or she becomes qualified to perform by education, training, or experience; *or*
- the payor loses the use of:
 - both feet; *or*
 - both hands; *or*
 - one foot and one hand; *or*
 - the sight of both eyes.

Notice and Proof of Disability - Written notice of a claim and proof of disability must be given to us at our Home Office:

- while the payor is alive; *and*
- while the payor is totally and permanently disabled.

If this notice and proof is not given, we will not reduce or deny a claim if:

- it was not reasonably possible for you to give notice and proof; *and*
- you gave us notice and proof as soon as you reasonably could.

A premium not paid within its grace period will be waived only if:

- we receive notice and proof of disability within 1 year after the premium due date; *and*
- disability began before the premium was due or within its grace period.

Proof of Continued Total and Permanent Disability -

Proof that the payor continues to be totally and permanently disabled will be required at reasonable intervals. If you do not give proof, no further premiums will be waived. After premiums have been waived for 2 full years, we will not require proof more than once a year. As part of any proof, we may require the payor, at our expense, to have an examination by a physician we choose.

EXCLUSIONS

We will not waive premiums if death results from:

- intentional self-injury; *or*
- any act of war, declared or undeclared, or any act related to war; *or*
- military service for any country at war.

PREMIUMS

The premium for this rider shown on page 4 of the policy is deducted from the cash value of the policy on each monthly policy date. Monthly premiums are deducted until the rider terminates.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.



Secretary



President

SUICIDE

If the payor dies by suicide within 2 years after the date of this rider, the rider's benefit will be limited to returning the premiums paid for this rider.

TERMINATION OF THIS RIDER

This rider will terminate:

- when the policy terminates; *or*
- on any monthly policy date when you provide us with a written cancellation request; *or*
- when the insured reaches age 25.

INCONTESTABILITY

Except for nonpayment of premium when due, we will never deny a claim on this rider after it has been in force for 2 years. During the first 2 years, we may deny a claim if:

- an answer in the application was not true or complete to the best of the insured's ability and knowledge; *and*
- if we had known the truth we would not have issued the rider.

GENERAL

This rider is part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect surrender, loan or policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

COST OF LIVING INCREASE RIDER

BENEFIT

On each annual policy date the amount of death benefit will automatically be increased by 8% of the amount in effect on the day prior to that date, subject to the provisions of this rider. You may cancel this rider at any time by writing and asking us to cancel it. Once this rider is cancelled, it cannot be reinstated.

This rider applies to the death benefit of the insured and any secondary insureds under the policy. It does not apply to any accidental death benefit provided by rider.

If premiums are being waived under a disability waiver of premium provision of the policy, the premium for any cost of living increase in death benefit will be waived as long as the disability continues.

TERMINATION OF THIS RIDER

This rider will terminate:

- when the policy terminates; *or*

- on any monthly policy date when you provide us with a written cancellation request; *or*
- when the insured reaches age 55.

CONTESTABILITY

We reserve the right to contest liability for any claim under this rider at any time and for any cause.

GENERAL

This rider is part of the policy to which it is attached. We issue it in return for your application. You do not have to pay an extra premium for this rider.

This rider does not affect any policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date of the policy, unless another date is shown.



Secretary



President

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

DISABILITY INCOME BENEFIT RIDER

BENEFIT

While the insured is totally disabled, we will pay the insured the monthly income shown on page 3 of this policy. Payments will:

- start on the 61st day of disability; *and*
- end on the first to occur of:
 - the date the insured recovers from total disability; or
 - the death of the insured; or
 - the expiry date shown on page 3 of this policy for this benefit.

However, monthly payments will continue beyond this rider's expiry date until at least 12 have been made.

TOTAL DISABILITY

Total disability is a disability of the insured:

- which results from bodily injury or disease first manifested while the policy and this rider are in force; *and*
- which begins before age 65.

If the above conditions are satisfied, then total disability is assumed if:

- the disability prevents the insured from engaging in his or her own occupation for the first 12 months of continuous disability. After that time, total disability means the inability to engage in any occupation for which the insured is reasonably fitted by education, training or experience.

or

- the insured loses the use of:
 - both feet; *or*
 - both hands; *or*
 - one foot and one hand; *or*
 - the sight of both eyes.

NOTICE AND PROOF OF DISABILITY

Written notice of claim and proof of disability must be given to us at our Home Office within 90 days after the insured becomes totally disabled, or as soon after that as reasonably possible.

If this notice and proof is not given, we will not reduce or deny a claim if:

- it is not reasonably possible for you to give notice and proof; *and*
- you gave us notice and proof as soon as you reasonably could.

PROOF OF CONTINUED TOTAL DISABILITY

Proof that the insured continues to be totally disabled may be required once a year. As part of any proof, we may require the insured, at our expense, to have an examination by a physician we choose. If you do not give proof or if the insured engages in his or her customary occupation or any other occupation for which he or she becomes qualified by reason of education, training or experience, no further monthly payments will be made.

WAIVING PREMIUMS IN CASE OF DISABILITY

Premiums will be waived on this rider if:

- a Disability Waiver of Premium rider is attached to this policy; *and*
- this insured is disabled under the terms of that rider.

EXCLUSIONS

We will not pay a benefit from this rider if disability results from:

- intentional self-injury; *or*
- any act of war, declared or undeclared, or any act related to war; *or*
- military service for any country at war.

PREMIUMS

The premiums for this rider are shown on page 4 of this policy.

CONTESTABILITY

We reserve the right to contest liability for any claim under this provision at any time and for any cause.

TERMINATION OF RIDER

This rider will terminate:

- when the policy terminates; *or*

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.



Secretary



President

- on any monthly policy date when you provide us with a written cancellation request; *or*
- when the insured reaches age 65; *or*
- on the expiry date shown on page 3 of this policy.

GENERAL

This rider is a part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect any other policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

SECONDARY INSURED BENEFIT RIDER

BENEFIT

This rider provides life insurance on each secondary insured named on page 3 of the policy. To pay the benefit:

- death must occur while the policy and this rider are in force; *and*
- we must receive proof of death.

AMOUNT OF BENEFIT

On the death of a secondary insured, we will pay the death benefit in effect at the date of death.

Additional benefits provided for by a rider attached to the policy are also extended to secondary insureds.

NOTICE AND PROOF OF CLAIM

To pay the death benefit, we need your written notice of claim and proof of death. This notice and proof must be given to us within 90 days after the secondary insured's death, unless it is not reasonably possible for you to do so. In that case, you must provide notice and proof as soon as possible.

OWNER

If alive, the owner of the policy is the owner of this rider. If the owner of the policy is not alive, then each secondary insured is the owner of the coverage on his or her life, unless other arrangements have been made.

BENEFICIARY

The beneficiary of this rider is named in the attached application unless later changed.

TRANSFER OR EXCHANGE PROVISION

Before this rider terminates after the primary insured's death, you can transfer this rider to or exchange it for a policy providing the same benefit provisions as the policy

to which this rider is attached. No proof of insurability is needed unless the amount of death benefit is increased. Regular policy and rider minimums apply to transfers and exchanges.

PREMIUMS

The monthly premium for this rider shown on page 4 of the policy is deducted from the cash value of the policy on each monthly policy date. Premiums are deducted until the rider terminates.

TERMINATION OF THIS RIDER

This rider will terminate:

- when the policy terminates; *or*
- on any monthly policy date when you provide us with a written cancellation request.

INCONTESTABILITY

Except if this rider is terminated, we will never deny a claim unless:

- the death occurs within two years of the rider date; *and*
- an answer in the application was not true or complete; *and*
- if we had known the truth we would not have issued the rider.

For any increase in insurance or benefits, the two year period shall be measured from the effective date of such additional insurance amounts.

This limitation does not apply to any provision that provides benefits for disability or death by accident.

GENERAL

This rider is a part of the policy to which it is attached.
We issue it in return for the attached application.

This rider does not affect surrender, loan, or policy values. This rider is effective on the same date as the policy unless a different date is shown. All provisions of the policy also apply to this rider.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.



Secretary



President

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

Life and/or Disability Application to the *Auto-Owners Life Insurance Company*

A. ALL APPLICATIONS

Proposed Insured (print full name)		Height	Weight
Social Security No.	Birthdate	Gender	
Drivers License No.	Telephone No. ()		
Place of Birth (State/Country)	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide valid resident card		
Home Street Address			
Former Address (If moved last 3 years)			
Employer's Name and Address		Type of Business	
Change in Employment Contemplated? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation (briefly describe job duties)		How Long? (yrs / mths) /	
Annual Income	Net Worth		
Beneficiary (print full name and relationship)			
a. Primary:			
b. Contingent:			

B. ADDITIONAL ADULT INSURED

<input type="checkbox"/> Secondary (print full name)	<input type="checkbox"/> Payor	<input type="checkbox"/> Adult under Spouse and Children's Term Ins.	Height	Weight
Social Security No.	Birthdate	Gender		
Drivers License No.	Telephone No. ()			
Place of Birth (State/Country)	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide valid resident card			
Home Street Address				
Former Address (If moved last 3 years)				
Employer's Name and Address			Type of Business	
Change in Employment Contemplated? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Occupation (briefly describe job duties)			How Long? (yrs / mths) /	
Annual Income	Net Worth			
Beneficiary (print full name and relationship)				
a. Primary:				
b. Contingent:				

C. LIFE

Complete when **CHILDREN** are proposed for Secondary or Children's or Spouse and Children's Term Coverage

Print Child's Name	Social Security No.	Birthdate	Gender	Amount	Height		Weight	Relationship to Applicant
					Ft.	In.		

D. LIFE

Name of Plan _____ Item Number _____
 Amount \$ _____ (Primary) \$ _____ (Secondary)
 Decreasing Term Period _____ Years

Additional Benefits/Riders:

Premier Preferred Standard Smoker
 Disability Premium Waiver (WL, UL, Level & Decreasing Term)
 Accidental Death Benefit (WL, UL, Level & Decreasing Term) . . \$ _____ amount
 Spouse and Children's Term Ins. (WL, UL, Level & Decreasing Term) _____ units
 Children's Term Life Insurance (WL, UL, Level & Decreasing Term) _____ units
 Guaranteed Purchase Option (WL, UL) \$ _____ amount
 Guaranteed Renewability Benefit (10, 20 Year Level Term)
 Premium Waiver for Death or Disability of Payor (WL, UL)
 Cost of Living Increase (UL)
 Automatic Premium Loan (WL)
 Disability Income Benefit Rider - complete below (WL, UL, Level & Decreasing Term)
 Benefit Amount \$ _____ Waiting Period is 60 Days Occupational Class _____
 Benefit Period _____ Years Annual Net Income if Self Employed \$ _____
 Other Income \$ _____ (explain) _____

Beneficiary (print full name and relationship)

- a. Primary:
b. Contingent:

E. DISABILITY

Complete for Disability Income Policy

Benefit Period _____ Years Waiting Period _____ Days
 Occupational Class _____ Benefit Amount \$ _____
 Annual Net Income if Self Employed \$ _____
 Other Income \$ _____ (explain) _____

Additional Benefits:

Accidental Death and Dismemberment \$ _____
 First Day Disability Income While Hospital Confined

Continuation of Application

F. LIFE AND DISABILITY

Please answer the following questions for each person proposed
Give details to yes answers for questions F1-4 in G6

	Proposed Insured		Additional Adult Insured		Children	
	Yes	No	Yes	No	Yes	No
DO NOT COLLECT MONEY AND ISSUE BINDING RECEIPT WHEN ANY ANSWERS TO QUESTIONS 1-4 ARE YES OR BLANK						
1. Do you have or during the past 10 years have you been diagnosed or treated by any physician or other practitioner for:						
a. Heart disease or disorder, angina, stroke or cancer?	<input type="checkbox"/>					
b. Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>					
2. Are you currently unemployed, retired, laid off, or collecting Disability? (if yes, provide details)	<input type="checkbox"/>					
3. During the past 5 years have you been absent from work due to accident or sickness for more than 10 days at a time?	<input type="checkbox"/>					
4. During the past 90 days have you been admitted to or been advised to be admitted to a hospital or medical facility by any physician or other practitioner?	<input type="checkbox"/>					
5. Do you have any existing life or annuity policies?	<input type="checkbox"/>					
If yes, is the policy applied for replacing or likely to replace any existing plan?	<input type="checkbox"/>					
If yes, provide company name and policy number(s) below.						

6. Life or Disability Income Insurance in force? (include salary continuation from employer, union, group DI, or State sick pay plan)

If none, so state _____

Insured's Name	Company	Date	Life Amount	Acc. Death	Disability Income	Benefit Years	Waiting Period

G. LIFE AND DISABILITY

Completion of G1-5 is optional for persons who will be medically examined

	Yes	No	Yes	No	Yes	No
1. Are you currently taking medication, receiving treatment, or under consultation for any disease, ailment or condition?	<input type="checkbox"/>					
2. Do you have or during the past 10 years have you been treated for:						
a. Disease or disorder of the eyes, ears, nose, throat or mouth?	<input type="checkbox"/>					
b. Chest pain, high blood pressure, circulatory system disorder, vascular disease or rheumatic fever?	<input type="checkbox"/>					
c. Diabetes, gout, Lupus or thyroid disorder?	<input type="checkbox"/>					
d. Epilepsy, seizure, headaches, dizziness, paralysis, multiple sclerosis, Alzheimer's, brain or nervous system disorder?	<input type="checkbox"/>					
e. Asthma, sleep apnea, emphysema, chronic obstructive pulmonary disease (COPD), or other lung disorder?	<input type="checkbox"/>					
f. Disease or disorder of the kidneys, bladder, genital organs or any part of the urinary tract?	<input type="checkbox"/>					
g. Disease or disorder of the stomach, gall bladder, liver, intestines, rectum, or for Crohns or ulcerative colitis?	<input type="checkbox"/>					
h. Arthritis, back trouble, or any disorder of the spine, muscles, joints or bones?	<input type="checkbox"/>					
i. Depression, stress, anxiety, nervousness, fatigue, or other mental or emotional disorder?	<input type="checkbox"/>					
j. Cancer, tumor, cyst, growth, or disease or disorder of the skin or lymph nodes?	<input type="checkbox"/>					
k. Complications from pregnancy or are you currently pregnant?	<input type="checkbox"/>					
l. Any other disease, disorder or physical illness?	<input type="checkbox"/>					
3. Have you had any other illness, operation or condition not shown above which in the past 10 years:						
a. Caused you to consult any physician or other practitioner (including all specialists such as a cardiologist, psychologist, chiropractor, etc.)	<input type="checkbox"/>					
b. Confined you to a hospital, sanitarium or clinic?	<input type="checkbox"/>					
c. Required an x-ray, electrocardiogram, stress test, medical test, laboratory test or study?	<input type="checkbox"/>					
d. Been advised by any physician or other practitioner to have any additional diagnostic testing, hospitalization, or surgery which was not completed?	<input type="checkbox"/>					

Continuation of Application

G. LIFE AND DISABILITY

4. During the past 10 years have you:	Yes	No	Yes	No	Yes	No
a. Used cocaine, heroin, LSD, marijuana, PCP or any other hallucinogenic or narcotic drug?	<input type="checkbox"/>					
b. Received treatment for alcohol or drug abuse or addiction or been advised by any physician or other practitioner to limit the use?	<input type="checkbox"/>					
c. Do you currently or regularly use or abuse illegal drugs?	<input type="checkbox"/>					
5. Is there any family history of Alzheimer's, diabetes, cancer, heart, Huntington's, kidney or other hereditary diseases? ... (if yes, list age at diagnosis of father, mother, brothers, sisters)	<input type="checkbox"/>					

6. **DETAILS to yes answers** for questions F1-4 and G1-5

Ques. No.	Name	Condition	Date	Medication (name & dose)	Surgery (type & date)	Results	Attending Physician and/or Hospital Name Address

7. For each proposed insured please provide:

	Individual Insured	Additional Insured	Children
Name and Address of Personal Physician			
Date and reason last seen			
Medications			

H. LIFE AND DISABILITY

Please answer the following questions for each person proposed

1. During the past 5 years, have you:	Yes	No	Yes	No	Yes	No
a. Been refused, rejected, rated or postponed for Life and/or Disability Insurance?	<input type="checkbox"/>					
b. Been a member of any armed forces or military or have plans to?	<input type="checkbox"/>					
c. Made or contemplated making flights as pilot, student pilot or crew member? (If yes, complete Section J, page 5)	<input type="checkbox"/>					
d. Participated in any hazardous avocation such as sky diving, scuba diving, hang gliding, any type of organized motor vehicle racing, mountain or rock climbing, or rodeo?	<input type="checkbox"/>					
e. Been convicted of driving while impaired or intoxicated, reckless driving, or 3 or more speeding violations? ...	<input type="checkbox"/>					
f. Been convicted of or are awaiting trial for any crime other than a misdemeanor, including currently being on parole or probation? (if yes, please explain and provide date and location)	<input type="checkbox"/>					
g. Made a claim for benefits to any insurance company or to the Veterans Administration because of an illness or injury?	<input type="checkbox"/>					
h. Any plans on foreign travel, residence, or occupation outside the US or Canada? (if yes, please explain)	<input type="checkbox"/>					
2. Is any other Life and/or Disability application pending with any company?	<input type="checkbox"/>					
3. Have you used tobacco in any form within the last 24 months?	<input type="checkbox"/>					
(If yes, explain) _____						
a. Have you smoked one or more cigarettes within the last 12 months?	<input type="checkbox"/>					

DETAILS to yes answers for questions H1 - 3 (Indicate Question No. and Identify Person)

Home Office Endorsement/Special Requests:

Premium With Application \$ _____
 Bill: Ann. Semi-Ann. Qrt. Electronic Fund Transfer (EFT)
 Monthly Direct Bill (PT2/3)
 Planned Payment (PT2/3) \$ _____

I. ALL APPLICATIONS

IT IS UNDERSTOOD AND AGREED: (1) That all answers to the questions on **pages 1, 2, 3, 4 and 5 of this application** are complete and true to the best of my (our) knowledge and/or belief. (2) That all answers to such questions, together with this agreement, shall form the basis and become a part of any policy issued. (3) In consideration of the application and premium payment, insurance benefits applied for shall take effect on the date of the application subject to terms and limitations of the Binding Receipt; otherwise, benefits shall not take effect until the policy is delivered to the owner and the first premium paid during the lifetime and continued insurability, as stated in the application, of the person(s) to be insured. (4) That acceptance of any policy issued on this application will constitute a ratification of any correction in or addition to this application made by the Company and noted in the space for Home Office Endorsement, provided, however, no change shall be made as to amount, classification, plan of insurance, or benefits, unless agreed to in writing. (5) Only the President, Vice President or Secretary of the Company can make, modify, alter or discharge contracts or waive any of the Company's rights or requirements.

HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I **authorize** any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, medical facility, the Medical Information Bureau, the Veterans Administration, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose to Auto-Owners Life Insurance Company, its reinsurer(s), and insurance supporting organizations and their representatives, my entire medical record, prescription history, medications prescribed and any other protected health information concerning me. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that Auto-Owners Life Insurance Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Auto-Owners Life Insurance Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by providing written notification to Auto-Owners Life Insurance Company. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this Authorization to disclose information about me or to the extent that Auto-Owners Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this Authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by Auto-Owners Life Insurance Company except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, Auto-Owners Life Insurance Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this Authorization upon request.

I **AUTHORIZE** my employer, any consumer reporting agency, other organization, institution or person having any records or knowledge of me or my health to release any financial or personal details to Auto-Owners, its reinsurers, or insurance support organizations and their representatives. This information may be used by underwriters, Company Officers, and medical personnel to evaluate claims. They may also use it to consider Life and/or Disability insurance and/or benefits applied for by me. I understand this authorization is valid for 24 months from the date it is signed. A copy of it is also valid. I acknowledge having received a copy. I understand that I have the right to revoke this at any time. I also received a copy of NOTICE OF INFORMATION PRACTICES. I acknowledge possession of the binding receipt for Life and/or Disability Income insurance bearing the same date as this application and certify that I have read it, and its terms, conditions and limitations, to which I agree, have been explained to me fully.

I wish to have an interview if an investigative consumer report is made for this application.

THE AGENT AND I CERTIFY that I have read, or the agent has read to me, the completed application. I realize that any false statement or misrepresentation in my application may result in loss of coverage under the policy (subject to the incontestability provision, time limit on certain defenses, and legal proceedings).

Signed at _____ this _____ day of _____, _____

(Signature of Proposed Insured)

I certify information supplied by the applicant has been accurately recorded on the application.

(Signature of Additional Adult Insured Over Age 15)

(Agent's Signature)

(Signature of Owner/Applicant — If Other Than Proposed Insured)

(Social Security Number / FEIN)

(Agent's Name — Please Print)

(Agency & Producer Codes)

(Policy Owner Name, Address, and Relationship — Please Print)

Continuation of Application

J. LIFE AND DISABILITY

AVIATION SUPPLEMENT (complete only if Section H1c page 3 is answered yes)

FLIGHTS AS: PILOT CREW MEMBER

NAME:

Non-Scheduled - Commercial

Private - Personal - Business

Student

Crop Dusting, Fire Fighting, Aerobatics

Testing or Experimental

Military (Type _____ Service _____)

Helicopter, Pipeline or Powerline Insp.

Charter, Taxi, Bush

Glider, Balloon, Ultralight

Remarks:

	HOURS FLOWN		
	PAST 12 MOS.	1 - 2 YRS. AGO	NEXT 12 MOS.
Non-Scheduled - Commercial			
Private - Personal - Business			
Student			
Crop Dusting, Fire Fighting, Aerobatics			
Testing or Experimental			
Military (Type _____ Service _____)			
Helicopter, Pipeline or Powerline Insp.			
Charter, Taxi, Bush			
Glider, Balloon, Ultralight			

1. Type of certificate(s) held?
 - Private Student ATR IFR
 - COMM'L Instructor Other
2. Total number of pilot hours? _____
3. Have you had any flying accidents? _____
(explain) _____
4. Ever been grounded or had license revoked? _____
(explain) _____
5. Are you a member of, or do you contemplate joining a military air force or reserve? _____
(explain) _____
6. **Coverage desired (check one)**
 - Aviation Restriction Rider**
 - Full Aviation Coverage**
7. Indicate type of aircraft flown _____

K. AGENT'S REPORT FOR LIFE AND DISABILITY

1. If rules require, did you arrange? Yes No
 Exam EKG TVC Blood Profile Specimen
 Examiner Name _____

2. How long and how well have you known the Proposed Insured?
(If related, explain) _____

3. Did you see the Proposed Insured? Yes No
 If no, please explain _____

(Age 18 and older-an Auto-Owners representative is required to see the Proposed Insured when applying for coverage. If you cannot meet with the Proposed Insured to verify the identity and review the answers for accuracy, please arrange to have a paramedic examination performed instead.)

4. What is estimated annual income \$ _____ and net worth \$ _____ of the Proposed Insured?
 What is estimated annual income \$ _____ and net worth \$ _____ of the Additional Insured?
 What is the purpose of this insurance? _____

5. To the best of your knowledge, does the applicant have any existing life or annuity policies? Yes No
 Will the insurance applied for replace any existing insurance? Yes No
 Is this a 1035 exchange? Yes No

6. IF APPLICATION IS FOR BUSINESS INSURANCE:
 - a. Purpose of this insurance
 - Keyman Fund a Buy-Sell Agreement Split Dollar
 - Stock Redemption Deferred Compensation Other
 - b. Is firm
 - Sole Proprietorship Partnership Corporation
 - c. If Partnership, give names of partners _____

- d. If Corporation, percentage of stock owned by Proposed Insured _____
- e. Net worth of Business \$ _____
- f. Amount of insurance in force or contemplated on other members of firm \$ _____

7. a. Is the Proposed Insured a dependent? Yes No
 If so, how much insurance do the parents carry? _____

- b. If the applicant is other than the parents, give name, occupation and amount of insurance in force _____

- c. Are brothers and sisters insured for a like amount?
 Yes No (If no, please explain) _____

- d. If the Proposed Insured is married, how much insurance does the spouse carry? \$ _____

8. I have removed and presented the NOTICE OF INSURANCE INFORMATION PRACTICES to Applicant/Insured Yes No

9. Does Proposed Insured(s) have other Auto-Owners Insurance in force?
 Yes No (If yes, please list) _____

10. Proposed Insured's phone # (_____) _____
 Best time to call _____
 Proposed Insured's email _____

11. OTHER INFORMATION:



Auto-Owners Life Insurance Company

Proposed Insured (print full name) _____

IT IS UNDERSTOOD AND AGREED: (1) That all answers to the questions on **this application** which shall include any related addendum (“application”) are complete and true to the best of my knowledge and/or belief. (2) That all answers to such questions, together with this agreement, shall form the basis and become a part of any policy issued. (3) In consideration of the application and premium payment, insurance benefits applied for shall take effect on the date of the application subject to terms and limitations of the Binding Receipt; otherwise, benefits shall not take effect until the policy is delivered to the owner and the first premium paid during the lifetime and continued insurability as stated in the application, of the person to be insured. (4) That acceptance of any policy issued on this application will constitute a ratification of any correction in or addition to this application made by the Company and noted in the space for Home Office Endorsement, provided, however, no change shall be made as to amount, classification, plan of insurance, or benefits, unless agreed to in writing. (5) Only the President, Vice President, or Secretary of the Company can make, modify, alter or discharge contracts or waive any of the Company’s rights or requirements. (6) That the Company may obtain answers to the questions on the *APP-CELERATOR*® Addendum by using a designated third party and that the truthfulness of such answers may be acknowledged verbally by voice signature or any other lawful means.

HIPAA COMPLIANT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I **authorize** any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, medical facility, the Medical Information Bureau, the Veterans Administration, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years (“My Providers”) to disclose to Auto-Owners Life Insurance Company, its reinsurer(s), and insurance supporting organizations and their representatives, my entire medical record, prescription history, medications prescribed and any other protected health information concerning me. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that Auto-Owners Life Insurance Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Auto-Owners Life Insurance Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by providing written notification to Auto-Owners Life Insurance Company. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this Authorization to disclose information about me or to the extent that Auto-Owners Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by Auto-Owners Life Insurance Company except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, Auto-Owners Life Insurance Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this Authorization upon request.

I **AUTHORIZE** my employer, any consumer reporting agency, other organization, institution or person having any records or knowledge of me or my health to release any financial or personal details to Auto-Owners or its reinsurers. This information may be used by underwriters, Company Officers, and medical personnel to evaluate claims. They may also use it to consider Life and/or Disability insurance and/or benefits applied for by me. I understand this authorization is valid for 24 months from the date it is signed. A copy of it is also valid. I acknowledge having received a copy. I understand that I have the right to revoke this at any time. I also received a copy of NOTICE OF INFORMATION PRACTICES. I acknowledge possession of the binding receipt for Life and/or Disability Income insurance bearing the same date as this application and certify that I have read it, and its terms, conditions and limitations, to which I agree, have been explained to me fully.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

THE AGENT AND I CERTIFY that I have read, or the agent has read to me, the completed application. I realize that any false statement or misrepresentation in my application may result in the loss of coverage under the policy (subject to the incontestability provision, time limit on certain defenses and legal proceedings).

I wish to have an interview if an investigative consumer report is made for this application.

For the Agent: To the best of your knowledge does the applicant have any existing life or annuity policies? Yes No

Will the insurance applied for replace any existing insurance? Yes No

If yes, is this a 1035 Exchange? Yes No Does the proposed insured have other Auto-Owners policies in force? Yes No

For the Applicant: Do you have any existing life or annuity policies? Yes No

If yes, is the policy applied for replacing or likely to replace any existing plan? Yes No

Prior Carrier Name: _____ Prior Carrier Policy Number: _____

Signed in the State of _____ this _____ day of _____, _____

(Signature of Proposed Insured)

(Agent’s Signature)

(Agency & Producer code)

(Signature of Owner/Applicant - If Other Than Proposed Insured)

(Agent’s Name - Please Print)

Must be submitted with application to Auto-Owners Life Insurance Company

PART F Activities/Health Habits

1. During the past 5 years, have you:
 - a. Been refused, rejected, rated or postponed for Life and/or Disability Insurance? Yes No
 - b. Been a member of any armed forces or military or have plans to? Yes No
 - c. Made or contemplated making flights as pilot, student pilot, or crew member? Yes No
 - d. Participated in any hazardous avocation such as skydiving, scuba diving, hang gliding, any type of organized motor vehicle racing, mountain or rock climbing, or rodeo? Yes No
 - e. Been convicted of driving while impaired or intoxicated, reckless driving, or 3 or more speeding violations? Yes No
 - f. Been convicted of or are awaiting trial for any crime other than a misdemeanor, including currently being on parole or probation? (if yes, please explain and provide date and location) Yes No
 - g. Made a claim for benefits to any insurance company or to the Veterans Administration because of an illness or injury? Yes No
2. Any plans on foreign travel, residence, or occupation outside the USA or Canada? (if yes, please explain) Yes No
3. Is any other Life and/or Disability application pending with any company? Yes No
4. Have you used tobacco in any form within the last 24 months? (If so, explain) Yes No
 - a. Have you smoked one or more cigarettes within the last 12 months? Yes No

DETAILS to yes answers F1- 4 (Indicate question number)

PART G Medical History

1. Are you currently taking medication, receiving treatment, or under consultation for any disease, ailment or condition? Yes No
2. Do you have or during the past 10 years have you been treated for:
 - a. Disease or disorder of the eyes, ears, nose, throat or mouth? Yes No
 - b. Chest pain, high blood pressure, circulatory system disorder, vascular disease, or rheumatic fever? Yes No
 - c. Diabetes, gout, Lupus, or thyroid disorder? Yes No
 - d. Epilepsy, seizure, headaches, dizziness, paralysis, multiple sclerosis, Alzheimer's, brain or nervous system disorder? Yes No
 - e. Asthma, sleep apnea, emphysema, chronic obstructive pulmonary disease (COPD) or other lung disorder? Yes No
 - f. Disease or disorder of the kidneys, bladder, genital organs or any part of the urinary tract? Yes No
 - g. Disease or disorder of the stomach, gall bladder, liver, intestines, rectum, or for Crohns or ulcerative colitis? Yes No
 - h. Arthritis, back trouble, or any disorder of the spine, muscles, joints or bones? Yes No
 - i. Depression, stress, anxiety, nervousness, fatigue, or other mental or emotional disorder? Yes No
 - j. Cancer, tumor, cyst, growth, or disease or disorder of the skin or lymph nodes? Yes No
 - k. Complications of pregnancy or are you currently pregnant? Yes No
 - l. Any other disease, disorder or physical illness? Yes No
3. Have you had any other illness, operation or condition not shown above which in the past 10 years:
 - a. Caused you to consult any physician or other practitioner? (including all specialists such as a cardiologist, psychologist, chiropractor, etc.) Yes No
 - b. Confined you to a hospital, sanitarium or clinic? Yes No
 - c. Required an x-ray, electrocardiogram, stress test, medical test, laboratory test or study? Yes No
 - d. Been advised by any physician or other practitioner to have any additional diagnostic testing, hospitalization, or surgery which was not completed? Yes No
4. During the past 10 years have you:
 - a. Used cocaine, heroin, LSD, marijuana, PCP or any other hallucinogenic or narcotic drug? Yes No
 - b. Received treatment for alcohol or drug abuse or addiction or been advised by any physician or other practitioner to limit the use? Yes No
 - c. Do you currently or regularly use or abuse illegal drugs? Yes No
5. Is there any family history of Alzheimer's, diabetes, cancer, heart, Huntington's, kidney, or other hereditary disease? (If so, list age at diagnosis of father, mother, brothers and/or sisters) Yes No

6. DETAILS to yes answers to questions G1-5 (Indicate question number)

Name, address and telephone number of your personal physician	Name, address and phone number of physician last seen
Date and reason last seen	Date and reason last seen

I affirm that the statements and answers provided for the application are true, complete and correctly stated. I agree that they will become part of the application and any policy issued based on the application.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature of proposed insured

Date

Witness

Date

SERFF Tracking Number: AOIC-125575189 *State:* Arkansas
Filing Company: Auto-Owners Life Insurance Company *State Tracking Number:* 40100
Company Tracking Number: LIF-AR-02-08/29/2008-01
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: Universal Life
Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125575189</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40100</i>
<i>Company Tracking Number:</i>	<i>LIF-AR-02-08/29/2008-01</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Universal Life</i>		
<i>Project Name/Number:</i>	<i>Universal Life/LIF-AR-02-08/29/2008-01</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	03/24/2008
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Comments:

We comply with Rule and Regulation 49 and ACA 23-79-138.

Attachments:

AR Readability.pdf

AR Rule and Reg 19 Certification.pdf

Bypassed -Name:	Application	Review Status:	03/24/2008
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Bypass Reason: All applications are new, see Form Schedule.

Comments:

Bypassed -Name:	Outline of Coverage	Review Status:	03/24/2008
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Bypass Reason: Universal Life does not have an Outline of Coverage.

Comments:

Satisfied -Name:	Statement of Variability	Review Status:	08/27/2008
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Comments:

Statement of Variability - The items in our Universal Life PT2 and PT3 policy pages that are in brackets are variable information.

Page One - The insured's name and policy number are variable

Page Three - The insured's policy data and personal data are variable, as well as any additional benefits that the insured may have requested with the policy. The Initial Renewable Accumulation Period that the insured chooses, as well as the corresponding interest rate, is variable.

Page Four - The values of the insured's policy are variable, as well as information in correspondence with the additional benefits that the insured requested.

SERFF Tracking Number: AOIC-125575189 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 40100
Company Tracking Number: LIF-AR-02-08/29/2008-01
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Universal Life
Project Name/Number: Universal Life/LIF-AR-02-08/29/2008-01

Review Status:

Satisfied -Name: 11-83 Consent to Submit Rates 09/08/2008

Comments:

Attachment:

11-83 Consent to Submit Rates.pdf

Review Status:

Satisfied -Name: Arkansas Rule and Regulation 34 09/08/2008

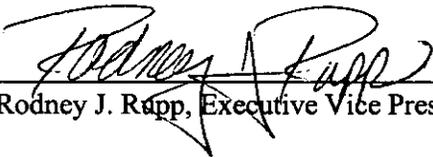
Comments:

Attachment:

AR Rule and Reg 34.pdf

AUTO-OWNERS LIFE INSURANCE COMPANY
Certification of Readability

I hereby certify, to the best of my knowledge and belief, that the following forms have the respective Flesch Scores, which meet the readability requirements of the Arkansas Department of Insurance.



Rodney J. Rupp, Executive Vice President

FORM 61473 (1-08) et al. - Universal Life Insurance Policy, Perma Term 2
FLESCH SCORE = 59.90

FORM 61490 (1-08) et al. - Universal Life Insurance Policy, Perma Term 3
FLESCH SCORE = 59.90

FORM 61464 (1-08) - Secondary Insured Rider
FLESCH SCORE = 58.01

FORM 61465 (1-08) - Disability Income Benefit Rider
FLESCH SCORE = 61.50

FORM 61486 (1-08) - Cost of Living Increase Rider
FLESCH SCORE = 59.30

FORM 61467 (1-08) - Premium Waiver for Death or Disability of Payor Rider
FLESCH SCORE = 59.36

FORM 61463 (1-08) - Children's Term Insurance Rider
FLESCH SCORE = 68.24

FORM 61462 (1-08) - Spouse and Children's Term Insurance Rider
FLESCH SCORE = 75.18

FORM 61487 (1-08) - Guaranteed Purchase Option Rider
FLESCH SCORE = 58.60

FORM 61460 (1-08) - Accidental Death Benefit Rider
FLESCH SCORE = 61.90

FORM 61461 (1-08) - Disability Premium Waiver Rider
FLESCH SCORE = 77.18

FORM 10598 (1-08) - Life and/or Disability Application
FLESCH SCORE = 58.56

FORM 1002 (1-08) - Joint Life Application
FLESCH SCORE = 50.55

FORM 61446 (1-08) - APP-CELERATOR® Application
FLESCH SCORE = 50.55

FORM 61447 (1-08) - APP-CELERATOR® Addendum
FLESCH SCORE = 51.80

Certificate of Compliance with

Arkansas Rule and Regulation 19

Insurer: Auto-Owners Insurance Company

Form Number(s): 61473 (1-08), 61490 (1-08), 10598 (1-08), 1002 (1-08), 61446 (1-08), 61447 (1-08)

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



Signature of Company Officer

Rodney J. Rupp

Name

Executive Vice President

Title

August 26, 2008

Date

**CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL**

The Auto-Owners Life Insurance ("Company") of Lansing, Michigan
(Company Name) (City and State)

does hereby consent and agree

A) that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to policy form number 61473(1-08);61490(1-08) must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

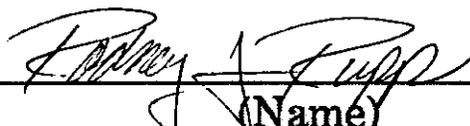
or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Auto-Owners Life Insurance Company

(Company Name)

By


(Name)

Executive Vice President

(Title or Position)

Certificate of Compliance with

Arkansas Rule and Regulation 34

Insurer: Auto-Owners Insurance Company

Form Number(s): 61473 (1-08) et al., 61490 (1-08) et al., 10598 (1-08), 1002 (1-08), 61446 (1-08),
61447 (1-08)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 34.



Signature of Company Officer

Rodney J. Rupp
Name

Executive Vice President
Title

September 8, 2008
Date