

SERFF Tracking Number: CMPL-125914371 State: Arkansas  
Filing Company: Reassure America Life Insurance Company State Tracking Number: 40941  
Company Tracking Number: REASSURE ITL NON-ICC 11-08  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Reassure ITL non-ICC 11-08  
Project Name/Number: Reassure ITL non-ICC 11-08/Reassure ITL non-ICC 11-08

## Filing at a Glance

Company: Reassure America Life Insurance Company

Product Name: Reassure ITL non-ICC 11-08 SERFF Tr Num: CMPL-125914371 State: ArkansasLH  
TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 40941  
Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: REASSURE ITL NON- State Status: Approved-Closed  
Fixed/Indeterminate Premium ICC 11-08  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Nancy French Disposition Date: 11/25/2008  
Date Submitted: 11/21/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Reassure ITL non-ICC 11-08 Status of Filing in Domicile:  
Project Number: Reassure ITL non-ICC 11-08 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 11/25/2008  
State Status Changed: 11/25/2008 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

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

Please find enclosed the above-referenced forms for your review and approval. The forms include an individual level premium term life insurance policy along with riders, endorsements and application forms associated with the policy. All forms are new. They do not include any provisions that are unusual. Substantially similar versions of the forms are

*SERFF Tracking Number:* CMPL-125914371                      *State:* Arkansas  
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pending approval by the Interstate Compact, of which Reassure's domiciliary state, Indiana, is a member.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to Reassure's production printers. Reassure takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved forms.

Please note that portions of the forms are bracketed to indicate variability. These areas may change as described in the attached actuarial memorandum and Statement of Variability.

Reassure administers a closed block of term life business. This product will be issued to policyholders who elect the re-entry or exchange provisions of their existing term life insurance policies. Reassure also desires the ability to issue the enclosed policy as needed in the administration of its closed block of business.

The Amendatory Endorsements included in this submission are nearly identical. For your convenience, Reassure provides the following explanation of the difference.

- Form RAE-TMLIC-A2.0 is used in a policy exchange that occurs without underwriting. The rider bridges the time period for the Incontestability and Suicide provisions to the original effective date of the underlying policy.
- Form RAE-TMLIC-B2.0 is used in a policy exchange where underwriting is required. The rider bridges the time period for the Suicide provision only to the original effective date of the underlying policy.
- Both Endorsements bring forward special wording from the underlying policy for the administration of the Incontestability provision of the exchanged policy. This is necessary to administer the new policy in accordance with the terms of the individual's original term life insurance policy.

This submission includes actuarial memoranda for the policy and riders and demonstration of cash value requirements. Premium rates are based on the 2001 CSO table. The rates are sex distinct.

We have enclosed any forms or transmittals required by your state.

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We appreciate your review of these forms. If you have questions or find that you need any additional information, you may reach me at 513-984-6050 or at dsimon@crssolutionsgroup.com.

Thank you for your time and attention to this filing.

Sincerely,

J. David Simon, CLU  
President

## Company and Contact

### Filing Contact Information

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

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

### Filing Company Information

Reassure America Life Insurance Company CoCode: 70211 State of Domicile: Indiana  
1700 Magnavox Way Group Code: Company Type:  
Fort Wayne, IN 46804 Group Name: Swiss Re State ID Number:  
(513) 984-6050 ext. [Phone] FEIN Number: 23-6200031  
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## Filing Fees

SERFF Tracking Number: CMPL-125914371 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: poicy filing includes riders and appl.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reassure America Life Insurance Company	\$50.00	11/21/2008	24087628

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/25/2008	11/25/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Level Premium Term Life Insurance Policy	Form	Nancy French	11/25/2008	11/25/2008

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## **Disposition**

Disposition Date: 11/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Filing Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Readability		Yes
Form (revised)	Level Premium Term Life Insurance Policy		Yes
Form	Level Premium Term Life Insurance Policy	Replaced	Yes
Form	Accidental Death and Dismemberment Benefit Rider		Yes
Form	Waiver of Premium for Total Disability Benefit Rider		Yes
Form	Children's Term Rider		Yes
Form	Other Insured Term Rider		Yes
Form	Amendatory Endorsement		Yes
Form	Amendatory Endorsement		Yes
Form	Individual Term Life Insurance Application		Yes
Form	Re-Entry/Exchange Application		Yes
Rate	rates		Yes



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## Form Schedule

Lead Form Number: RTL-AR2.0

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RTL-AR2.0	Policy/Cont	Level Premium Term Initial ract/Fratern Life Insurance Policy al Certificate	Initial		60	RTL-AR2_0-111308rev-corrected 112108.pdf
	RADD2.0	Policy/Cont	Accidental Death and Initial ract/Fratern Dismemberment al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	RADD2_0 - 111308rev.pdf
	RWP2.0	Policy/Cont	Waiver of Premium Initial ract/Fratern for Total Disability al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	RWP2_0 - 10012008.pdf
	RCTR2.0	Policy/Cont	Children's Term Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57	RCTR2_0- 111308rev.pdf

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ROIR2.0	Policy/Cont Other Insured Term ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	54	ROIR2_0- 111308rev.pdf
RAE- TMLIC- A2.0	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	RAE-TMLIC- A2_0 - 10012008.pdf
RAE- TMLIC- B2.0	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	54	RAE-TMLIC- B2_0 - 10012008.pdf
RTL App2.0	Application/ Individual Term Life Enrollment Insurance Application Form	Initial	50	RTLApp2_0 - 10012008 INDIVIDUAL TERM LIFE INSURANCE APPLICATIO N.pdf
RRE App2.0	Application/ Re-Entry/Exchange Enrollment Application Form	Initial	51	RREApp2_0 - 10012008.pdf



# Reassure America Life Insurance Company

**A Stock Company**

**Home Office: Fort Wayne, Indiana**

**Administrative Office:**

**[Post Office Box 9000]**

**[Coppell, Texas 75019-9000]**

**Phone: [1-800-678-6227]**

'We', 'us' or 'our' means Reassure America Life Insurance Company. We will pay the benefits of this Policy, subject to its terms and conditions.

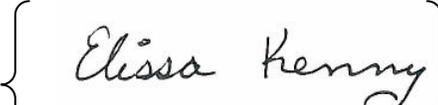
We will pay the Death Benefit to the Beneficiary when we receive due proof of the Insured's death before the Expiry Date and while the Policy is in force. Unless changed, the Beneficiary is as named in the application.

**Right to Cancel Policy – If you are not satisfied with this Policy, you may void it by returning it to us or to our agent within 30 days after you receive it. Returning the Policy will void it from the Issue Date and we will refund all of your Premium.**

**READ YOUR POLICY CAREFULLY. This Policy is a legal contract between the Owner and us. This Policy is issued in consideration of the application and payment of the initial Premium.**

Signed for Reassure America Life Insurance Company at its Home Office.

  
President

  
Corporate Secretary

**Level Premium Term Life Insurance Policy for a Specified Duration;  
Thereafter Annually Renewable  
Term Life Insurance to Policy Age 100 with Increasing Premium  
Convertible During Conversion Period**

**Death Benefit Payable Upon Death, Before Expiry Date  
Premium Payable to Expiry Date  
Nonparticipating**

**[ A War Risk Exclusion is Contained in the [ Waiver of Premium Rider ] [ and ] [ Accidental Death and Dismemberment Rider ] attached to This Policy ]**

This Policy is issued for delivery in [ insert issue state ]. The telephone number for the [ insert issue state ] Department of Insurance is [ insert Insurance Department telephone number ] .

# Guide to Policy Provisions

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## Policy Data (Cont'd)

**Table of Annual Policy Premiums<sup>5</sup>** – The {\$XX} annual Policy fee is included in the Premiums shown below.

Policy Year	Term Life Premium	Total Premium	Policy Year	Term Life Premium	Total Premium
1	85.90	139.90	46	1868.00	1868.00
2	85.90	140.60	47	2070.80	2070.80
3	85.90	141.20	48	2285.50	2285.50
4	85.90	141.70	49	2520.00	2520.00
5	85.90	142.30	50	2780.80	2780.80
6	85.90	143.00	51	3070.80	3070.80
7	85.90	143.80	52	3389.80	3389.80
8	85.90	144.70	53	3734.50	3734.50
9	85.90	145.80	54	4101.00	4101.00
10	85.90	147.10	55	4485.50	4485.50
11	136.00	198.70	56	4868.50	4868.50
12	141.80	206.30	57	5245.50	5245.50
13	146.50	213.10	58	5640.50	5640.50
14	150.30	219.20	59	6057.00	6057.00
15	155.00	226.50	60	6495.80	6495.80
16	161.30	235.70	61	6930.30	6930.30
17	169.30	247.00	62	7354.50	7354.50
18	179.00	260.40	63	7806.50	7806.50
19	190.30	275.60	64	8288.50	8288.50
20	204.50	293.90	65	8802.80	8802.80
21	220.50	314.60			
22	237.00	336.20			
23	253.00	357.60			
24	269.00	379.20			
25	287.80	403.70			
26	310.50	432.40			
27	338.30	466.80			
28	370.50	506.00			
29	405.80	548.70			
30	442.50	593.50			
31	480.80	480.80			
32	519.50	519.50			
33	560.00	560.00			
34	602.80	602.80			
35	650.80	650.80			
36	706.80	706.80			
37	774.80	774.80			
38	854.30	854.30			
39	938.00	938.00			
40	1028.00	1028.00			
41	1126.00	1126.00			
42	1236.50	1236.50			
43	1365.00	1365.00			
44	1514.30	1514.30			
45	1681.50	1681.50			

<sup>5</sup> The Total Premium amounts in the Table of Annual Policy Premiums include the premiums for any Riders attached to the Policy.

## Policy Data (Cont'd)

For Other Frequency of Premium Multiply the Total Premium by:

.52 for Semi-Annual;

.275 for Quarterly;

.09 for Monthly.

**Contact our Administrative Office for more information about the coverage provided under your Policy:**

**Reassure America Life Insurance Company**

[Post Office Box 9000]

[Coppell, Texas 75019-9000]

Phone: [1-800-678-6227]

## General Provisions

**The Policy** - This Policy, the application and any riders or endorsements attached hereto are the entire Policy. A copy of the application is attached.

Only our officers may change this Policy or waive a right or requirement stated herein. No agent may do this.

**Owner** - 'You' or 'your' means the Owner. Unless changed, the Owner is as named in the application. If all named Owners and contingent Owners have died, the Owner of this Policy is the last surviving Owner's estate.

You may exercise all Policy rights while this Policy is in force. These include the right to:

1. Change the Beneficiary;
2. Change the Owner;
3. Assign this Policy, subject to the rights of an irrevocable Beneficiary, if any; and
4. Receive benefits.

If there is more than one Owner, we must receive written consent of all Owners for the exercise of any ownership right.

**Age** – Age means the Insured's age on his or her last birthday.

**Beneficiary** - Beneficiary means the person(s) or other designated entity(ies) you name on the application or on a form satisfactory to us who will receive the Death Benefit upon the death of the Insured. The Beneficiary cannot be the Insured. A Beneficiary that is irrevocable may not be changed without the written consent of that Beneficiary. You may designate different classes of Beneficiaries such as primary (first) and contingent (second). These classes set the order of payment. A class may contain more than one Beneficiary. The Death Benefit will be paid in equal shares to the then living person(s) in the class with the highest priority unless you have designated otherwise. If you have (1) designated multiple Beneficiaries in a class, (2) designated a percentage payable to each such Beneficiary, and (3) one or more of the designated Beneficiaries are not alive at the death of the Insured, the interest of the deceased Beneficiary(ies) in the Death Benefit will be equally distributed to the surviving Beneficiary(ies) of the class.

If no Beneficiaries are alive at the death of the Insured, the Death Benefit will be paid to the Owner or, if no owner survives the Insured, to the Owner's estate.

**Change of Owner or Beneficiary** - Unless you state otherwise, you may change the Owner or Beneficiary while the Insured is alive. The request must be made in writing in a form acceptable to us. The request will take effect on the date you sign the request to change the Owner or Beneficiary unless you request a different date. However, we are not liable for any payments made or actions taken prior to our receipt of your written and signed request in our Administrative Office.

**Premiums** - Premiums are shown on the Policy Data page. Policy months and years are measured from the Issue Date. Premiums are to be paid on or before the Premium due date, with the first premium due, as shown on the Policy Data page, on the Issue Date. The Policy Data page also shows the frequency of Premiums that are due in the future. All Premiums must be received by us at our Administrative Office on or before the Premium due date.

You may change the frequency with which you pay Premium upon written request to us. If you do, the amount of the Premium will change. The change will take effect as of the start of the next Policy year. The Death Benefits to be paid at the Insured's death will include a refund of Premium paid for any coverage beyond the Policy month of the Insured's death.

**Grace Period** - If we do not receive your Premium by its due date, we will allow a Grace Period of 31 days. This Policy will be in force during the Grace Period. If we do not receive the Premium by the end of the Grace Period, this Policy will terminate. If the Insured dies during the Grace Period, we will deduct any Premium due us from the Death Benefits we pay. Any Premium received by us after the Policy terminates will be refunded to the Owner.

**Expiry Date** - is the date that insurance coverage under this Policy ends. **The date is shown on the Policy Data page.**

**Reinstatement** - You may reinstate this Policy - that is, put it back in full force, up to 5 years past the due date of the first Premium not received by us by the end of the Grace Period. You may only reinstate the policy if it terminated due to non-payment of sufficient Premium.

We will reinstate the Policy if you:

1. Give us due proof satisfactory to us that the Insured is still insurable based on our current underwriting guidelines;
2. Pay all due Premiums not yet paid with interest at the Reinstatement interest rate of 6% annually from the due date of each Premium.

**Assignment** - You may assign this Policy. Any Assignment must include written consent by the irrevocable Beneficiary, if any. We are not responsible for the validity of an Assignment. The Assignment will take effect on the date you sign such Assignment unless you request a different date. However, we are not liable for any payments made or actions taken prior to our receipt of a written and signed Assignment in our Administrative Office. The rights of the Owner and the Beneficiary are subject to the rights of the person or entity to whom this Policy is assigned.

**Misstatement of Age and/or Gender** - If the Insured's age and/or gender shown on the application is misstated, the death benefit payable shall be the amount which the Premium paid would have purchased at the correct age and/or gender, according to our rates in effect on the Issue Date.

**Incontestability** – After this Policy has been in force while the Insured is alive for 2 years from its Issue Date, it will be incontestable as to the statements made in the application. In the absence of fraud, all statements made in the application are deemed to be representations and not warranties. No statement will be used by us in defense of a claim or to void this Policy unless it is in the signed application. This does not prevent us from terminating this Policy if Premiums are due but not paid. A new period of incontestability will apply if reinstatement occurs.

**Suicide** - If the Insured dies by Suicide while sane or insane within 2 years from the Issue Date of this Policy, payment will be limited to a refund of all the Premiums paid, and the policy shall terminate. Any such Premium refund will be paid to the Owner or, if no owner survives the Insured, to the Owner's estate.

**Nonparticipating** – This Policy is Nonparticipating. It does not share in our profits or surplus earnings. We will pay no dividends on this Policy.

## Death Benefit

If the Insured dies while this Policy is in force prior to the Expiry Date, we will pay a Death Benefit in one sum to the Beneficiary, to the extent possible, within 31 days upon our receipt of:

1. Due proof of the Insured's death in a form acceptable to us, such as a certified copy of the death certificate or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Death Benefit; and
2. A fully completed claim form, including all required documentation.

The Death Benefit will be (a) the Face Amount on the date of death as shown on the Policy Data page, plus (b) any additional benefits provided by Riders, plus (c) the portion of any unearned Premiums, and (d) less any premiums due. The Death Benefit is equal to or greater than the guaranteed minimum benefits required by the state in which this Policy is delivered.

If we defer the Death Benefit payment 31 days or more after our receipt of due proof of the Insured's death, the Death Benefit will include interest at the rate of eight percent (8%) per year beginning with the date of death until the date the claim is paid.

Payment of the Death Benefit is subject to the interest of any assignee of record. Death Benefits paid to satisfy any assignee shall be paid in one sum. If no Beneficiary survives the Insured, we will pay the Death Benefit to you, if you are living; otherwise to your estate. Payment of the Death Benefit discharges us from all claims associated with this Policy.

## Renewal Provision

After the end of the level term period, you may renew this Policy on each Policy anniversary by paying the Premium shown in the Table of Annual Policy Premiums. Each renewal is for a period of one year and runs to the next Policy anniversary. This Policy may not be renewed on or after the Expiry Date.

The first premium paid for each renewal period is payable as stated in the "Premiums" provision.

If the Insured dies within 31 days after a Policy anniversary for a renewal period, but before the first premium for the renewal period has been paid, we will consider this Policy to have been renewed. The unpaid premium will be deducted from the Death Benefit. If the Insured is alive at the end of the 31 days after any Premium Due Date and if the premium due has not been paid, this Policy is beyond the Grace Period and no longer in force.

This Policy will be renewed automatically on any Policy anniversary on which premiums are being waived under any Waiver of Premium Rider attached to this Policy.

## Conversion Provision

While this Policy is in force, you may convert the term insurance on the life of the Insured to any permanent life insurance plan we then issue, subject to the issue age and minimum death benefit limits. Evidence of insurability is not required.

**Application** – We must receive an application for conversion and the first premium for the new policy at our Administrative Office during the Conversion Period shown on the Policy Data page.

**Amount** - The Face Amount of the new policy may not exceed the Face Amount under this Policy. However, we will consider an increase in your Face Amount, subject to the following conditions:

1. you must submit satisfactory evidence of insurability; and
2. the increase in coverage must be underwritten in accordance with our current underwriting rules and practices.

The minimum Face Amount of the new policy is the lesser of: a) the Face Amount of this Policy; or b) \$10,000. The maximum Face Amount of the new policy is \$1,000,000.

**New Policy Issue Date** - The new policy issue date will be the date of the application, but only if the Insured is then alive. We will refund any portion of premium paid for coverage under this Policy which extends past the issue date for the new policy. The new policy will be subject to any Assignment of this Policy recorded at our Administrative Office.

**Premiums** – Premiums for the new policy will be based on:

1. The Premium class, Age and Gender for the Insured shown on the Policy Data page of this Policy;
2. Our rates then in effect; and
3. The Other Insured Person's age on the issue date of the new policy.

**Supplemental Benefits** – Supplemental benefits included in this Policy by Rider may be included in the new policy, subject to our issue rules and the premium rates in effect on the Conversion Date.

**Incontestability and Suicide Provisions** – The Incontestability and Suicide provisions of the new policy are effective from the issue date of coverage under this Policy.

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# **Reassure America Life Insurance Company**

**A Stock Company**

**Home Office: Fort Wayne, Indiana**

**Administrative Office:**

**[Post Office Box 9000]**

**[Coppell, Texas 75019-9000]**

**Phone: [1-800-678-6227]**

**Level Premium Term Life Insurance Policy for a Specified Duration;**

**Thereafter Annually Renewable**

**Term Life Insurance to Policy Age 100 with Increasing Premium**

**Convertible During Conversion Period**

**Death Benefit Payable Upon Death, Before Expiry Date**

**Premium Payable to Expiry Date**

**Nonparticipating**

**[ A War Risk Exclusion is Contained in the [ Waiver of Premium Rider ] [ and ]  
[ Accidental Death and Dismemberment Rider ] attached to This Policy ]**

# ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER

## Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana  
Administrative Office:  
[ Post Office Box 9000 ]  
[ Coppell, Texas 75019-9000 ]  
Phone: [ 1-800-678-6227 ]

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions and definitions of the Policy unless stated otherwise in this Rider. This Rider has no cash value or loan values.

**Premium** – The Premium for this Rider is shown on the Policy Data page.

**Effective Date** - This Rider is issued with the Policy and its Effective Date is the Issue Date shown on the Policy Data page. This Rider will not become effective unless the Policy is in force.

**Definitions** – The following terms are used in this Rider in addition to the terms in the Policy.

**Accidental Death** means death which results directly from accidental bodily Injury and independently from all other causes.

**Covered Accident** means an accident:

- a. that occurs on or after the Effective Date of this Rider;
- b. that is not caused by or results from an exclusion listed in the Exclusions provision in this Rider;  
and
- c. that occurs while the Policy and this Rider are in force.

**Covered Loss** means: (1) the accidental death of the Insured caused by Injury sustained in a Covered Accident as provided under the "Accidental Death Benefit" provision; and (2) a physical dismemberment listed as a Covered Loss under the "Dismemberment Benefit" provision.

**Injury** means an accidental bodily Injury sustained by the Insured that is the direct result of a Covered Accident. Injuries must be independent of disease or bodily or mental illness or infirmity or any other cause.

**Insured** means the person named as the Insured on the Policy Data page.

### Accidental Death Benefit

If the Insured dies of Injuries sustained in a Covered Accident, independent of all other causes, such death will be a Covered Loss under this Rider, and we will pay the Principal Sum to the Insured's Beneficiary. The Principal Sum is shown on the Policy Data page. The Insured's death must occur:

- a. within one hundred eighty (180) days after a Covered Accident;
- b. while the Policy and this Rider are in force; and
- c. prior to the end of the Policy year nearest the Insured's 65<sup>th</sup> birthday.

The accidental bodily Injury resulting in loss of life of the Insured must be:

- a. shown by a visible contusion or wound on the exterior of the body;
- b. an internal Injury revealed by autopsy; or
- c. an accidental drowning.

## **Dismemberment Benefit**

If the Insured, as a result of bodily Injury caused by accident occurring while this Rider is in force and resulting directly and independently of all other causes, suffers any of the following Covered Losses within 90 days after the date of the Covered Accident, we will pay the percentage of the Principal Sum shown below for the Covered Losses. The Principal Sum is shown on the Policy Data page.

<b><u>Covered Loss</u></b>	<b><u>Amount of Principal Sum Payable</u></b>
Loss of Both Hands or Both Feet	100%
Loss of Sight in Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Sight of One Eye	100%
Loss of One Foot and Sight of One Eye	100%
Loss of One Hand or One Foot or Sight of One Eye	50%

“Loss of hand or foot” means the complete physical severance through or above the wrist or ankle joint so that no part of the hand or foot remains. “Loss of sight” of the eye means the total and permanent loss of sight of the eye.

**Multiple Losses Incurred in an Accident** - If the Insured incurs more than one Covered Loss resulting from one accident, the provisions of this Rider will be applicable to only one of such Covered Losses. This Rider will pay for the Covered Loss that provides the greatest benefit amount payable under this Rider. No benefits will be paid under any circumstances for any loss that is not a Covered Loss under this Rider.

**Exclusions** - We will not pay any benefits under this Rider if the Insured’s death or dismemberment:

1. is caused or contributed to by an intentionally self-inflicted Injury, or suicide or attempted suicide, while sane or insane;
2. is caused or contributed to by a disease or infirmity of the mind or body, or medical or surgical treatment for such disease or infirmity;
3. is caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
4. is caused or materially contributed to by a voluntary intake or use by any means of:
  - a. any drug, unless prescribed or administered by a physician and taken in accordance with the physician’s instructions; or
  - b. poison, gas or fumes, unless a direct result of an occupational accident;
5. is caused or contributed to by an injury resulting from an accident that occurred prior to the Effective Date of this Rider;
6. is caused or contributed to by committing or attempting to commit a felony;
7. is caused or contributed to by active participation in a riot, insurrection or terrorist activity;
8. is caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
9. is caused or materially contributed to by participation in an illegal occupation or activity;
10. occurs while the Insured is incarcerated;
11. is caused or contributed by riding or driving an air, land, or water vehicle in a race, speed or endurance contest;

12. is caused or contributed by rock climbing or mountain climbing;
13. is caused or contributed by bungee jumping;
14. is caused or contributed by aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing);
15. is caused or contributed to by War or an Act of War, if the cause of death occurs:
  - a. while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, or is serving in any civilian non-combatant unit serving with such forces, provided such death occurs while serving in such forces or unit or within six (6) months after termination of service in such forces or unit; or
  - b. as a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, or to service in any civilian non-combatant unit serving with such forces, if the cause of death occurs while the insured is serving in such forces or units and is outside the Home Area, provided such death occurs outside the Home Area or within six (6) months after the insured's return to the Home Area or area in such forces or within six (6) months after the termination of service in such forces or units, whichever is earlier; or
  - c. within two (2) years from the date of issue of the policy, while the Insured is not serving in such forces or units, if the cause of death occurs while the insured is outside the home area, provided such death occurs outside the Home Area or within six (6) months after the insured's return to the Home Area.

"Home Area" means the fifty (50) states of the United States and its territories, the District of Columbia and Canada.

"War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

"Act of War" means any act peculiar to military, naval or air operations in time of war.
16. is caused or contributed to by operating, descending from or riding in any type of aircraft or space craft. This exception does not apply to a passenger with no duties on board an aircraft operated:
  - a. commercially to transport passengers for hire; or
  - b. by a private business to transport its personnel or guests.

**Payment of Claims** – Benefits payable under this Rider for Accidental Death will be paid upon receipt of due written proof and notice of claim in a form acceptable to us. We will pay this benefit in addition to the death benefit described in the Policy to which this Rider is attached. Accidental Death Benefits will be paid to the Beneficiary, if living; otherwise, benefits will be paid to the Owner's estate. Benefits payable for a Covered Loss under the Dismemberment Benefit will be paid to the Insured.

**Physical Examination and Autopsy** - We have the right, at our own expense, to examine the body of the Insured and have an autopsy performed unless prohibited by law.

**Incontestability** – The Incontestability provision of the Policy applies to this Rider.

**Termination** - This Rider will automatically terminate on the earliest of:

1. The Policy Anniversary on which the Insured attains age 65;
2. The date of the death of the Insured;

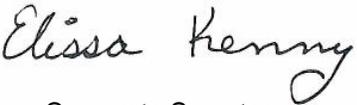
3. The date the Policy terminates for any reason, including the Expiry Date or nonpayment of Premium when due;
4. At the end of the Policy Grace Period if the Premium for this Rider is not received by the end of the Grace Period.

The Owner may terminate this Rider on any Premium due date by sending us a written request before that date and returning the Rider to us.

Termination of this Rider shall not prejudice the payment of benefits for any accident that occurred while this Rider was in force.

Signed for the Reassure America Life Insurance Company at its Home Office.

  
President

  
Corporate Secretary

# WAIVER OF PREMIUM FOR TOTAL DISABILITY BENEFIT RIDER

## Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 9000 ]

[ Coppell, Texas 75019-9000 ]

Phone: [ 1-800-678-6227 ]

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions and definitions of the Policy unless stated otherwise in this Rider. This Rider has no cash value or loan values.

**Effective Date** - This Rider is issued with the Policy and its Effective Date is the Issue Date shown on the Policy Data page. This Rider will not become effective unless the Policy is in force.

**Definitions** – The following terms are used in this Rider in addition to the terms in the Policy.

**Injury** means accidental bodily injury that occurs while this Rider is in force and results directly and independently of all other causes of loss covered under this Rider.

**Insured** means the person named as the Insured on the Policy Data page.

**Policy Month** means a period of one month starting on the Issue Date. Later Policy Months start on the monthly anniversary of the Issue Date. All Policy Months end on the day before the next monthly anniversary.

**Sickness** means sickness or disease, which is diagnosed and treated while this Rider is in force. Sickness also means medical conditions admitted in the application.

**Total Disability** and **Totally Disabled** means:

1. **During the first 24 months of total disability**, the insured is unable to perform the substantial and material duties of their job due to sickness or accidental bodily injury.
2. **After the first 24 months of total disability**, the insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties of their job, or any other job for which the Insured becomes reasonably suited by education, training or experience.

To be covered by this Rider, the Insured's Total Disability must begin while this Rider is in force.

Even if the Insured is able to work, the total loss of any of the following will be considered total disability as long as the loss continues:

- a. the sight of both eyes;
- b. the use of both hands;
- c. the use of both feet; or
- d. the use of one hand and one foot.

**Benefit** – This Rider will waive the Premium for the Policy should the Insured become Totally Disabled while the Policy and Rider are in force. The Premium will be waived if we receive proof that:

1. the Insured has been totally and continuously disabled for at least 180 days; and
2. the Total Disability began while this Rider was in force, and prior to the Insured's age 65.

If the Total Disability began on or after the Insured's age 60, the maximum Benefit period will be 60 months.

Premiums will be waived beginning with the Policy Month following the date the Insured becomes Totally Disabled. However, we will not waive Premiums for any Policy Month which began more than one year before the date we receive proof of the Insured's Total Disability at our Administrative Office. We will refund the portion of any Premium paid for a Policy Month for which we waive Premiums. While we are waiving premiums, all benefits included under the Policy shall continue in force.

If the Insured dies while Premiums are being waived under the terms of this Rider, such Premiums will not be deducted from the Death Benefits we pay.

This Waiver of Premium benefit does not apply to the Total Disability of any person other than the person named as the Insured on the Policy Data page.

**Exclusions** - No benefit will be provided under this Rider if the Insured's Total Disability:

1. is caused or contributed to by any attempt at suicide, or intentionally self-inflicted Injury, while sane or insane;
2. is caused or materially contributed to by voluntarily intake or use by any means of:
  - a. any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - b. poison, gas or fumes, unless a direct result of an occupational accident;
3. is caused or contributed to by war or an Act of War, if the cause of death occurs:
  - a. while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, or is serving in any civilian non-combatant unit serving with such forces, provided such death occurs while serving in such forces or unit or within six (6) months after termination of service in such forces or unit; or
  - b. as a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, or to service in any civilian non-combatant unit serving with such forces, if the cause of death occurs while the insured is serving in such forces or units and is outside the Home Area, provided such death occurs outside the Home Area or within six (6) months after the insured's return to the Home Area or area in such forces or within six (6) months after the termination of service in such forces or units, whichever is earlier; or
  - c. within two (2) years from the date of issue of the policy, while the Insured is not serving in such forces or units, if the cause of death occurs while the insured is outside the home area, provided such death occurs outside the Home Area or within six (6) months after the insured's return to the Home Area.

"Home Area" means the fifty (50) states of the United States and its territories, the District of Columbia and Canada.

"War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

"Act of War" means any act peculiar to military, naval or air operations in time of war.

4. is caused or contributed to by intoxication as defined by the jurisdiction where the total disability occurred;
5. is caused or materially contributed to by participation in an illegal occupation or activity;
6. is caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy;
7. is caused or contributed to by committing or attempting to commit a felony;
8. caused or contributed to by active participation in a riot, insurrection or terrorist activity; and/or
9. occurs after the benefit anniversary on which the Insured attains age 65.

**Incontestability** – The Incontestability provision of the Policy applies to this Rider.

**Notice and Proof of Total Disability** – We must receive written notice of claim and proof in a form satisfactory to us of the Insured's Total Disability while the Insured is alive and remains Totally Disabled. Such notice and proof must be received at our Administrative Office.

An otherwise valid claim will not be denied if notice and proof is given to us as soon as reasonably possible but no more than one year after the Insured's age 65.

**Proof of Continuance of Total Disability** – During the first 2 years after we approve the claim for the Insured's Total Disability, we may at reasonable intervals require proof that the Insured is still Totally Disabled. Thereafter, we will not require proof more often than once a year.

As part of any proof, we may require that the Insured be examined by one or more physicians of our choice and at our expense.

**Recurring Disability** – The requirement that a Total Disability continue for at least 180 days will be waived if:

1. The Insured has had a previous period of Total Disability due to the same or related causes for which we waived payments under this Rider;
2. The Insured has returned to Full Time Employment; and
3. The new period of Total Disability began while this Rider was in force and within 30 days of the end of the previous period.

Full Time Employment means the performance of services rendered for wage or profit at a rate of no less than 30 hours per week.

**Premium** – Any Premium that becomes due during the Insured's Total Disability, but before we approve a claim, is payable to us. If we approve the claim, we will refund any Premium paid which is eligible for waiver. Any unpaid Premium that was due before the Insured's Total Disability began must be paid to us.

The Owner must again pay Premiums for the Policy beginning with the Policy month following the earliest of:

1. Failure to furnish any required proof of the Insured's Total Disability;
2. The last date the Insured is Totally Disabled; or

3. The end of the 60-month benefit period if the Total Disability began on or after the Insured attained age 60.

If the frequency between Premium payments is not monthly, we will charge a pro rata amount to the due date of the next Premium. The annual Premium for this Rider, if any, is shown on the Policy Data page.

If Total Disability begins during the Policy's Grace Period, payment of overdue premium is required to avoid lapse of the Policy before we waive premiums.

**Termination** – This rider will automatically terminate on the earliest of the following:

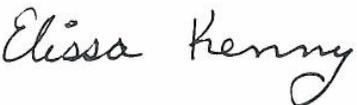
1. The Policy Anniversary on which the Insured attains age 65;
2. The date of the death of the Insured;
3. The date the Policy terminates for any reason, including nonpayment of Premium when due;
4. At the end of the Policy Grace Period, if the premium for this Rider is not received by the end of the Grace Period.
5. Upon written request from the Owner;

The Owner may terminate this Rider on any Premium due date by sending us a written request before that date and returning the Rider to us.

Termination of this Rider will not affect an otherwise valid claim for Total Disability that began before this Rider terminated.

Signed for Reassure America Life Insurance Company at its Home Office.

  
President

  
Corporate Secretary

# CHILDREN'S TERM RIDER

## Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 9000 ]

[ Coppell, Texas 75019-9000 ]

Phone: [ 1-800-678-6227 ]

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions and definitions of the Policy unless stated otherwise in this Rider.

**Death Benefit** – We will pay the Death Benefit of this Rider to the designated Beneficiary upon receiving due proof in a form acceptable to us that the death of an Insured Child occurred while coverage for this Rider was in force. The Death Benefit amount is shown on the Policy Data page. There is no cash value or loan value associated with this Rider.

**Insured Child** – An Insured Child is:

1. A child, stepchild or legally adopted child of the Insured named in the application for this Rider, who at the Issue Date for this Rider has reached the age of 15 days, and has not yet reached the age of 18 years;
2. A child born to the Insured after the Issue Date of this Rider once the child has reached the age of 15 days, and has not yet reached the age of 18 years; or
3. A child legally adopted by the Insured provided that the child has reached the age of 15 days, and as of the date of the adoption, has not yet reached the age of 18 years.

**Insured** – The person shown as the Insured on the Policy Data page.

**Premium and Effective Date** – The Premium for this Rider is shown on the Policy Data page. The Issue Date of this Rider is the same as the Issue Date for the Policy.

**Incontestability** – The Incontestability provision of the Policy applies to this Rider.

**Reinstatement** – The Reinstatement provision of the Policy applies to this Rider.

**Beneficiary** - Beneficiary means the person named on the application or on a form satisfactory to us who will receive the Death Benefit upon the death of the Insured Child. If the Beneficiary is not alive at the death of the Insured Child, the Death Benefit will be paid to the Owner or, if no owner survives the Insured, to the Owner's estate.

**Change of Beneficiary** - You may change the Beneficiary while the Policy and the Rider are in force and the Insured Child is alive. The request must be made in writing in a form acceptable to us. The request will take effect on the date you sign the request to change the Beneficiary. However, we are not liable for any payments made or actions taken prior to our receipt of your written and signed request in our Administrative Office.

**Death of the Insured** – If the Insured dies while this Rider is in force, coverage under this Rider will terminate at the end of the Policy month of the Insured's death. We will refund unearned Premium paid for coverage under this Rider beyond the Policy month of the Insured's death.

## Conversion Provision

While this Rider is in force, you may convert the term insurance on the life of the Insured Child to any permanent life insurance plan we then issue subject to the issue age and minimum Death Benefit limits. We will not require evidence of insurability.

**Conversion Date** – An Insured Child may convert the coverage under this Rider on the Policy Anniversary following the Child's 18<sup>th</sup> birthday. Otherwise, an Insured Child's conversion date is the earliest of:

1. The Policy Anniversary nearest the Insured Child's 25<sup>th</sup> birthday;
2. The Policy Anniversary when the Insured's age is 65; or
3. The date of death of the Insured.

**Application** – We must receive an application for conversion and the first payment for the new policy at our Administrative Office no later than 31 days after the conversion date.

**Amount** - The Face Amount of the new policy may not be less than the minimum required for the plan or more than 5 times the amount of the Death Benefit of this Rider.

**New Policy Issue Date** – The issue date of the new policy will be the later of:

1. The day following the conversion date; or
2. The date of the application, but only if the Insured Child to be insured under the new policy is then alive. The suicide and incontestability periods for the new policy will be measured from the Issue Date of this Rider.

**Premiums** – Premiums for the new policy will be based on:

1. Our rates then in effect; and
2. The Insured Child's age and gender on the issue date of the new policy.

**Temporary Death Benefit** – If the Insured Child should die:

1. During the 31-day period after the conversion date; and
2. Before the issue date of the new policy,

We will pay a Death Benefit to the Beneficiary equal to the Death Benefit under this Rider.

**Termination of Conversion Right** – Unless previously converted, an Insured Child's right to convert coverage under the Children's Term Rider will automatically terminate on the Policy Anniversary following that Insured Child's 25<sup>th</sup> birthday or, if earlier, the date this Rider terminates.

## Termination

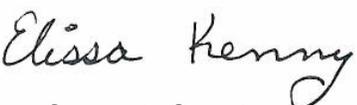
**Termination** - This Rider will automatically terminate on the earliest of:

1. The Policy Anniversary on which the Insured attains age 65;
2. The date of the death of the Insured;
3. The date the Policy terminates for any reason, including nonpayment of Premium when due;
4. At the end of the Policy Grace Period if the Premium for this Rider is not received by the end of the Grace Period;
5. When each and every Insured Child subject to this Rider has turned age 25.

The Owner may terminate this Rider effective any Premium due date by sending us a written request before that date and returning the Rider to us.

Signed for the Reassure America Life Insurance Company at its Home Office.

  
 {  
 President  
 }

  
 {  
 Elissa Kenny  
 Corporate Secretary  
 }

## OTHER INSURED TERM RIDER

### Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 9000 ]

[ Coppell, Texas 75019-9000 ]

Phone: [ 1-800-678-6227 ]

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions and definitions of the Policy unless stated otherwise in this Rider.

**Death Benefit** – We will pay the Death Benefit of this Rider to the designated Beneficiary upon receiving due proof in a form acceptable to us that the death of the Other Insured Person occurred while coverage under this Rider was in force. The Death Benefit amount is shown on the Policy Data page. There is no cash value or loan value associated with this Rider.

**Other Insured Person** – The person named on the Policy Data page as the Other Insured Person.

**Insured** – The person shown as the Insured on the Policy Data page.

**Premium and Effective Date** – The Premium for this Rider is shown on the Policy Data page. The Issue Date of this Rider is the same as the Issue Date for the Policy.

**Incontestability** – The Incontestability provision of the Policy applies to this Rider.

**Reinstatement** – The Reinstatement provision of the Policy applies to this Rider.

**Suicide** – If the Other Insured Person dies by Suicide while sane or insane within 2 years from the Issue Date of this Rider, payment will be limited to a refund of the Premiums paid for this Rider. Any such Premium refund will be paid to the Owner or, if no owner survives the Other Insured Person, to the Owner's estate.

**Incorrect Age or Sex** – If the Other Insured Person's age or sex shown on the application is misstated, we will change the Death Benefit we pay to the amount which the Premiums paid would have bought at the correct age and sex according to our rates in effect on the Issue Date.

**Beneficiary** - Beneficiary means the person named on the application or on a form satisfactory to us who will receive the Death Benefit upon the death of the Other Insured Person. If the Beneficiary is not alive at the death of the Other Insured Person, the Death Benefit will be paid to the Owner or, if no owner survives the Insured, to the Owner's estate.

**Change of Beneficiary** - You may change the Beneficiary while the Policy and the Rider are in force and the Other Insured Person is alive. The request must be made in writing in a form acceptable to us. The request will take effect on the date you sign the request to change the Beneficiary. However, we are not liable for any payments made or actions taken prior to our receipt of your written and signed request in our Administrative Office.

**Death of the Insured** – If the Insured dies while this Rider is in force, coverage under this Rider will terminate at the end of the Policy month of the Insured's death. We will refund unearned Premium paid for coverage under this Rider beyond the Policy month of the Insured's death.

### Conversion Provision

While this Rider is in force, you may convert the term insurance on the life of the Other Insured Person to any permanent life insurance plan we then issue subject to the issue age and minimum death benefit limits. We will not require evidence of insurability.

**Application** – We must receive an application for conversion and the first premium for the new policy at our Administrative Office before the Other Insured Person’s 65<sup>th</sup> birthday.

**Amount** - The Face Amount of the new policy cannot exceed the Other Insured Person’s Death Benefit under this Rider.

**New Policy Issue Date** - The new policy issue date will be the date of the application, but only if the Other Insured Person is then alive.

**Premiums** – Premiums for the new policy will be based on:

1. The Premium class and gender for the Other Insured Person shown on the Policy Data page;
2. Our rates then in effect; and
3. The Other Insured Person’s age on the issue date of the new policy.

**Temporary Death Benefit** – If the Other Insured Person should die:

1. During the 31-day period after the conversion date; and
2. Before the issue date of the new policy,

we will pay a Death Benefit to the Beneficiary equal to the Death Benefit under this Rider.

### Termination

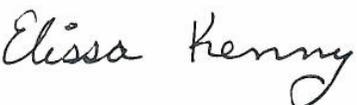
**Termination** - This Rider will automatically terminate the earliest of:

1. The Policy anniversary on which the Insured attains age 65;
2. The date of the death of the Insured;
3. The date the Policy terminates for any reason, including nonpayment of Premium when due;
4. At the end of the Policy Grace Period if the Premium for this Rider is not received by the end of the Grace Period.

The Owner may terminate this Rider effective any Premium due date by sending us a written request before that date and returning the Rider to us.

Signed for the Reassure America Life Insurance Company at its Home Office.

  
President

  
Corporate Secretary

## AMENDATORY ENDORSEMENT

### Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 9000 ]

[ Coppell, Texas 75019-9000 ]

Phone: [ 1-800-678-6227 ]

#### THIS ENDORSEMENT CHANGES YOUR POLICY, PLEASE READ IT CAREFULLY

This Endorsement is part of the Policy to which it is attached and is effective as of the Policy Issue Date. All Policy terms will apply to this Endorsement unless they: (a) have been changed by this Endorsement; or (b) conflict with this Endorsement.

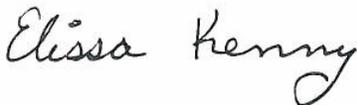
This Policy has been issued in accordance with the Guaranteed Exchange Rider of your original term life insurance policy. Therefore, the **Incontestability** and **Suicide** provisions of the Policy are revised as follows:

**Incontestability** – After 2 years from the Policy Date/Issue Date of the original term life insurance policy while the Insured is alive, the Policy will be incontestable as to the statements made in the application for the original term insurance policy. In the absence of fraud, all statements made in the application are deemed to be representations and not warranties. No statement will be used by us in defense of a claim or to void this Policy unless it is in the signed application. This does not prevent us from terminating this Policy if Premiums are due but not paid. If the original term life insurance policy was reinstated, a new two year contestable period applies from the date of reinstatement with respect to statements made in the application for reinstatement.

**Suicide** - If the Insured dies by Suicide while sane or insane within 2 years from the Policy Date/Issue Date of the original term life insurance policy, the Death Benefit payable under the Policy will be limited to a refund of all Premiums paid and the Policy will terminate.

Signed for the **Reassure America Life Insurance Company** at its Home Office.

  
President

  
Corporate Secretary

## AMENDATORY ENDORSEMENT

### Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 9000 ]

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### THIS ENDORSEMENT CHANGES YOUR POLICY, PLEASE READ IT CAREFULLY

This Endorsement is part of the Policy to which it is attached and is effective as of the Policy Issue Date. All Policy terms will apply to this Endorsement unless they: (a) have been changed by this Endorsement; or (b) conflict with this Endorsement.

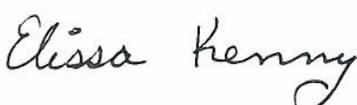
This Policy has been issued in accordance with the Conditional Exchange Rider of your original term life insurance policy. Therefore, the **Incontestability** and **Suicide** provisions of the Policy are revised as follows:

**Incontestability** – After this Policy has been in force while the Insured is alive for 2 years from its Issue Date, it will be incontestable as to the statements made in the application for exchange. In the absence of fraud, all statements made in the application for exchange are deemed to be representations and not warranties. No statement will be used by us in defense of a claim or to void this Policy unless it is in the signed application for exchange. This does not prevent us from terminating this Policy if Premiums are due but not paid. During the contestable period, we can contest the Policy and reduce a claim for any material misrepresentation of a fact in the application for exchange. This reduction will be limited to an amount equal to: (a) the Premiums that would have been paid if the original term life insurance policy had not been exchanged; less (b) the Premiums paid for the Policy.

**Suicide** - If the Insured dies by Suicide while sane or insane within 2 years from the Policy Date/Issue Date of the original term life insurance policy exchanged for this Policy, the Death Benefit payable under the Policy will be limited to a refund of all Premiums paid and the Policy will terminate.

Signed for the **Reassure America Life Insurance Company** at its Home Office.

  
President

  
Corporate Secretary

# [ INDIVIDUAL TERM LIFE INSURANCE APPLICATION ]

## Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 9000 ]

[ Coppell, Texas 75019-9000 ]

Phone: [ 1-800-678-6227 ]

### PART I

#### INSTRUCTIONS:

- Check  for service desired.
- Indicate to what address items should be returned.
- Mail form (and policy if required) to Servicing Office.
- For Change of Beneficiary or Owner, complete a separate form.

#### SIGNATURE REQUIREMENTS:

- Insured, if age 16 or older.
- Owner, if other than the Insured.
- Assignee, if policy is assigned.
- Corporate officer with title, if policy is corporate-owned.

<b>Policy Number:</b> 1234567				<b>Proposed Insured (first, middle, last):</b> Jane R. Doe				
<b>Address (Proposed Insured)</b>  123 Main Street, Anytown, USA 99999				<b>Date of Birth</b> January 1, 1950		<b>Gender</b>		<b>SSN*</b>  123-45-6789
				<b>Place</b> Anytown, USA		<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
<b>Owner (if other than insured)</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>SSN*</b>		
<b>Phone Number of Proposed Insured and Owner (if other than insured):</b>								
<b>Beneficiary</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Contingent Beneficiary</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>Return all items to:</b> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Agency <input type="checkbox"/> Other (specify)								

*\*This application will not be processed without a valid Insured's Social Security Number (SSN) & Owner's SSN or Tax ID Number.*

<b>Do you have any existing life insurance or annuity policies?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes If so, provide company name and policy number(s):	
Company Name: _____	Policy Number(s) : _____
<b>Will this policy replace or change any existing life insurance or annuity policy?</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes If so, provide company name and policy number(s):	
Company Name: _____	Policy Number(s) : _____

#### BILLING INSTRUCTIONS:

MODE:  Annual     Semi-Annual     Quarterly     Monthly     Non-bill    BILLING TYPE:  Direct     List bill     PAC     Government Allotment

<b>Payor (if other than Owner)</b> John Doe	<b>Relationship to Owner and Insured</b> Parent
<b>Payor Address and Phone Number</b> Same as above	

#### SPECIAL INSTRUCTIONS:


**PART II – Application For:**

**Policy Number** \_\_\_\_\_

- Term Life Policy: Complete Part II Below, Date & Sign Application**
- Term Life Reentry or Exchange: Complete Part II Below, Date & Sign Application**
- Increase – Complete Part II Below, Date & Sign Application**
- Decrease – SKIP Questions 6 through 18 Below, Date & Sign Application\*\***
- Rate Class Change - Complete Part II Below, Date & Sign Application**
- Reinstatement – Complete Part II Below, Date & Sign Application**

**\*\*Questions 6 through 18 are not required for benefit decreases.**

Print first name, middle initial, and last name.	<u>Date of Birth</u>	Age Nearest Birthday	State of Birth	Sex	<u>Height</u>	<u>Weight</u>
	Mo Day Yr				Ft In	Now Yr ago
1. a. Proposed Insured: <b>Jane Doe</b>	01 01 50	50	IL	F	5 9	125 125
b. Second Proposed Insured:						

2. Proposed Insured's Occupation:	Occupational Duties:
-----------------------------------	----------------------

3. Riders Available (If checked below)***	Elect Coverage	Delete	Increase	Decrease	New Account
<input type="checkbox"/> Accidental Death & Dismemberment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Waiver of Premium for Total Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Other Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> Children's Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

**\*\*\*For purposes of Term Life Reentry, Exchange or Reinstatement, you may only elect Riders that were included in your original Term Life Policy**

**Complete for Other Insured Term Rider or Children's Term Rider.**

Print first name, middle initial, and last name.	Relationship To Proposed Insured	<u>Date of Birth</u>	Age Nearest Birthday	State of Birth	Sex	<u>Height</u>	<u>Weight</u>
		Mo Day Yr				Ft In	Now Yr ago
4. a. <b>John Doe</b>	Spouse						
b. Sally Doe	Child						
c. Tommy Doe	Child						

<b>Beneficiary Designation for Other Insured Rider</b> (if applicable)	Relationship	Address	City	State	Zip Code
<b>Beneficiary Designation for Children's Term Rider</b> (if applicable)	Relationship	Address	City	State	Zip Code

5. Does any person proposed for coverage currently use any tobacco product?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If "YES", what form of tobacco product?****</b> <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless <input type="checkbox"/> Nicotine Patch/Gum Name: _____ <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless <input type="checkbox"/> Nicotine Patch/Gum Name: _____
Has any person proposed for coverage ever used any tobacco product?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If "YES", what form of tobacco product?****</b> <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless <input type="checkbox"/> Nicotine Patch/Gum Name: _____ <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless <input type="checkbox"/> Nicotine Patch/Gum Name: _____ <b>What date were tobacco products last used?****</b> Name: _____ Date: _____ Name: _____ Date: _____

**\*\*\*\*Tobacco questions must be answered for the Proposed Insured and each person proposed for coverage under the Other Insured Term Rider. If responding on behalf of more than 2 proposed insureds, include additional information in the comment section on page 4,**

**PART II – Continued**

**Give details in “Comments” section following the questions for any ‘YES’ answers to questions 4 through 18.**

6. Within the past 5 years, has any person proposed for coverage:	
a. Been treated, examined or advised by member of the medical profession?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Been an inpatient or outpatient in a hospital, clinic or medical facility, or any similar entity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Had any surgical operations or procedures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Had diagnostic tests such as: an electrocardiogram (EKG) or X-ray, except those related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Made a claim for or received benefits or compensation for any injury, sickness, disability or impaired condition. <i>If “YES”, provide the date claim filed, type of benefits claimed, amounts and dates of payments received, contact information for the payor of the benefits, type of injury, sickness, disability or impaired condition, duration of these, and contact information for treating physician.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Been unable to work, attend school or perform the normal activities of like age and gender, or been confined at home? <i>If “YES”, provide explanation of inability or confinement; name, address and telephone number of medical professional or facility consulted; diagnosis; treatment prescribed; medications prescribed; date of onset and recovery.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Has any person proposed for coverage ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for:	
a. Any disease or disorder of the brain or nervous system, including but not limited to, severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, nervousness, paralysis, mental disorder or depression?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Any disease or disorder of the heart, blood vessels or circulatory system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Any disease or disorder of the respiratory system, including but not limited to, tuberculosis, asthma, pleurisy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Any disease or disorder of the stomach, liver, intestines, rectum, gall bladder, pancreas, spleen or abdominal organs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Any disease or disorder of the genito-urinary organs, including but not limited to, albumin, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate, the reproductive organs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Any disease or disorder of the muscles, joints or skeletal system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Any disease or disorder of the eyes, ears, nose or throat?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Any disease or disorder of the blood, skin, thyroid, lump or other glands?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Rheumatic or other fever, diabetes, syphilis, gout, arthritis or goiter?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j. Hernia or rupture, hemorrhoids or varicose veins?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k. Any psychiatric or mental health disorder or disease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l. Any gynecological disorders or diseases?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
m. Any cancer, tumor, cyst or nodule?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
n. Any sexually transmitted disorders or diseases?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
o. Any disorders or diseases of the immune system except those related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Has any person proposed for coverage been:	
a. Diagnosed or treated by a member of the medical profession for specified symptoms such as: immune deficiency, anemia, recurrent fever, fatigue or unexplained weight loss, malaise, loss of appetite, diarrhea, fever of unknown origin, severe night sweats; unexplained or unusual infections or skin lesions; unexplained swelling of the lymph glands; Kaposi’s Sarcoma or Pneumocystis Carinii Pneumonia?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Is any person proposed for coverage now pregnant? - <i>If “YES”, provide the child’s expected due date in “Comments”.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Is any person proposed for coverage now under medical treatment, taking any prescription drugs or on a prescribed diet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Has any person proposed for coverage any intention to travel or reside outside the United States or Canada within the next two years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Has any person proposed for coverage ever flown, or intends within the next two years to fly, other than as a fare paying passenger on a scheduled airline?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting, mountain or rock climbing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

14. Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Has a proposed insured ever:	
a. Used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, marijuana, or other habit forming drugs, except as prescribed by a physician;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs; or	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Been a member of any self-help group such as Alcoholics Anonymous or Narcotics Anonymous?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Has any person proposed for coverage:	
a. Had a driver's license suspended or revoked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Plead guilty to or been convicted of driving while impaired, intoxicated or under the influence of alcohol or any drug?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Within the last 5 years, plead guilty to or been convicted of any moving violation or been involved in any accident in which the proposed insured was found to be at fault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Has any person proposed for coverage ever plead guilty to or been convicted of a felony or misdemeanor or do they have such charge currently pending against them?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Does any person proposed for coverage have a parent or sibling diagnosed or treated by a member of the medical profession for certain conditions, such as heart or vascular disease, cancer, diabetes, high blood pressure, kidney disease, attempted suicide or mental illness? <i>If "YES", provide details below.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Family Member	Age(s) (if living)	Condition Treated	Age(s) at Death	Cause of Death
Father	77	Heart Disease		
Mother	73	Cancer		
Sister	54	Diabetes		
Brother	47	High Blood Pressure		
Sister	45	Kidney Disease		

**COMMENTS:**

*If you answered "YES" to any of questions shown above, list the question number and item(s) that you are referring to, dates/duration, diagnosis, physician name and address, phone number & name of the health care facility.*

6a. Routine Physical – September, 2008; Dr. George Smith, 444 Main St., Anytown, USA 00000
11. Family vacation to Cancun, Mexico

**HOME OFFICE CHANGES:**

*This section is for Home Office use only and may include amendments, corrections or additions. Any change in plan of insurance, amount, age at issue, gender, class or benefits shall require completion of a new application.*


## IMPORTANT NOTICES (Please Read carefully)

For purposes of this application Reassure America Life Insurance Company will be referred to as “the Company”, “we”, “us” or “our”.

### **NOTICE TO UNITED STATES RESIDENTS UNDER FAIR CREDIT REPORTING ACT**

We would like to explain a part of our underwriting process that is frequently misunderstood. You are entitled to know that, as part of our routine selection procedure, we may request an investigative consumer report (“report”) concerning the insurability of each person proposed for coverage. This report would include information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with friends, neighbors, and associates of the Proposed Insured.

If we request a report and you want: 1) additional information about the nature and scope of the report; or 2) to be interviewed in connection with the report; or 3) to receive a copy of the report; please make a written request to the **Servicing Office**, **[insert address]**. Please include the name of your agent as well as your own full name, date of birth and return address.

In order to provide the best possible products on the most favorable basis, it is necessary for us to be somewhat selective in issuing our policies. We sincerely believe that the consumer investigative report is an essential and proper tool to assist us in meeting these mutual objectives. We will do our best to serve you both now and in the future. Please call us any time at our toll-free number: **[insert toll free number]**. You may obtain a written summary of your rights under the Fair Credit Reporting Act online at [www.ftc.gov/credit](http://www.ftc.gov/credit) or by writing to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580. ]

### **NOTICE REGARDING MEDICAL INFORMATION BUREAU**

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 886 346-3642). If you question the accuracy of the information in MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB’s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Note: Canadian Members should continue to use the following address: 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7, telephone number (416) 597-0590. ]

### **FRAUD NOTICES**

**[ For Residents of the District of Columbia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. ]

**[ For Residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. ]

**[ For Residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. ]

**[ For Residents of New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. ]

**[ Notice For Residents of All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. ]

## **AGREEMENT**

**I declare** to the best of my knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to issue, change or reinstate the above referenced policy. No information will be considered to have been given to the Company unless it is included herein or on a Supplemental Underwriting Questionnaire.

**I agree** that the policy shall not be changed until the Company has received payment of all premiums in arrears and has formally approved the application. I further agree to accept a return of any payments made in connection with this application for change or reinstatement should the Company decline any policy change or reinstatement.

**I further agree** that if the Company approves this application for issue, change or reinstatement, such approval shall be based upon the above statements and answers, which shall be deemed to be representations and not warranties. I further agree as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of any change or reinstatement, except to return all premiums paid in connection with and subsequent to any such change or reinstatement; but on the condition that any change or reinstatement shall be incontestable after the same period following any such change or reinstatement and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners.

**I understand** that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, I hereby surrender the policy for cancellation and agree that this request together with the application for the original policy shall constitute the application for any new policy and that the original application shall be changed only to the extent provided by this service request.

**I request** that all transactions marked above be completed by the Company and agree on behalf of myself and all of my heirs, beneficiaries, assignees and any others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions.

**I expressly warrant** that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

## **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

**This authorization complies with the HIPAA Privacy Rule and applies to each undersigned. Please read carefully and sign below.**

**I authorize** any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, ("My Providers"), to disclose the entire medical record and any other protected health information concerning me or me and my minor children to the Company and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children's protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

**I also authorize** any insurance or reinsuring company, the MIB, Inc., employer or any other organization, institution, person, consumer reporting agency, or insurance support organization that has any personal (medical or non medical) information of mine or my minor children to release such information, including the entire medical record without restriction if requested, to the Company, its agents, employees and representatives.

**The Company may use and disclose information** received under this Authorization to: 1) underwrite my application for coverage and 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 the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health insurance.

This authorization shall remain valid for 24 months following the date of my signature below. A copy of this Authorization is as valid as the original.

I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at [insert address]. A revocation of this Authorization is not effective to the extent that the Company or others have relied on it, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I understand that if I refuse to sign this Authorization, the 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 have received a copy of this Authorization, which I have signed and will retain for my records. ]

I have read this Individual Term Life Insurance Application and all notices included herein, and all statements and answers are true and complete to the best of my knowledge and belief.

Dated at (City and State) Anytown, USA, this 12th Day of September, 2003.

Proposed Insured (if age 16 or over) or Legal Representative & Legal Representative's Authority / Relationship to Proposed Insured

Owner (if not Proposed Insured) and relationship & Title of Officer Signing as Owner if Owner is Corporation, Partnership, Trust

Witness (not related) or Agent

Assignee

Telephone Number of Proposed Insured (day) (555) 555-9999 (night) (555) 555-0001

**An Agent does not have the Company's authorization to accept risk, approved evidence of insurability, or make, void, waive or change any conditions or provisions of this application or policy.**

Servicing Agent's Name	Agency Code	Agent Code	Agent's Phone Number
John Smith	00001	0000123	555-555-1234

Will this policy replace or change any existing life insurance or annuity policy?

No  Yes

\_\_\_\_\_  
Agent Signature

## IMPORTANT NOTICES

Please Retain for your records. This is your copy of the Important Notices appearing on the Individual Term Life Insurance Application Form ICC 08 – RTL App 1.0

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In order to provide the best possible products on the most favorable basis, it is necessary for us to be somewhat selective in issuing our policies. We sincerely believe that the consumer investigative report is an essential and proper tool to assist us in meeting these mutual objectives. We will do our best to serve you both now and in the future. Please call us any time at our toll-free number: **[insert toll free number]**. You may obtain a written summary of your rights under the Fair Credit Reporting Act online at [www.ftc.gov/credit](http://www.ftc.gov/credit) or by writing to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580.]

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### **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

***This authorization complies with the HIPAA Privacy Rule and applies to each undersigned. Please read carefully and sign below.***

**I authorize** any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, (“My Providers”), to disclose the entire medical record and any other protected health information concerning me or me and my minor children to the Company and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children’s protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

**I also authorize** any insurance or reinsuring company, the MIB, Inc., employer or any other organization, institution, person, consumer reporting agency, or insurance support organization that has any personal (medical or non medical) information of mine or my minor children to release such information, including the entire medical record without restriction if requested, to the Company, its agents, employees and representatives.

**The Company may use and disclose information** received under this Authorization to: 1) underwrite my application for coverage and 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 the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health insurance.

**This authorization shall remain valid for 24 months** following the date of my signature below. A copy of this Authorization is as valid as the original.

**I have the right to revoke this Authorization in writing**, at any time, by sending a written request for revocation to the Company at **[insert address]**. A revocation of this Authorization is not effective to the extent that the Company or others have relied on it, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I understand that if I refuse to sign this Authorization, the 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 have received a copy of this Authorization, which I have signed and will retain for my records.

# [ RE-ENTRY / EXCHANGE APPLICATION ]

## Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 9000 ]

[ Coppell, Texas 75019-9000 ]

Phone: [ 1-800-678-6227 ]

<b>Policy Number:</b> 12345678		<b>Effective date of Policy being exchanged:</b> April 1, 1998				
<b>Proposed Insured</b> (first, middle, last) John Doe		<b>Date of Birth</b> January 1, 1973		<b>Sex</b>		<b>SSN*</b>  123-45-6789
		<b>Place</b> Indiana		<input checked="" type="checkbox"/> M <input type="checkbox"/> F		
<b>Address</b> (Proposed Insured) 1234 North Main Street		<b>City</b> Anytown		<b>State</b> USA		<b>Zip Code</b> 98765
<b>Owner</b> (if other than insured)	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>SSN*</b>
<b>Phone Number of Proposed Insured and Owner</b> (if other than insured): 260-999-9999						
<b>Beneficiary</b> Jane Doe	<b>Relationship</b> Spouse	<b>Address</b> Same as above		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Contingent Beneficiary</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Return all items to:</b> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Agency <input type="checkbox"/> Other (specify)						

*\*This application will not be processed without a valid Insured's Social Security Number (SSN) & Owner's SSN or Tax ID Number.*

<b>Current Face Amount:</b> <u>  \$10,000  </u>		<p><b>If you are requesting an increase in your Face Amount, the following conditions apply:</b> 1) your current policy must allow for Increases in coverage; 2) you must submit satisfactory evidence of insurability; and 3) the increase in coverage must be underwritten in accordance with our current underwriting rules and practices.</p>
<b>Face amount Requested:</b> <u>  \$10,000  </u>		
<b>The Riders checked below are available for reentry/exchange.</b>		<b>Indicate your acceptance by initialing the box(es) below.</b>
<input type="checkbox"/> <b>Other Insured Rider:</b> _____	Face amount: _____	<input type="checkbox"/> I elect to convert this Rider.
<input type="checkbox"/> <b>Children's Term Rider:</b> _____	Face amount: _____	<input type="checkbox"/> I elect to convert this Rider.
<input type="checkbox"/> <b>Waiver of Premium Rider:</b>		<input type="checkbox"/> I elect to convert this Rider.
<input type="checkbox"/> <b>*Accidental Death &amp; Dismemberment Rider</b>	Principal sum: _____	<input type="checkbox"/> I elect to convert this Rider.
<b>Beneficiary Designation for Other Insured Rider</b> (if applicable)	<b>Relationship</b>	<b>Address</b> <b>City</b> <b>State</b> <b>Zip Code</b>
<b>Beneficiary Designation for Children's Term Rider</b> (if applicable)	<b>Relationship</b>	<b>Address</b> <b>City</b> <b>State</b> <b>Zip Code</b>
<b>Comments:</b>		

**BILLING INSTRUCTIONS:**

MODE: Annual Semi-Annual Quarterly Monthly Non-bill

BILLING TYPE: Direct List bill Automatic Bank Draft (requires completion of Bank Authorization Form) Government Allotment

<b>Payor (if other than Owner)</b>	<b>Payor's Social Security Number</b>
<b>Payor Address and Phone Number</b>	<b>Relationship to Owner and Insured</b>

**FRAUD NOTICES**

**[ For Residents of the District of Columbia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. ]

**[ For Residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. ]

**[ For Residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. ]

**[ For Residents of New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. ]

**[ Notice For Residents of All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. ]

**AGREEMENT**

**I declare** to the best of my knowledge and belief the foregoing statements and answers are complete and true.

**I agree** that if Reassure America Life Insurance Company ("the Company") accepts this application, such approval shall be based upon the above statements and answers, which shall be deemed to be representations and not warranties.

**I further agree** that insurance will not take effect until the application is approved and accepted by the Company, and at least the first modal premium has been paid in full.

**I request** that this transaction be completed by the Company and agree on behalf of myself and all of my heirs, beneficiaries, assignees and any others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transaction.

**I expressly represent** that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

Dated at (City and State) \_\_\_\_\_, this \_\_\_\_\_ Day of \_\_\_\_\_.

\_\_\_\_\_  
Proposed Insured (if age 16 or over) or Legal Representative &  
Legal Representative's Authority/Relationship to Proposed Insured

\_\_\_\_\_  
Witness (not related) or Agent

\_\_\_\_\_  
Owner (if not Proposed Insured) and relationship & Title of  
Officer Signing as Owner if Owner is Corporation, Partnership, Trust

\_\_\_\_\_  
Assignee

<b>Servicing Agent's Name</b>	<b>Agency Code</b>	<b>Agent Code</b>
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*SERFF Tracking Number:* CMPL-125914371      *State:* Arkansas  
*Filing Company:* Reassure America Life Insurance Company      *State Tracking Number:* 40941  
*Company Tracking Number:* REASSURE ITL NON-ICC 11-08  
*TOI:* L041 Individual Life - Term      *Sub-TOI:* L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
  
*Product Name:* Reassure ITL non-ICC 11-08  
*Project Name/Number:* Reassure ITL non-ICC 11-08/Reassure ITL non-ICC 11-08

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPL-125914371 State: Arkansas  
 Filing Company: Reassure America Life Insurance Company State Tracking Number: 40941  
 Company Tracking Number: REASSURE ITL NON-ICC 11-08  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: Reassure ITL non-ICC 11-08  
 Project Name/Number: Reassure ITL non-ICC 11-08/Reassure ITL non-ICC 11-08

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	rates		New		REA.Lev+ART10 0 (2008)-FINAL include rates.pdf

# REASSURE AMERICA LIFE INSURANCE COMPANY

= Term to 100 – Level + Annually Renewable =  
(Form RTL2.0)

## Actuarial Analysis

### I. Bases

A. Plan of Insurance: Term Insurance to age 100. Benefits are level all years; premiums are level for initial period, followed by a set of annually renewable rates. Issue ages are as follows:

5-Year Initial Level Term:	18-75
10-/15-Year Initial Level Term:	18-70
20-Year Initial Level Term:	18-60

Premiums are guaranteed. Level premiums are banded as follows:

Under \$150,000; \$150,000 – 499,999, \$500,000 and above

B. Calculation Method: *Statutory Reserves*: CRVM (Reg. XXX-prescribed segmentation for first Segment; Net-Level premium reserves for renewal segments)  
*Cash Values*: not required

In accordance with Actuarial Guideline XXII, both the current (= guaranteed) stream of gross premiums were evaluated on a unitary basis. We tested all combinations of issue ages, risk-classes, and premium bands and concluded that no cash values develop for this plan structure. See *attached proof*.

C. Mortality: 2001 CSO Male/Female, Non-/Smoker, Age Last Birthday, including *Segmentation basis*: 25-Year select and ultimate rates.  
*Basic Reserve basis*: Ultimate rates only.  
*Deficiency Reserve basis*: X%\* of 25-Year select and ultimate rates

\* percent is dependent on the risk-class assumed: Super Preferred (40%)  
Preferred Nontobacco (50%)  
Standard Nontobacco (60%)  
Tobacco (60%)

D. Interest: 4.0%

E. Functions: Immediate Pay (Semi-Continuous);  
(Expense Allowances use Curtate basis)

F. Premium Rates: Current (= guaranteed) premium rates for the plan should be attached to this actuarial demonstration. Policy fee (\$75) may be incorporated when calculating deficiency reserves.

### II. Formulae

A. Notation:  $x$  = issue age  
 $t$  = duration  
 $GP_{x,s}$  = gross premium in year  $s$  for issue age  $x$

B. Unitary Method

1. Reserve Expense Allowance:

$$RESE A_x^U = \left[ \left( \left[ \beta_x^{FPT-U} \leq_{19} P_{x+1} \right] - 1000 A_{x:\overline{1}}^1 \right) \geq 0 \right]$$

where

$$\beta_x^{FPT-U} = \frac{1000A_{x+1:\overline{100-x-1}|}^1}{\sum_{s=2}^{100-x} \left[ (GP_{x,s}) A_{x+1:\overline{s-2}|}^1 \right]} (GP_{x,1}) \qquad {}_{19}P_{x+1} = \frac{1000A_{x+1}}{\ddot{a}_{x+1:\overline{19}|}}$$

2. Net Premiums:

$\alpha_x^U, \beta_{x,t}^U$  = first-year and renewal ( $t > 1$ ) beginning of year reserve net premiums, where

$$K_x^U = \frac{1000\overline{A}_{x:\overline{100-x}|}^1 + RESEA_x^U}{\sum_{s=1}^{100-x} \left[ (GP_{x,s}) \left( \ddot{a}_{x+s-1:\overline{1}|} \right) A_{x:\overline{s-1}|}^1 \right]}$$

and

$$\alpha_x^U = \frac{1000\overline{A}_{x:\overline{100-x}|}^1 - K_x^U \sum_{s=2}^{100-x} \left[ (GP_{x,s}) \left( \ddot{a}_{x+s-1:\overline{1}|} \right) A_{x:\overline{s-1}|}^1 \right]}{\ddot{a}_{x:\overline{1}|}} \qquad \beta_{x,t}^U = K_x^U (GP_{x,t})$$

3. Reserves:

${}_tV_x$  = terminal reserve with  ${}_{100-x}V_x = 0$ , where

$${}_tV_x = \left( {}_{t+1}V_x \right) A_{x+t:\overline{1}|}^1 + 1000\overline{A}_{x+t:\overline{1}|}^1 - \left( {}_{t+1}P_x^U \right) \ddot{a}_{x+t:\overline{1}|}$$

$$\text{with } {}_{t+1}P_x^U = \begin{cases} \beta_{x,t+1}^U & \text{for } 0 < t < 100-x \\ \alpha_x^U & \text{for } t = 0 \end{cases}$$

The applicable unitary reserve is  ${}_tV_x^U = [{}_tV_x \geq 0]$ .

C. Segmentation Method

1. Determine Premium Segments:

$$u_n = \text{beginning plan year of segment } n; \text{ where } \begin{matrix} u_n = 1 & \text{for } n = 1 \\ u_n = v_{n-1} + 1 & \text{for } n > 1 \end{matrix}$$

$v_n$  = ending plan year of segment  $n$ ; where  $v_n$  is determined via iteration to be the smallest value of  $t \geq u_n$  such that:

$$\left( \frac{GP_{x,t+1}}{GP_{x,t}} \right) > \left[ (0.99) \frac{q_{x+t}}{q_{x+t-1}} \geq 1 \right]$$

If  $t = 100-x$  with inequality not satisfied, then  $v_n = 100-x$ , and  $[u_n, v_n]$  is the final segment

2. Reserve Expense Allowance:

If  $v_l = 1$  (i.e., first segment is one-year long),  $RESEA_x^{XXX} = 0$ ; otherwise

$$RESEA_x^{XXX} = \left[ \left( \left[ \beta_x^{FPT-XXX} \leq_{19} P_{x+1} \right] - 1000 A_{x:l}^1 \right) \geq 0 \right]$$

where

$$\beta_x^{FPT-XXX} = \frac{1000 A_{x+1:v_l-1}^1 + (v_l V_x^U) A_{x+1:v_l-1}^1}{\sum_{s=2}^{v_l} \left[ (GP_{x,s}) A_{x+1:s-2}^1 \right]} (GP_{x,1}) \qquad {}_{19}P_{x+1} = \frac{1000 A_{x+1}}{\ddot{a}_{x+1:19}}$$

3. Net Premiums:

a. First Segment [ $u_l = 1, v_l$ ]:

$\alpha_x^1, \beta_{x,t}^1$  = first-year and renewal ( $t > u_l$ ) reserve net premiums, where

$$K_{x,1}^{XXX} = \frac{1000 \bar{A}_{x:v_l}^1 + (v_l V_x^U) A_{x:v_l}^1 + RESEA_x^{XXX}}{\sum_{s=1}^{v_l} \left[ (GP_{x,s}) \left( \ddot{a}_{x+s-l:l} \right) A_{x:s-1}^1 \right]}$$

and

$$\alpha_x^1 = \frac{1000 \bar{A}_{x:v_l}^1 + (v_l V_x^U) A_{x:v_l}^1 - K_{x,1}^{XXX} \sum_{s=2}^{v_l} \left[ (GP_{x,s}) \left( \ddot{a}_{x+s-l:l} \right) A_{x:s-1}^1 \right]}{\ddot{a}_{x:l}^1} \qquad \beta_{x,t}^1 = K_{x,1}^{XXX} (GP_{x,t})$$

b. Subsequent Segments [ $u_n, v_n$ ], where  $n > 1$ :

$P_{x,t}$  = reserve net premiums for  $u_n \leq t \leq v_n$ , where

$$K_{x,n}^{XXX} = \frac{1000 \bar{A}_{x+u_n-1:v_n-u_n+1}^1 + (v_n V_x^U) A_{x+u_n-1:v_n-u_n+1}^1 - (u_n-1 V_x^U)}{\sum_{s=u_n}^{v_n} \left[ (GP_{x,s}) \left( \ddot{a}_{x+s-l:l} \right) A_{x+u_n-1:s-u_n}^1 \right]}$$

and

$$P_{x,t} = K_{x,n}^{XXX} (GP_{x,t})$$

4. Basic Reserves:

${}_tV_x$  = terminal reserve with  ${}_{100-x}V_x = 0$ , where

$${}_tV_x = \left({}_{t+1}V_x\right)A_{x+t:\overline{1}|} + 1000\overline{A}_{x+t:\overline{1}|} - \left({}_{t+1}P_x^{XXX}\right)\ddot{a}_{x+t:\overline{1}|}$$

with  ${}_{t+1}P_x^{XXX} = P_{x,t+1}$  for  $v_l \leq t < 100-x$   
 $\beta_{x,t+1}^l$  for  $0 < t < v_l$   
 $\alpha_x^l$  for  $t = 0$

The **basic reserve** is  ${}_tV_x^{XXX} = [{}_tV_x \geq 0]$ .

The reserve applicable for reduction of deficiency reserves is  ${}_tV_x^B = [{}_tV_x \leq 0]$

D. Deficiency Reserves, using Deficiency Mortality Basis

Generate net premium values ( $\alpha_x^l, \beta_{x,t+1}^l, P_{x,t+1}$ ) following same procedure (B. and C.) as above, except using *deficiency* mortality basis, and calculate deficiency reserves:

${}_{Def}V_x$  = terminal deficiency reserve with  ${}_{100-x}{}_{Def}V_x = 0$ , where

$${}_{Def}V_x = \left({}_{t+1}{}_{Def}V_x\right)A_{x+t:\overline{1}|} + \left({}_{t+1}{}_{Def}P_x\right)\ddot{a}_{x+t:\overline{1}|}$$

with

$${}_{t+1}{}_{Def}P_x = \left[ {}_{t+1}P_x^{DefV} - \left( GP_{t+1}^x + \frac{PolFee}{AvgSize} \right) \geq 0 \right]$$

where  ${}_{t+1}P_x^{DefV} = P_{x,t+1}$  for  $v_l \leq t < 100-x$   
 $\beta_{x,t+1}^l$  for  $0 < t < v_l$   
 $\alpha_x^l$  for  $t = 0$

where all values used during this procedure have been generated using the deficiency mortality basis, *PolFee* is nonzero only if one chooses to employ it in the deficiency calculation, and *AvgSize* is the maximum average size, in 000s, per band (for conservatism).

The **deficiency reserve** is  ${}_{Def}V_x^{XXX} = [{}_{Def}V_x + {}_tV_x^B \geq 0]$ .

E. Premium Floor

Net premium values,  $P_x^{XXX}$ , derived using basic reserve assumptions need to be adjusted to meet the Minimum Value Test. Specifically, we need to tailor these net premiums to satisfy

$$(1/2)\left({}_{t-1}V_x^{XXX} + {}_tV_x^{XXX} + {}_tP_x^{XXX}\right) \geq (1/2)\frac{1000\overline{A}_{x+t-1:\overline{1}|}}{\ddot{a}_{x+t-1:\overline{1}|}}$$

where the terminal reserve and net premium values are *all rounded to near cent*, and the latter tabular cost formula is generated based on mortality with no select factors applied (using semi-continuous since the reserves are non-curtate). Therefore, the following substitution must be made:

$${}_t NP_x^{XXX} = \left[ {}_t P_x^{XXX} \geq \frac{1000 \bar{A}_{x+t-1:\overline{1}|}^1}{\ddot{a}_{x+t-1:\overline{1}|}} - ({}_{t-1} V_x^{XXX} + {}_t V_x^{XXX}) \right]$$

Therefore, for each issue-age/duration combination, we provide:

Net Premiums:  ${}_t NP_x^{XXX}$   
 Basic Reserves:  ${}_t V_x^{XXX}$   
 Deficiency Reserves:  ${}_t DefV_x^{XXX}$  each rounded to near cent.

"Total Reserve" is the sum of rounded values for  ${}_t V_x^{XXX}$  and  ${}_t DefV_x^{XXX}$ .

### III. Sample Calculations (attached)

*Statutory Basic/Total Reserves for:* 15-year initial period, Male, Standard Nontobacco, Band 2, Age 35

#### A. Basic (ultimate rates only) Values:

For  $t = 3$ :

$$GP_{35,4} = .99 \quad K_{35,t}^{XXX} = 1.90925 \quad \beta_{35,4}^A = (.99)(1.90925) = 1.8901569$$

$${}_4 P_{35}^V = 1.8901569 = \beta_{35,4}^A \quad {}_4 V_{35} = 2.196462$$

$$\begin{aligned} {}_3 V_{35} &= ({}_4 V_{35}) A_{38:\overline{1}|} + 1000 \bar{A}_{38:\overline{1}|}^1 - ({}_4 P_{35}^V) \ddot{a}_{38:\overline{1}|} \\ &= (2.196462)(0.960260) + 1000(0.00130426) - (1.8901569)(1) = 1.52533 \end{aligned}$$

Therefore  ${}_3 V_{35}^{XXX} = 1.52$

#### B. Deficiency (60% of 25-year select and ultimate) Values:

For  $t = 3$ :

$$GP_{35,4} = .99 \quad K_{35,t}^{XXX} = .92683 \quad \beta_{35,4}^A = (.99)(.92683) = .917565$$

$${}_4 DefP_{35} = 0 \text{ (because } [{}_4 P_{35}^{DefV} = \beta_{35,4}^A] - GP_{35,4} < 0) \quad {}_4 DefV_{35} = 0$$

$$\begin{aligned} {}_3 DefV_{35} &= ({}_4 DefV_{35}) A_{38:\overline{1}|} + ({}_4 DefP_{35}) \ddot{a}_{38:\overline{1}|} \\ &= (0)(0.961013) + (0)(1) = 0 \end{aligned}$$

Therefore  ${}_3\text{Def}V_{35}^{\text{XXX}} = 0$

#### IV. Qualification

I, Bradley H. Simanek, am a Consulting Actuary with Griffith, Ballard and Company. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries, and meet the Qualification Standards of the A.A.A. to render the actuarial opinion contained herein.



Bradley H. Simanek, F.S.A., M.A.A.A.  
GRIFFITH, BALLARD AND COMPANY  
August 29, 2008

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**5 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
18	0.60	0.80	1.00	0.29	0.39	0.45
19	0.61	0.81	1.05	0.30	0.40	0.48
20	0.61	0.82	1.11	0.30	0.41	0.51
21	0.62	0.82	1.16	0.31	0.42	0.54
22	0.63	0.84	1.22	0.32	0.43	0.57
23	0.64	0.86	1.28	0.33	0.44	0.61
24	0.65	0.87	1.33	0.35	0.46	0.65
25	0.66	0.88	1.37	0.36	0.49	0.69
26	0.65	0.87	1.39	0.37	0.50	0.73
27	0.63	0.86	1.39	0.38	0.52	0.77
28	0.60	0.83	1.39	0.39	0.54	0.82
29	0.59	0.82	1.39	0.40	0.56	0.87
30	0.57	0.81	1.41	0.41	0.59	0.94
31	0.56	0.82	1.44	0.43	0.62	1.01
32	0.56	0.83	1.48	0.44	0.65	1.09
33	0.57	0.84	1.54	0.46	0.69	1.17
34	0.57	0.87	1.62	0.47	0.72	1.26
35	0.58	0.90	1.71	0.49	0.75	1.34
36	0.62	0.95	1.84	0.51	0.79	1.43
37	0.67	1.01	1.98	0.54	0.83	1.52
38	0.72	1.08	2.16	0.58	0.87	1.62
39	0.78	1.16	2.37	0.62	0.91	1.74
40	0.86	1.25	2.61	0.66	0.97	1.88
41	0.94	1.36	2.89	0.71	1.03	2.04
42	1.04	1.49	3.19	0.78	1.11	2.22
43	1.14	1.61	3.49	0.85	1.20	2.44
44	1.24	1.73	3.79	0.93	1.31	2.71
45	1.33	1.84	4.07	1.03	1.42	3.01
46	1.42	1.95	4.32	1.13	1.56	3.34
47	1.51	2.06	4.59	1.25	1.70	3.71
48	1.62	2.20	4.90	1.38	1.87	4.11
49	1.76	2.37	5.29	1.52	2.05	4.55
50	1.93	2.58	5.77	1.68	2.24	5.02

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**5 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
51	2.13	2.83	6.34	1.85	2.45	5.51
52	2.36	3.12	6.98	2.03	2.68	6.04
53	2.62	3.43	7.66	2.23	2.92	6.59
54	2.89	3.75	8.35	2.44	3.17	7.15
55	3.17	4.09	9.05	2.66	3.44	7.75
56	3.49	4.50	9.86	2.91	3.76	8.42
57	3.84	4.96	10.75	3.17	4.10	9.13
58	4.26	5.50	11.77	3.45	4.45	9.88
59	4.74	6.12	12.95	3.74	4.83	10.68
60	5.28	6.82	14.28	4.05	5.23	11.51
61	5.89	7.60	15.71	4.39	5.66	12.40
62	6.53	8.43	17.19	4.75	6.14	13.35
63	7.20	9.30	18.68	5.15	6.65	14.37
64	7.90	10.21	20.16	5.59	7.22	15.49
65	8.64	11.16	21.66	6.08	7.85	16.70
66	9.44	12.19	23.22	6.62	8.55	18.05
67	10.34	13.35	24.95	7.22	9.32	19.54
68	11.36	14.68	26.90	7.89	10.18	21.19
69	12.54	16.19	29.08	8.63	11.14	23.01
70	13.86	17.90	31.53	9.45	12.20	25.00
71	15.33	19.80	34.25	10.36	13.38	27.14
72	16.95	21.89	37.23	11.35	14.66	29.43
73	18.74	24.20	40.47	12.45	16.08	31.88
74	20.74	26.78	44.10	13.65	17.63	34.49
75	23.00	29.70	48.17	14.97	19.34	37.28

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**5 Year Renewable and Convertible Term**  
**Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.40	0.46	0.57	0.73	0.19	0.22	0.27	0.33
19	0.41	0.46	0.57	0.77	0.20	0.23	0.28	0.35
20	0.41	0.46	0.58	0.81	0.20	0.23	0.29	0.37
21	0.41	0.47	0.58	0.85	0.21	0.24	0.29	0.39
22	0.42	0.48	0.59	0.89	0.21	0.24	0.30	0.42
23	0.43	0.49	0.61	0.94	0.22	0.25	0.31	0.44
24	0.44	0.50	0.62	0.97	0.23	0.26	0.33	0.47
25	0.44	0.50	0.62	1.00	0.24	0.28	0.34	0.50
26	0.44	0.50	0.62	1.01	0.25	0.29	0.36	0.53
27	0.43	0.49	0.60	1.02	0.26	0.30	0.37	0.57
28	0.42	0.47	0.59	1.02	0.27	0.31	0.38	0.60
29	0.42	0.47	0.58	1.02	0.28	0.32	0.40	0.64
30	0.41	0.46	0.57	1.03	0.30	0.33	0.41	0.69
31	0.41	0.46	0.57	1.06	0.31	0.35	0.43	0.74
32	0.42	0.47	0.58	1.09	0.33	0.37	0.46	0.80
33	0.43	0.48	0.59	1.14	0.35	0.39	0.48	0.87
34	0.45	0.49	0.61	1.20	0.37	0.41	0.50	0.93
35	0.46	0.51	0.63	1.27	0.39	0.43	0.53	1.00
36	0.49	0.55	0.67	1.37	0.41	0.45	0.56	1.06
37	0.53	0.59	0.72	1.48	0.43	0.48	0.59	1.13
38	0.57	0.63	0.77	1.61	0.46	0.51	0.62	1.21
39	0.62	0.69	0.83	1.77	0.49	0.55	0.66	1.30
40	0.68	0.76	0.91	1.95	0.53	0.59	0.70	1.40
41	0.75	0.83	1.00	2.16	0.57	0.63	0.76	1.53
42	0.83	0.92	1.09	2.39	0.62	0.69	0.82	1.67
43	0.91	1.01	1.19	2.63	0.68	0.75	0.89	1.84
44	0.99	1.10	1.29	2.85	0.75	0.83	0.97	2.04
45	1.07	1.18	1.38	3.07	0.83	0.92	1.07	2.27
46	1.13	1.26	1.48	3.30	0.91	1.01	1.18	2.55
47	1.21	1.34	1.58	3.54	1.00	1.10	1.31	2.86
48	1.29	1.43	1.70	3.83	1.10	1.22	1.45	3.21
49	1.40	1.54	1.85	4.18	1.21	1.34	1.60	3.60
50	1.53	1.69	2.04	4.62	1.33	1.47	1.77	4.01

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**5 Year Renewable and Convertible Term**  
**Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	1.69	1.86	2.26	5.13	1.46	1.61	1.96	4.46
52	1.87	2.06	2.52	5.71	1.60	1.77	2.16	4.94
53	2.06	2.27	2.79	6.34	1.76	1.93	2.38	5.45
54	2.27	2.49	3.09	7.00	1.92	2.11	2.61	5.99
55	2.49	2.73	3.40	7.68	2.09	2.30	2.86	6.57
56	2.74	3.00	3.74	8.36	2.29	2.51	3.13	7.14
57	3.02	3.31	4.13	9.12	2.49	2.73	3.41	7.75
58	3.34	3.67	4.57	9.98	2.71	2.97	3.70	8.38
59	3.72	4.08	5.09	10.99	2.93	3.22	4.01	9.06
60	4.15	4.55	5.67	12.11	3.18	3.49	4.35	9.77
61	4.62	5.07	6.32	13.33	3.44	3.78	4.71	10.52
62	5.13	5.63	7.01	14.58	3.73	4.10	5.10	11.33
63	5.66	6.21	7.74	15.85	4.05	4.44	5.53	12.19
64	6.21	6.81	8.49	17.10	4.39	4.82	6.01	13.14
65	6.79	7.45	9.28	18.37	4.77	5.24	6.53	14.17
66	7.41	8.14	10.14	19.70	5.20	5.70	7.11	15.31
67	8.12	8.91	11.10	21.16	5.67	6.22	7.75	16.57
68	8.92	9.79	12.20	22.81	6.19	6.80	8.47	17.97
69	9.84	10.80	13.46	24.67	6.77	7.43	9.26	19.52
70	10.88	11.94	14.88	26.74	7.42	8.14	10.15	21.20
71	12.04	13.21	16.47	29.06	8.13	8.93	11.12	23.02
72	13.31	14.61	18.21	31.58	8.91	9.79	12.19	24.96
73	14.71	16.15	20.12	34.33	9.78	10.73	13.37	27.04
74	16.28	17.87	22.27	37.41	10.72	11.77	14.66	29.25
75	18.06	19.82	24.70	40.86	11.76	12.91	16.08	31.62

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**5 Year Renewable and Convertible Term**  
**Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.37	0.43	0.53	0.66	0.18	0.21	0.26	0.30
19	0.37	0.43	0.54	0.70	0.18	0.21	0.26	0.32
20	0.37	0.44	0.54	0.73	0.19	0.22	0.27	0.34
21	0.38	0.44	0.55	0.77	0.19	0.22	0.28	0.36
22	0.38	0.45	0.56	0.81	0.20	0.23	0.28	0.38
23	0.39	0.46	0.57	0.85	0.20	0.24	0.29	0.40
24	0.40	0.47	0.58	0.88	0.21	0.25	0.31	0.43
25	0.40	0.47	0.59	0.91	0.22	0.26	0.32	0.46
26	0.40	0.47	0.58	0.92	0.23	0.27	0.33	0.49
27	0.40	0.46	0.57	0.93	0.24	0.28	0.34	0.52
28	0.39	0.45	0.55	0.93	0.25	0.29	0.36	0.55
29	0.39	0.44	0.54	0.94	0.26	0.30	0.37	0.59
30	0.39	0.44	0.54	0.95	0.28	0.32	0.39	0.64
31	0.39	0.44	0.54	0.98	0.29	0.34	0.40	0.69
32	0.40	0.45	0.54	1.02	0.31	0.36	0.43	0.75
33	0.41	0.46	0.55	1.06	0.33	0.38	0.45	0.81
34	0.42	0.48	0.57	1.12	0.35	0.40	0.47	0.87
35	0.44	0.50	0.59	1.19	0.37	0.42	0.49	0.93
36	0.47	0.53	0.63	1.29	0.39	0.44	0.52	1.00
37	0.51	0.57	0.67	1.39	0.42	0.47	0.55	1.07
38	0.55	0.62	0.73	1.52	0.45	0.50	0.59	1.15
39	0.60	0.67	0.79	1.68	0.48	0.53	0.63	1.23
40	0.66	0.74	0.87	1.86	0.51	0.57	0.67	1.33
41	0.73	0.82	0.96	2.06	0.56	0.62	0.73	1.45
42	0.81	0.90	1.06	2.28	0.61	0.68	0.79	1.59
43	0.89	0.99	1.16	2.51	0.66	0.74	0.87	1.76
44	0.97	1.08	1.26	2.73	0.73	0.82	0.95	1.95
45	1.05	1.16	1.36	2.95	0.81	0.90	1.06	2.18
46	1.11	1.24	1.45	3.15	0.89	0.99	1.16	2.43
47	1.19	1.32	1.54	3.36	0.98	1.09	1.28	2.72
48	1.27	1.41	1.65	3.62	1.08	1.20	1.41	3.04
49	1.38	1.52	1.79	3.93	1.19	1.32	1.55	3.38
50	1.50	1.66	1.96	4.32	1.31	1.45	1.70	3.76

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**5 Year Renewable and Convertible Term**  
**Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	1.66	1.83	2.16	4.78	1.44	1.59	1.87	4.16
52	1.84	2.02	2.39	5.30	1.58	1.74	2.06	4.58
53	2.03	2.23	2.65	5.86	1.73	1.90	2.25	5.04
54	2.23	2.45	2.91	6.43	1.89	2.07	2.46	5.51
55	2.44	2.68	3.19	7.01	2.05	2.25	2.68	6.00
56	2.69	2.95	3.51	7.64	2.25	2.46	2.93	6.53
57	2.97	3.25	3.87	8.33	2.45	2.69	3.19	7.08
58	3.28	3.60	4.29	9.12	2.66	2.92	3.47	7.66
59	3.66	4.01	4.77	10.04	2.88	3.16	3.76	8.27
60	4.08	4.47	5.32	11.07	3.12	3.43	4.08	8.92
61	4.54	4.98	5.93	12.18	3.38	3.71	4.42	9.61
62	5.04	5.53	6.58	13.32	3.67	4.02	4.78	10.35
63	5.56	6.10	7.25	14.48	3.98	4.36	5.19	11.14
64	6.10	6.69	7.96	15.63	4.32	4.74	5.63	12.00
65	6.67	7.32	8.70	16.79	4.69	5.15	6.12	12.95
66	7.28	7.99	9.51	18.00	5.11	5.60	6.66	13.99
67	7.98	8.75	10.41	19.33	5.57	6.11	7.27	15.14
68	8.77	9.62	11.44	20.84	6.09	6.68	7.94	16.42
69	9.67	10.62	12.62	22.54	6.66	7.31	8.69	17.83
70	10.69	11.74	13.95	24.44	7.29	8.00	9.51	19.37
71	11.83	12.98	15.44	26.55	7.99	8.77	10.43	21.03
72	13.08	14.36	17.07	28.85	8.76	9.61	11.43	22.81
73	14.46	15.87	18.87	31.37	9.61	10.54	12.54	24.71
74	16.00	17.56	20.88	34.18	10.54	11.56	13.75	26.73
75	17.74	19.48	23.16	37.34	11.55	12.68	15.08	28.89

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**10 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
18	0.62	0.83	1.13	0.31	0.41	0.52
19	0.63	0.84	1.18	0.32	0.43	0.56
20	0.63	0.85	1.23	0.33	0.44	0.59
21	0.64	0.85	1.27	0.34	0.46	0.63
22	0.64	0.86	1.30	0.36	0.48	0.67
23	0.65	0.86	1.34	0.37	0.50	0.71
24	0.65	0.87	1.37	0.39	0.52	0.76
25	0.66	0.88	1.40	0.42	0.55	0.81
26	0.65	0.88	1.42	0.43	0.58	0.87
27	0.64	0.87	1.45	0.44	0.60	0.93
28	0.63	0.87	1.47	0.46	0.63	0.99
29	0.63	0.88	1.51	0.47	0.66	1.06
30	0.63	0.89	1.56	0.49	0.69	1.13
31	0.63	0.91	1.63	0.50	0.72	1.21
32	0.64	0.94	1.72	0.52	0.76	1.29
33	0.66	0.98	1.83	0.53	0.79	1.38
34	0.68	1.03	1.96	0.55	0.83	1.48
35	0.70	1.09	2.11	0.56	0.87	1.58
36	0.76	1.17	2.30	0.60	0.92	1.70
37	0.83	1.26	2.52	0.65	0.98	1.83
38	0.90	1.36	2.75	0.70	1.05	1.99
39	0.98	1.46	3.00	0.76	1.12	2.17
40	1.07	1.56	3.26	0.83	1.21	2.38
41	1.16	1.67	3.54	0.90	1.31	2.63
42	1.26	1.80	3.84	0.99	1.42	2.91
43	1.36	1.93	4.17	1.10	1.55	3.23
44	1.49	2.08	4.53	1.21	1.69	3.59
45	1.62	2.24	4.93	1.34	1.85	3.99
46	1.76	2.42	5.33	1.48	2.02	4.40
47	1.92	2.62	5.77	1.62	2.21	4.85
48	2.10	2.84	6.25	1.79	2.42	5.33
49	2.29	3.09	6.79	1.96	2.64	5.83
50	2.52	3.37	7.37	2.15	2.87	6.36

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**10 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
51	2.77	3.67	8.02	2.35	3.12	6.91
52	3.05	4.02	8.74	2.56	3.38	7.49
53	3.36	4.40	9.53	2.79	3.65	8.10
54	3.71	4.83	10.39	3.02	3.93	8.72
55	4.10	5.29	11.31	3.28	4.23	9.38
56	4.54	5.86	12.37	3.56	4.60	10.15
57	5.02	6.48	13.50	3.87	5.00	10.95
58	5.54	7.16	14.71	4.20	5.42	11.82
59	6.11	7.90	16.00	4.55	5.88	12.74
60	6.74	8.70	17.38	4.94	6.38	13.73
61	7.42	9.58	18.85	5.36	6.92	14.80
62	8.16	10.54	20.40	5.83	7.52	15.97
63	8.98	11.60	22.06	6.34	8.19	17.24
64	9.87	12.75	23.81	6.91	8.92	18.63
65	10.84	14.00	25.66	7.53	9.73	20.15
66	11.91	15.38	27.65	8.22	10.62	21.79
67	13.09	16.90	29.83	8.98	11.60	23.58
68	14.40	18.60	32.23	9.82	12.69	25.52
69	15.88	20.51	34.91	10.75	13.88	27.61
70	17.55	22.66	37.90	11.77	15.19	29.87

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**10 Year Renewable and Convertible Term**  
**Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.41	0.47	0.59	0.82	0.21	0.24	0.29	0.38
19	0.42	0.48	0.59	0.86	0.21	0.24	0.30	0.41
20	0.42	0.48	0.60	0.89	0.22	0.25	0.31	0.43
21	0.43	0.48	0.60	0.92	0.23	0.26	0.32	0.46
22	0.43	0.49	0.61	0.95	0.24	0.27	0.34	0.49
23	0.43	0.49	0.61	0.98	0.25	0.28	0.35	0.52
24	0.44	0.50	0.62	1.00	0.26	0.30	0.37	0.55
25	0.44	0.50	0.62	1.02	0.28	0.31	0.39	0.59
26	0.44	0.50	0.62	1.04	0.29	0.33	0.41	0.63
27	0.44	0.50	0.62	1.06	0.30	0.34	0.43	0.68
28	0.44	0.50	0.61	1.08	0.32	0.36	0.45	0.73
29	0.44	0.50	0.62	1.11	0.33	0.38	0.47	0.78
30	0.45	0.51	0.63	1.15	0.35	0.39	0.49	0.83
31	0.46	0.52	0.64	1.20	0.37	0.41	0.51	0.89
32	0.48	0.54	0.66	1.27	0.39	0.43	0.53	0.95
33	0.50	0.56	0.69	1.35	0.41	0.45	0.56	1.02
34	0.53	0.59	0.72	1.45	0.43	0.47	0.58	1.10
35	0.56	0.62	0.76	1.57	0.45	0.50	0.61	1.17
36	0.61	0.67	0.82	1.71	0.48	0.53	0.65	1.26
37	0.66	0.73	0.89	1.88	0.52	0.57	0.70	1.37
38	0.72	0.80	0.97	2.05	0.56	0.62	0.75	1.48
39	0.78	0.87	1.05	2.24	0.60	0.67	0.81	1.62
40	0.85	0.94	1.13	2.44	0.66	0.73	0.88	1.78
41	0.92	1.02	1.22	2.65	0.72	0.80	0.96	1.97
42	1.00	1.11	1.32	2.88	0.79	0.88	1.05	2.19
43	1.09	1.21	1.43	3.13	0.88	0.97	1.15	2.43
44	1.19	1.32	1.55	3.41	0.97	1.08	1.26	2.71
45	1.30	1.44	1.69	3.72	1.07	1.19	1.39	3.01
46	1.41	1.56	1.84	4.07	1.18	1.31	1.54	3.36
47	1.53	1.70	2.01	4.45	1.30	1.43	1.70	3.74
48	1.67	1.85	2.20	4.88	1.42	1.57	1.88	4.16
49	1.82	2.02	2.42	5.36	1.56	1.72	2.07	4.61
50	2.00	2.20	2.66	5.89	1.70	1.88	2.27	5.08

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**10 Year Renewable and Convertible Term**  
**Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	2.19	2.41	2.93	6.49	1.86	2.05	2.49	5.59
52	2.41	2.65	3.24	7.15	2.02	2.23	2.73	6.13
53	2.65	2.92	3.59	7.89	2.19	2.42	2.97	6.71
54	2.92	3.21	3.98	8.70	2.38	2.61	3.24	7.31
55	3.22	3.53	4.40	9.59	2.57	2.82	3.52	7.96
56	3.56	3.91	4.88	10.50	2.80	3.07	3.83	8.61
57	3.94	4.33	5.39	11.45	3.04	3.33	4.15	9.29
58	4.35	4.78	5.95	12.47	3.29	3.62	4.51	10.02
59	4.80	5.27	6.57	13.57	3.57	3.92	4.89	10.80
60	5.29	5.81	7.24	14.74	3.88	4.26	5.30	11.64
61	5.82	6.39	7.97	15.99	4.21	4.62	5.76	12.56
62	6.41	7.04	8.77	17.31	4.57	5.02	6.26	13.54
63	7.05	7.74	9.64	18.71	4.98	5.46	6.81	14.62
64	7.75	8.51	10.60	20.19	5.42	5.95	7.42	15.80
65	8.52	9.35	11.64	21.76	5.91	6.49	8.09	17.09
66	9.35	10.26	12.79	23.46	6.46	7.09	8.83	18.49
67	10.28	11.28	14.06	25.30	7.05	7.74	9.65	20.00
68	11.31	12.41	15.47	27.34	7.71	8.47	10.55	21.65
69	12.47	13.69	17.06	29.61	8.44	9.26	11.54	23.42
70	13.78	15.12	18.84	32.14	9.24	10.14	12.64	25.34

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**10 Year Renewable and Convertible Term**  
**Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.38	0.44	0.55	0.74	0.19	0.22	0.27	0.35
19	0.38	0.45	0.56	0.78	0.20	0.23	0.28	0.37
20	0.39	0.45	0.56	0.81	0.20	0.24	0.29	0.39
21	0.39	0.46	0.57	0.84	0.21	0.25	0.30	0.41
22	0.39	0.46	0.57	0.86	0.22	0.26	0.32	0.44
23	0.40	0.46	0.57	0.89	0.23	0.27	0.33	0.47
24	0.40	0.47	0.58	0.91	0.24	0.28	0.35	0.50
25	0.40	0.47	0.59	0.93	0.25	0.30	0.37	0.54
26	0.40	0.47	0.58	0.95	0.27	0.31	0.38	0.58
27	0.40	0.47	0.58	0.97	0.28	0.32	0.40	0.62
28	0.41	0.47	0.58	0.99	0.30	0.34	0.42	0.67
29	0.41	0.48	0.58	1.02	0.31	0.36	0.44	0.72
30	0.42	0.48	0.59	1.06	0.33	0.38	0.45	0.77
31	0.43	0.50	0.60	1.11	0.35	0.39	0.48	0.83
32	0.45	0.51	0.62	1.18	0.36	0.41	0.50	0.89
33	0.48	0.54	0.64	1.26	0.38	0.43	0.52	0.95
34	0.50	0.57	0.67	1.36	0.41	0.46	0.54	1.03
35	0.54	0.60	0.71	1.47	0.43	0.48	0.57	1.10
36	0.58	0.65	0.77	1.61	0.46	0.52	0.61	1.19
37	0.64	0.71	0.84	1.77	0.50	0.56	0.65	1.29
38	0.70	0.78	0.92	1.94	0.54	0.60	0.71	1.40
39	0.76	0.85	1.00	2.12	0.59	0.65	0.77	1.54
40	0.83	0.92	1.08	2.32	0.64	0.71	0.84	1.69
41	0.90	1.00	1.18	2.52	0.70	0.78	0.92	1.88
42	0.98	1.09	1.28	2.75	0.77	0.86	1.01	2.08
43	1.07	1.19	1.39	3.00	0.86	0.96	1.12	2.32
44	1.17	1.30	1.52	3.27	0.95	1.06	1.24	2.59
45	1.28	1.42	1.66	3.57	1.06	1.17	1.37	2.89
46	1.39	1.54	1.80	3.88	1.16	1.29	1.51	3.21
47	1.51	1.67	1.96	4.23	1.27	1.41	1.66	3.56
48	1.64	1.82	2.14	4.62	1.40	1.55	1.82	3.93
49	1.79	1.98	2.33	5.05	1.53	1.70	2.00	4.33
50	1.96	2.17	2.56	5.52	1.68	1.85	2.18	4.76

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**10 Year Renewable and Convertible Term**  
**Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	2.15	2.38	2.81	6.05	1.83	2.02	2.38	5.21
52	2.37	2.61	3.08	6.63	1.99	2.19	2.59	5.69
53	2.61	2.87	3.40	7.28	2.16	2.38	2.82	6.19
54	2.87	3.16	3.75	8.00	2.34	2.57	3.05	6.72
55	3.16	3.47	4.13	8.76	2.53	2.77	3.30	7.27
56	3.50	3.84	4.57	9.59	2.75	3.02	3.59	7.86
57	3.87	4.25	5.05	10.46	2.98	3.28	3.89	8.49
58	4.28	4.69	5.58	11.40	3.24	3.55	4.23	9.16
59	4.72	5.18	6.16	12.40	3.51	3.85	4.58	9.87
60	5.20	5.71	6.78	13.47	3.81	4.18	4.97	10.64
61	5.72	6.28	7.47	14.61	4.14	4.54	5.40	11.47
62	6.30	6.91	8.22	15.81	4.50	4.93	5.87	12.38
63	6.93	7.60	9.04	17.10	4.89	5.37	6.38	13.36
64	7.62	8.36	9.94	18.45	5.33	5.85	6.95	14.44
65	8.37	9.18	10.92	19.89	5.81	6.38	7.58	15.62
66	9.19	10.09	11.99	21.43	6.34	6.96	8.28	16.89
67	10.10	11.08	13.18	23.12	6.93	7.61	9.05	18.28
68	11.11	12.20	14.50	24.98	7.58	8.32	9.89	19.78
69	12.26	13.45	15.99	27.06	8.29	9.10	10.82	21.40
70	13.54	14.86	17.67	29.37	9.08	9.96	11.85	23.15

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**15 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
18	0.67	0.89	1.27	0.36	0.48	0.64
19	0.67	0.90	1.31	0.37	0.50	0.68
20	0.68	0.90	1.35	0.39	0.52	0.73
21	0.68	0.91	1.40	0.41	0.55	0.78
22	0.69	0.92	1.44	0.43	0.58	0.83
23	0.71	0.94	1.49	0.46	0.61	0.89
24	0.72	0.96	1.54	0.48	0.64	0.96
25	0.74	0.98	1.59	0.51	0.68	1.03
26	0.74	0.99	1.64	0.53	0.71	1.09
27	0.74	1.01	1.70	0.54	0.74	1.16
28	0.74	1.03	1.77	0.56	0.77	1.24
29	0.75	1.06	1.86	0.58	0.81	1.33
30	0.77	1.10	1.96	0.60	0.85	1.42
31	0.79	1.15	2.09	0.62	0.89	1.52
32	0.82	1.21	2.24	0.64	0.94	1.64
33	0.85	1.27	2.40	0.67	1.00	1.76
34	0.88	1.34	2.58	0.69	1.06	1.91
35	0.92	1.42	2.77	0.72	1.12	2.07
36	0.99	1.52	3.00	0.79	1.20	2.26
37	1.07	1.62	3.25	0.85	1.30	2.48
38	1.16	1.74	3.53	0.93	1.40	2.72
39	1.26	1.87	3.84	1.02	1.51	2.99
40	1.38	2.02	4.20	1.12	1.64	3.30
41	1.51	2.19	4.59	1.23	1.79	3.65
42	1.66	2.37	5.02	1.36	1.95	4.03
43	1.82	2.58	5.49	1.50	2.12	4.45
44	2.00	2.79	5.99	1.65	2.31	4.91
45	2.19	3.02	6.52	1.82	2.52	5.42
46	2.38	3.27	7.05	2.00	2.74	5.91
47	2.60	3.55	7.62	2.18	2.98	6.44
48	2.85	3.86	8.26	2.38	3.23	7.01
49	3.14	4.22	8.97	2.59	3.49	7.60
50	3.45	4.62	9.76	2.82	3.77	8.21

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**15 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
51	3.81	5.05	10.61	3.07	4.07	8.86
52	4.19	5.53	11.53	3.33	4.39	9.54
53	4.61	6.03	12.49	3.60	4.72	10.25
54	5.06	6.57	13.49	3.90	5.07	11.00
55	5.53	7.15	14.53	4.22	5.44	11.79
56	6.08	7.86	15.75	4.58	5.92	12.73
57	6.69	8.64	17.05	4.98	6.43	13.74
58	7.36	9.50	18.47	5.41	6.99	14.82
59	8.10	10.46	20.00	5.88	7.60	16.00
60	8.92	11.52	21.66	6.40	8.26	17.26
61	9.81	12.67	23.45	6.96	8.99	18.61
62	10.79	13.93	25.35	7.58	9.79	20.07
63	11.85	15.31	27.37	8.26	10.66	21.64
64	13.02	16.81	29.53	9.00	11.62	23.33
65	14.30	18.46	31.85	9.81	12.67	25.15

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**15 Year Renewable and Convertible Term**  
**Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.44	0.50	0.63	0.92	0.24	0.27	0.34	0.47
19	0.45	0.51	0.63	0.96	0.25	0.28	0.35	0.50
20	0.45	0.51	0.64	0.99	0.26	0.30	0.37	0.53
21	0.46	0.52	0.65	1.02	0.27	0.31	0.39	0.57
22	0.46	0.53	0.65	1.05	0.29	0.33	0.41	0.61
23	0.47	0.54	0.66	1.09	0.30	0.35	0.43	0.65
24	0.48	0.55	0.68	1.12	0.32	0.37	0.45	0.70
25	0.49	0.56	0.69	1.16	0.34	0.39	0.48	0.75
26	0.50	0.57	0.70	1.20	0.36	0.40	0.50	0.80
27	0.51	0.57	0.71	1.24	0.37	0.42	0.52	0.85
28	0.52	0.58	0.72	1.30	0.39	0.44	0.55	0.91
29	0.53	0.60	0.74	1.36	0.41	0.46	0.57	0.97
30	0.56	0.62	0.77	1.44	0.43	0.48	0.60	1.04
31	0.58	0.65	0.81	1.54	0.45	0.51	0.63	1.12
32	0.61	0.69	0.85	1.65	0.48	0.54	0.66	1.21
33	0.65	0.72	0.89	1.78	0.51	0.57	0.70	1.30
34	0.69	0.76	0.94	1.91	0.54	0.60	0.74	1.41
35	0.73	0.81	0.99	2.06	0.58	0.64	0.79	1.54
36	0.79	0.87	1.07	2.23	0.63	0.69	0.85	1.68
37	0.85	0.94	1.15	2.42	0.68	0.75	0.92	1.84
38	0.93	1.03	1.24	2.63	0.74	0.82	1.00	2.03
39	1.01	1.12	1.35	2.87	0.82	0.90	1.09	2.24
40	1.10	1.22	1.47	3.14	0.90	0.99	1.19	2.47
41	1.21	1.34	1.60	3.44	0.99	1.09	1.31	2.73
42	1.33	1.47	1.75	3.77	1.09	1.21	1.43	3.03
43	1.46	1.61	1.91	4.13	1.20	1.33	1.57	3.35
44	1.60	1.77	2.09	4.51	1.32	1.47	1.73	3.70
45	1.75	1.94	2.28	4.92	1.46	1.62	1.90	4.09
46	1.91	2.11	2.49	5.38	1.60	1.77	2.08	4.51
47	2.08	2.30	2.73	5.88	1.74	1.93	2.28	4.98
48	2.27	2.51	3.00	6.45	1.90	2.10	2.50	5.47
49	2.49	2.75	3.30	7.09	2.06	2.28	2.73	6.00
50	2.74	3.02	3.65	7.80	2.24	2.47	2.98	6.57

**Reassure America Life Insurance Company  
Renewable and Convertible Term Insurance  
2001 CSO Version  
Schedule of Initial Premium Rates per \$1,000  
15 Year Renewable and Convertible Term  
Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	3.01	3.32	4.03	8.59	2.43	2.68	3.25	7.17
52	3.31	3.64	4.45	9.44	2.63	2.89	3.54	7.81
53	3.63	3.99	4.91	10.35	2.84	3.12	3.84	8.50
54	3.98	4.37	5.41	11.31	3.07	3.37	4.17	9.23
55	4.34	4.77	5.94	12.33	3.31	3.63	4.53	10.00
56	4.78	5.24	6.53	13.36	3.60	3.95	4.92	10.80
57	5.25	5.76	7.18	14.47	3.91	4.29	5.35	11.65
58	5.78	6.34	7.90	15.66	4.25	4.66	5.81	12.57
59	6.36	6.98	8.70	16.97	4.62	5.07	6.32	13.57
60	7.00	7.69	9.58	18.38	5.02	5.51	6.87	14.64
61	7.70	8.46	10.54	19.89	5.47	6.00	7.48	15.79
62	8.47	9.30	11.58	21.50	5.95	6.53	8.14	17.02
63	9.31	10.21	12.73	23.22	6.48	7.12	8.87	18.35
64	10.22	11.22	13.98	25.05	7.07	7.76	9.66	19.79
65	11.22	12.32	15.35	27.02	7.71	8.46	10.54	21.33

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**15 Year Renewable and Convertible Term**  
**Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.41	0.47	0.59	0.84	0.22	0.26	0.32	0.42
19	0.41	0.48	0.59	0.87	0.23	0.27	0.33	0.45
20	0.41	0.48	0.60	0.90	0.24	0.28	0.35	0.48
21	0.42	0.49	0.61	0.92	0.25	0.29	0.36	0.52
22	0.42	0.49	0.61	0.95	0.26	0.31	0.38	0.55
23	0.43	0.50	0.62	0.98	0.28	0.32	0.40	0.59
24	0.44	0.51	0.64	1.02	0.29	0.34	0.43	0.63
25	0.45	0.53	0.65	1.05	0.31	0.36	0.45	0.68
26	0.46	0.53	0.66	1.09	0.33	0.38	0.47	0.73
27	0.47	0.54	0.67	1.14	0.34	0.40	0.49	0.78
28	0.48	0.55	0.68	1.19	0.36	0.42	0.51	0.83
29	0.50	0.57	0.70	1.25	0.38	0.44	0.53	0.90
30	0.52	0.59	0.72	1.33	0.40	0.46	0.56	0.96
31	0.55	0.62	0.75	1.43	0.43	0.49	0.59	1.04
32	0.58	0.66	0.79	1.54	0.45	0.51	0.62	1.12
33	0.62	0.70	0.83	1.66	0.48	0.55	0.65	1.22
34	0.66	0.74	0.88	1.79	0.52	0.58	0.69	1.32
35	0.70	0.78	0.92	1.93	0.55	0.62	0.73	1.44
36	0.76	0.85	1.00	2.10	0.60	0.67	0.79	1.58
37	0.82	0.92	1.08	2.29	0.66	0.73	0.86	1.74
38	0.89	1.00	1.18	2.49	0.72	0.80	0.94	1.92
39	0.98	1.09	1.28	2.72	0.79	0.88	1.04	2.12
40	1.07	1.19	1.40	2.98	0.87	0.97	1.14	2.35
41	1.18	1.31	1.54	3.27	0.96	1.07	1.26	2.60
42	1.29	1.44	1.69	3.60	1.06	1.18	1.39	2.89
43	1.43	1.59	1.86	3.95	1.17	1.31	1.53	3.20
44	1.57	1.74	2.04	4.32	1.30	1.44	1.69	3.54
45	1.72	1.92	2.24	4.72	1.44	1.60	1.87	3.92
46	1.88	2.08	2.44	5.13	1.57	1.74	2.04	4.31
47	2.04	2.27	2.66	5.59	1.71	1.90	2.23	4.73
48	2.23	2.47	2.91	6.10	1.86	2.06	2.43	5.17
49	2.45	2.71	3.19	6.67	2.03	2.24	2.64	5.65
50	2.69	2.97	3.51	7.31	2.20	2.43	2.87	6.15

**Reassure America Life Insurance Company  
Renewable and Convertible Term Insurance  
2001 CSO Version  
Schedule of Initial Premium Rates per \$1,000  
15 Year Renewable and Convertible Term  
Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	2.96	3.27	3.86	8.00	2.39	2.63	3.11	6.68
52	3.25	3.58	4.24	8.75	2.58	2.84	3.37	7.24
53	3.57	3.93	4.65	9.55	2.79	3.07	3.64	7.84
54	3.91	4.29	5.10	10.39	3.01	3.31	3.93	8.47
55	4.27	4.69	5.57	11.26	3.25	3.57	4.24	9.14
56	4.69	5.15	6.13	12.21	3.54	3.88	4.61	9.87
57	5.16	5.66	6.73	13.22	3.84	4.22	5.01	10.65
58	5.68	6.23	7.41	14.31	4.18	4.58	5.45	11.49
59	6.25	6.86	8.16	15.51	4.54	4.98	5.92	12.40
60	6.88	7.55	8.98	16.79	4.94	5.42	6.44	13.37
61	7.57	8.31	9.88	18.17	5.37	5.90	7.01	14.43
62	8.32	9.14	10.86	19.65	5.85	6.42	7.63	15.55
63	9.14	10.04	11.93	21.22	6.37	6.99	8.31	16.77
64	10.04	11.02	13.11	22.89	6.94	7.62	9.06	18.08
65	11.03	12.10	14.39	24.69	7.57	8.31	9.88	19.49

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**20 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
18	0.72	0.96	1.41	0.43	0.57	0.80
19	0.73	0.97	1.47	0.45	0.60	0.85
20	0.74	0.99	1.53	0.47	0.63	0.91
21	0.76	1.01	1.59	0.50	0.66	0.97
22	0.78	1.04	1.66	0.52	0.70	1.04
23	0.81	1.07	1.74	0.55	0.73	1.11
24	0.83	1.11	1.82	0.58	0.78	1.19
25	0.87	1.16	1.92	0.62	0.83	1.28
26	0.89	1.20	2.02	0.64	0.87	1.37
27	0.90	1.24	2.13	0.67	0.91	1.47
28	0.92	1.28	2.24	0.69	0.96	1.58
29	0.95	1.33	2.37	0.72	1.02	1.70
30	0.98	1.39	2.52	0.76	1.08	1.84
31	1.01	1.46	2.68	0.79	1.15	1.99
32	1.04	1.53	2.86	0.83	1.22	2.17
33	1.08	1.62	3.07	0.87	1.30	2.36
34	1.13	1.72	3.31	0.92	1.40	2.58
35	1.18	1.83	3.57	0.96	1.50	2.81
36	1.29	1.97	3.89	1.05	1.62	3.08
37	1.41	2.13	4.24	1.15	1.75	3.39
38	1.54	2.31	4.63	1.26	1.89	3.72
39	1.68	2.49	5.05	1.39	2.05	4.08
40	1.84	2.70	5.51	1.52	2.23	4.48
41	2.02	2.93	6.01	1.67	2.41	4.91
42	2.22	3.18	6.56	1.83	2.62	5.39
43	2.45	3.46	7.17	2.01	2.84	5.90
44	2.69	3.76	7.83	2.20	3.07	6.45
45	2.97	4.10	8.55	2.41	3.33	7.05
46	3.25	4.46	9.25	2.62	3.60	7.64
47	3.56	4.85	9.99	2.85	3.88	8.26
48	3.89	5.28	10.78	3.09	4.19	8.91
49	4.26	5.73	11.63	3.36	4.52	9.61
50	4.66	6.23	12.54	3.64	4.87	10.34

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**20 Year Renewable and Convertible Term**  
**Face Amounts Under \$150,000**

Issue Age	Male			Female		
	Preferred	Standard	Standard	Preferred	Standard	Standard
	Nontobacco	Nontobacco	Tobacco	Nontobacco	Nontobacco	Tobacco
51	5.10	6.77	13.51	3.95	5.24	11.11
52	5.58	7.36	14.54	4.27	5.64	11.93
53	6.11	8.00	15.65	4.63	6.06	12.80
54	6.69	8.69	16.82	5.01	6.51	13.72
55	7.31	9.44	18.05	5.42	7.00	14.68
56	8.03	10.37	19.51	5.90	7.62	15.83
57	8.81	11.37	21.06	6.41	8.28	17.06
58	9.66	12.48	22.74	6.97	9.01	18.37
59	10.61	13.70	24.56	7.58	9.79	19.76
60	11.65	15.04	26.53	8.24	10.65	21.25

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**20 Year Renewable and Convertible Term**  
**Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.48	0.55	0.68	1.03	0.29	0.32	0.40	0.58
19	0.49	0.55	0.69	1.07	0.30	0.34	0.42	0.62
20	0.50	0.56	0.70	1.11	0.31	0.36	0.44	0.66
21	0.51	0.58	0.72	1.16	0.33	0.38	0.47	0.71
22	0.52	0.59	0.74	1.21	0.35	0.40	0.49	0.76
23	0.54	0.61	0.76	1.27	0.37	0.42	0.52	0.81
24	0.56	0.63	0.79	1.33	0.39	0.44	0.55	0.87
25	0.58	0.66	0.82	1.40	0.41	0.47	0.58	0.93
26	0.60	0.68	0.84	1.47	0.44	0.49	0.61	1.00
27	0.62	0.70	0.87	1.56	0.46	0.52	0.64	1.07
28	0.65	0.73	0.90	1.64	0.48	0.55	0.68	1.15
29	0.67	0.76	0.94	1.74	0.51	0.58	0.72	1.25
30	0.70	0.79	0.98	1.85	0.55	0.61	0.76	1.35
31	0.74	0.83	1.02	1.97	0.58	0.65	0.81	1.47
32	0.78	0.87	1.08	2.11	0.62	0.69	0.86	1.60
33	0.83	0.92	1.14	2.27	0.67	0.74	0.91	1.75
34	0.88	0.98	1.20	2.45	0.72	0.79	0.98	1.91
35	0.94	1.04	1.28	2.65	0.77	0.85	1.05	2.09
36	1.02	1.13	1.39	2.89	0.84	0.93	1.14	2.29
37	1.12	1.24	1.51	3.16	0.92	1.02	1.24	2.52
38	1.23	1.36	1.65	3.46	1.01	1.12	1.35	2.77
39	1.34	1.49	1.80	3.78	1.11	1.23	1.48	3.05
40	1.47	1.63	1.96	4.13	1.21	1.35	1.62	3.35
41	1.62	1.79	2.14	4.51	1.33	1.48	1.77	3.68
42	1.78	1.97	2.34	4.93	1.46	1.62	1.93	4.04
43	1.96	2.17	2.57	5.39	1.61	1.78	2.11	4.44
44	2.16	2.39	2.82	5.90	1.76	1.95	2.30	4.86
45	2.38	2.64	3.09	6.45	1.93	2.14	2.51	5.32
46	2.60	2.88	3.39	7.06	2.10	2.32	2.74	5.83
47	2.84	3.15	3.73	7.71	2.27	2.52	2.98	6.38
48	3.10	3.43	4.09	8.42	2.46	2.73	3.25	6.96
49	3.39	3.74	4.49	9.19	2.67	2.95	3.54	7.59
50	3.70	4.08	4.93	10.02	2.89	3.19	3.85	8.27

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**20 Year Renewable and Convertible Term**  
**Face Amounts \$150,000 to \$499,999**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	4.04	4.45	5.41	10.92	3.12	3.44	4.18	8.99
52	4.41	4.86	5.93	11.90	3.38	3.72	4.54	9.77
53	4.82	5.30	6.52	12.96	3.65	4.01	4.94	10.60
54	5.26	5.78	7.15	14.10	3.94	4.33	5.36	11.50
55	5.74	6.30	7.85	15.31	4.26	4.67	5.82	12.45
56	6.30	6.92	8.62	16.55	4.63	5.08	6.33	13.43
57	6.91	7.59	9.46	17.87	5.04	5.53	6.89	14.47
58	7.59	8.33	10.38	19.29	5.48	6.01	7.49	15.58
59	8.33	9.14	11.39	20.83	5.95	6.54	8.14	16.76
60	9.14	10.04	12.51	22.50	6.47	7.11	8.85	18.03

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**20 Year Renewable and Convertible Term**  
**Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
18	0.44	0.51	0.64	0.94	0.26	0.31	0.38	0.53
19	0.45	0.52	0.65	0.97	0.27	0.32	0.40	0.56
20	0.45	0.53	0.66	1.01	0.29	0.34	0.42	0.60
21	0.46	0.54	0.67	1.05	0.30	0.35	0.44	0.64
22	0.48	0.56	0.69	1.10	0.32	0.37	0.46	0.69
23	0.49	0.57	0.71	1.15	0.34	0.39	0.49	0.74
24	0.51	0.59	0.74	1.21	0.36	0.42	0.52	0.79
25	0.53	0.62	0.77	1.27	0.38	0.44	0.55	0.85
26	0.55	0.64	0.79	1.34	0.40	0.47	0.58	0.91
27	0.57	0.66	0.82	1.42	0.42	0.49	0.60	0.98
28	0.60	0.69	0.85	1.51	0.45	0.52	0.64	1.06
29	0.63	0.72	0.88	1.60	0.48	0.55	0.67	1.15
30	0.66	0.75	0.91	1.71	0.51	0.59	0.71	1.25
31	0.69	0.79	0.96	1.83	0.55	0.62	0.75	1.36
32	0.74	0.84	1.00	1.96	0.59	0.67	0.80	1.49
33	0.78	0.89	1.06	2.12	0.63	0.72	0.85	1.63
34	0.84	0.95	1.12	2.29	0.68	0.77	0.91	1.79
35	0.90	1.01	1.19	2.49	0.74	0.83	0.97	1.96
36	0.98	1.10	1.30	2.72	0.81	0.90	1.06	2.16
37	1.08	1.21	1.42	2.98	0.89	0.99	1.17	2.38
38	1.18	1.33	1.56	3.27	0.97	1.09	1.28	2.62
39	1.30	1.45	1.71	3.58	1.07	1.20	1.41	2.89
40	1.43	1.60	1.87	3.92	1.18	1.32	1.54	3.18
41	1.57	1.76	2.06	4.29	1.30	1.45	1.70	3.50
42	1.74	1.93	2.27	4.70	1.43	1.59	1.87	3.86
43	1.92	2.13	2.50	5.15	1.57	1.75	2.05	4.24
44	2.12	2.35	2.76	5.65	1.73	1.92	2.25	4.66
45	2.34	2.60	3.04	6.19	1.90	2.11	2.47	5.11
46	2.56	2.84	3.32	6.74	2.06	2.29	2.68	5.57
47	2.79	3.10	3.63	7.33	2.24	2.48	2.91	6.06
48	3.05	3.38	3.97	7.96	2.42	2.68	3.15	6.58
49	3.33	3.68	4.33	8.64	2.62	2.90	3.41	7.14
50	3.64	4.02	4.73	9.38	2.84	3.14	3.70	7.74

**Reassure America Life Insurance Company**  
**Renewable and Convertible Term Insurance**  
**2001 CSO Version**  
**Schedule of Initial Premium Rates per \$1,000**  
**20 Year Renewable and Convertible Term**  
**Face Amounts \$500,000 and Over**

Issue Age	Male				Female			
	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco	Super Preferred	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
51	3.97	4.38	5.17	10.18	3.07	3.39	4.00	8.37
52	4.34	4.78	5.65	11.03	3.32	3.66	4.33	9.05
53	4.74	5.21	6.17	11.95	3.59	3.95	4.68	9.78
54	5.17	5.68	6.74	12.94	3.88	4.26	5.05	10.55
55	5.64	6.19	7.36	13.99	4.18	4.59	5.46	11.38
56	6.19	6.80	8.08	15.12	4.55	5.00	5.94	12.27
57	6.79	7.46	8.87	16.33	4.95	5.43	6.46	13.22
58	7.45	8.18	9.73	17.62	5.38	5.91	7.02	14.24
59	8.18	8.98	10.68	19.03	5.85	6.42	7.63	15.32
60	8.98	9.86	11.72	20.56	6.36	6.98	8.30	16.47

**Reassure America Life Insurance Company  
Renewable and Convertible Term Insurance  
2001 CSO Version**

**Schedule of ART Renewal Rates, Applicable after Initial Term Period**

Age	Male		Female	
	All Preferred Classes	Smoker	All Preferred Classes	Smoker
23	2.40	3.75	1.20	1.73
24	2.43	3.95	1.25	1.83
25	2.50	4.18	1.28	1.98
26	2.60	4.40	1.38	2.10
27	2.65	4.53	1.43	2.23
28	2.60	4.55	1.50	2.38
29	2.58	4.53	1.58	2.53
30	2.55	4.50	1.65	2.68
31	2.53	4.53	1.75	2.88
32	2.55	4.60	1.85	3.08
33	2.63	4.75	1.98	3.33
34	2.68	4.93	2.13	3.65
35	2.80	5.13	2.30	3.98
36	2.93	5.43	2.48	4.30
37	3.10	5.78	2.63	4.58
38	3.33	6.20	2.75	4.85
39	3.53	6.68	2.90	5.15
40	3.80	7.25	3.08	5.48
41	4.13	7.95	3.28	5.85
42	4.53	8.78	3.50	6.33
43	5.00	9.75	3.78	6.85
44	5.53	10.85	4.10	7.48
45	6.10	11.95	4.48	8.20
46	6.68	13.05	4.93	9.05
47	7.15	13.98	5.45	10.10
48	7.53	14.68	6.03	11.35
49	8.00	15.58	6.68	12.75
50	8.63	16.75	7.40	14.25
51	9.43	18.28	8.23	15.90
52	10.40	20.13	9.15	17.68
53	11.53	22.35	10.13	19.60
54	12.95	25.00	11.15	21.65
55	14.55	27.83	12.33	23.83
56	16.20	30.75	13.60	26.15
57	17.80	33.45	14.95	28.50
58	19.40	36.03	16.35	30.95
59	21.28	39.05	17.78	33.58
60	23.55	42.78	19.28	36.30

Age	Male		Female	
	All Preferred Classes	Smoker	All Preferred Classes	Smoker
61	26.33	47.33	20.93	39.25
62	29.55	52.55	22.68	42.38
63	33.08	58.15	24.53	45.58
64	36.75	63.75	26.55	49.03
65	40.58	69.23	28.80	52.75
66	44.45	74.53	31.25	56.80
67	48.50	79.88	33.98	61.30
68	52.78	85.35	37.00	66.23
69	57.58	91.38	40.30	71.65
70	63.18	98.28	44.03	77.78
71	69.98	106.75	48.28	84.63
72	77.93	116.60	52.93	92.08
73	86.30	126.53	58.00	100.20
74	95.30	137.28	63.63	108.70
75	105.10	149.23	69.80	117.63
76	116.15	162.48	76.58	127.28
77	129.00	177.80	84.08	137.68
78	143.93	195.38	92.25	148.90
79	160.65	214.73	101.23	160.98
80	179.30	235.88	112.38	176.03
81	199.58	258.35	126.08	194.43
82	221.05	281.48	140.58	213.38
83	244.50	306.13	155.80	232.73
84	270.58	334.00	172.78	252.88
85	299.58	365.60	189.98	271.50
86	331.48	399.88	210.30	293.03
87	365.95	436.30	235.40	319.73
88	402.60	474.28	261.88	346.45
89	441.05	513.33	288.23	370.90
90	479.35	551.05	307.63	384.80
91	517.05	586.95	326.18	396.20
92	556.55	623.80	356.93	420.83
93	598.20	661.90	398.60	455.68
94	642.08	702.55	450.50	504.25
95	685.53	743.48	506.98	561.55
96	727.95	782.33	562.60	616.13
97	773.15	823.28	598.70	648.50
98	821.35	866.50	618.30	661.48
99	872.78	912.13	658.98	696.43

SERFF Tracking Number: CMPL-125914371 State: Arkansas  
 Filing Company: Reassure America Life Insurance Company State Tracking Number: 40941  
 Company Tracking Number: REASSURE ITL NON-ICC 11-08  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: Reassure ITL non-ICC 11-08  
 Project Name/Number: Reassure ITL non-ICC 11-08/Reassure ITL non-ICC 11-08

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 11/21/2008  
**Comments:**  
**Attachment:**  
 AR\_AR Certif of Compliance with Rule 19.pdf

**Review Status:**  
**Satisfied -Name:** Application 11/21/2008  
**Comments:**  
 Applications are included on form schedule

**Review Status:**  
**Satisfied -Name:** Filing Authorization Letter 11/21/2008  
**Comments:**  
**Attachment:**  
 ITL authorization letter 11-08.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 11/21/2008  
**Comments:**  
**Attachment:**  
 Statement of Variability 102908-FINAL.pdf

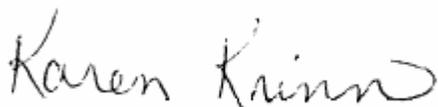
**Review Status:**  
**Satisfied -Name:** Readability 11/21/2008  
**Comments:**  
**Attachment:**  
 Readability Certification Reassure ITL.pdf

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Reassure America Life Insurance Company

Form Number(s):	RTL-AR2.0	Level Premium Term Life Insurance Policy
	RADD2.0	Accidental Death and Dismemberment Benefit Rider
	RWP2.0	Waiver of Premium for Total Disability Benefit Rider
	RCTR2.0	Children's Term Rider
	ROIR2.0	Other Insured Term Rider
	RAE-TMLIC-A2.0	Amendatory Endorsement
	RAE-TMLIC-B2.0	Amendatory Endorsement
	RTL App2.0	Individual Term Life Insurance ApplicationRRE
	App2.0	Re-Entry/Exchange Application

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



\_\_\_\_\_  
Signature of Company Officer

Karen Krinn  
Name

Assistant Secretary  
Title

11-20-2008  
Date

**Swiss Re**



Karen Krinn  
Assistant Secretary

J. David Simon, CLU  
President  
Compliance Research Services, LLC  
10921 Reed-Hartman Highway, Suite 334  
Cincinnati, OH 45242

Reassure America Life Insurance Company  
1700 Magnavox Way  
Fort Wayne, IN 46804  
USA  
Direct line +1 260 435 8654  
Toll Free No 866 794 7730  
Direct fax +1 260 435 8806  
karen\_krinn@swissre.com

Individual Term Life Filing

October 30, 2008

Dear Mr. Simon

Reassure America Life Insurance Company ("Reassure") authorizes Compliance Research Services, LLC ("CRS") to file on its behalf individual term life policy form RTL 2.0 and all related application, endorsement and rider forms. This letter will serve as authorization from Reassure for employees of CRS to file these forms and respond to inquiries on our behalf with the Departments of Insurance.

Sincerely

REASSURE AMERICA LIFE INSURANCE COMPANY

By Karen Krinn  
Assistant Secretary

# STATEMENT OF VARIABILITY

## Reassure America Life Insurance Company

Level Premium Term Life Insurance Policy Submission

Dated October 30, 2008

### Form RTL2.0 / Level Premium Term Life Policy

- **Policy Front Cover**
  1. **Address** - Will insert the Company administrative office address and telephone number.
  2. **Signatures and Titles** - Will insert signature and appropriate title of current Company President and Corporate Secretary.
  3. **Notice of War Risk Exclusion** - Will be included only when policy is issued with a Waiver of Premium Rider and/or an Accidental Death and Dismemberment Rider.
  4. **State of Issue** - Will insert the state where the policy is issued for delivery.
  5. **Insurance Department Information** - Will insert the name and telephone number for the state where the policy is issued for delivery.
  
- **Policy Data**
  1. **General Contract Information** - All "John Doe" information that may vary from applicant to applicant is bracketed as variable. This includes such information as Policy Number, Issue Date, Insured name, Insured Age, Gender of the Insured, Owner name, Beneficiary name, Plan of Insurance, Conversion Period, Face Amount, Expiry Date, Premium, Frequency of Premium, Schedule of Total Premiums and Premium Class.
  2. **Rider Benefits and Premiums Section** - This information is bracketed to show variability of the riders which the applicant may, or may not elect at the time of application. Also note that the premiums and the benefits payable may vary in accordance to options the applicant elects at the time of application as shown on the Policy Data.
  3. **Table of Annual Policy Premiums** – Will insert the premiums, as appropriate, based upon the policy face amount, age, sex and premium class of the insured at the time of application.
  4. **Address** – Will insert the Company administrative office address and telephone number.
  
- **Policy Back Cover**
  1. **Address** – Will insert the Company administrative office address and telephone number.
  2. **Notice of War Risk Exclusion** - will be included only when policy is issued with a Waiver of Premium Rider and/or an Accidental Death and Dismemberment Rider.

# STATEMENT OF VARIABILITY

## Reassure America Life Insurance Company

Level Premium Term Life Insurance Policy Submission

Dated October 30, 2008

**Forms RAE-TMLIC-A2.0 / Amendatory Endorsement; RAE-TMLIC-B2.0 / Amendatory Endorsement; RWP2.0 / Waiver of Premium for Total Disability Benefit Rider; RADD2.0 / Accidental Death and Dismemberment Benefit Rider; ROIR2.0 / Other Insured Rider; RCTR2.0 / Children's Term Rider;**

- **Address and Telephone Number** – Will insert the Company administrative office address and telephone number.
- **Signatures, Titles** – Will insert the signature and appropriate title of current Company President and Corporate Secretary.

# STATEMENT OF VARIABILITY

## Reassure America Life Insurance Company

Level Premium Term Life Insurance Policy Submission

Dated October 30, 2008

### Forms RRE App2.0 / Re-Entry / Exchange Application; RTL App2.0 – Individual Term Life Insurance Application

- **Address and Telephone Number** – Will insert the Company administrative office address and telephone number.
- **General Application Information** - All “John Doe” information that may vary from applicant to applicant is intended to be variable.
- **Fair Credit Reporting Act Notice and Authorization For Release of Personal Information (HIPAA Compliant Authorization)** – These notices will be revised based upon revised federal law or regulation regarding such statements.
- **MIB, Inc. Notice (formerly known as the Medical Information Bureau)** – This notice will be revised in accordance with changes required by the MIB, Inc.

READABILITY CERTIFICATION

Reassure America – Individual Term Life

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

Score	Form No.	Description
60	RTL-AR2.0	Level Premium Term Life Insurance Policy
52	RADD2.0	Accidental Death and Dismemberment Benefit Rider
50	RWP2.0	Waiver of Premium for Total Disability Benefit Rider
57	RCTR2.0	Children's Term Rider
54	ROIR2.0	Other Insured Term Rider
51	RAE-TMLIC-A2.0	Amendatory Endorsement
54	RAE-TMLIC-B2.0	Amendatory Endorsement
50	RTL App2.0	Individual Term Life Insurance Application
51	RRE App2.0	Re-Entry/Exchange Application

REASSURE AMERICA LIFE INSURANCE COMPANY

By Karen Kinn  
Assistant Secretary

Dated: 11-20-2008

SERFF Tracking Number: CMPL-125914371 State: Arkansas  
 Filing Company: Reassure America Life Insurance Company State Tracking Number: 40941  
 Company Tracking Number: REASSURE ITL NON-ICC 11-08  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: Reassure ITL non-ICC 11-08  
 Project Name/Number: Reassure ITL non-ICC 11-08/Reassure ITL non-ICC 11-08

## Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Level Premium Term Life Insurance Policy	11/21/2008	RTL-AR2_0-111308rev.pdf

# Reassure America Life Insurance Company

**A Stock Company**

**Home Office: Fort Wayne, Indiana**

**Administrative Office:**

**[Post Office Box 9000]**

**[Coppell, Texas 75019-9000]**

**Phone: [1-800-678-6227]**

'We', 'us' or 'our' means Reassure America Life Insurance Company. We will pay the benefits of this Policy, subject to its terms and conditions.

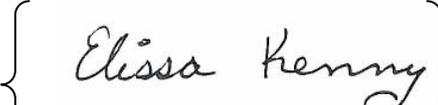
We will pay the Death Benefit to the Beneficiary when we receive due proof of the Insured's death before the Expiry Date and while the Policy is in force. Unless changed, the Beneficiary is as named in the application.

**Right to Cancel Policy – If you are not satisfied with this Policy, you may void it by returning it to us or to our agent within 30 days after you receive it. Returning the Policy will void it from the Issue Date and we will refund all of your Premium.**

**READ YOUR POLICY CAREFULLY. This Policy is a legal contract between the Owner and us. This Policy is issued in consideration of the application and payment of the initial Premium.**

Signed for Reassure America Life Insurance Company at its Home Office.

  
President

  
Corporate Secretary

**Level Premium Term Life Insurance Policy for a Specified Duration;  
Thereafter Annually Renewable  
Term Life Insurance to Policy Age 100 with Increasing Premium  
Convertible During Conversion Period**

**Death Benefit Payable Upon Death, Before Expiry Date  
Premium Payable to Expiry Date  
Nonparticipating**

**[ A War Risk Exclusion is Contained in the [ Waiver of Premium Rider ] [ and ] [ Accidental Death and Dismemberment Rider ] attached to This Policy ]**

This Policy is issued for delivery in [ insert issue state ]. The telephone number for the [ insert issue state ] Department of Insurance is [ insert Insurance Department telephone number ] .

# Guide to Policy Provisions

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## Policy Data

Policy Number	[12345678]			
Issue Date	[April 1, 2008]			
Insured	[John Doe]			
Insured Age at Issue Date	[35]			
Gender of Insured	[Male]			
Owner <sup>1</sup> :	[John Doe]			
Beneficiary <sup>1</sup> :	[Jane Doe, Spouse]			
Plan of Insurance:	Level Premium Term Life Insurance through the [ 10 <sup>th</sup> ] Policy Year; Annually Renewable Thereafter with Increasing Premiums			
Term of Insurance Coverage:	Coverage to Insured's Age 100			
Conversion Period:	[Coverage is Convertible to permanent coverage until the Policy anniversary nearest the Insured's 65 <sup>th</sup> birthday]			
Face Amount:	[\$10,000]			
Expiry date	[April 1, 2073]			
Premium:	[\$12.59] <sup>2</sup>			
Frequency of Premium:	[Monthly]			
Schedule of Total Premiums:	Annually [\$139.90]	Semi-Annually [\$72.75]	Quarterly [\$38.47]	Monthly [\$12.59]
Premium Class:	[Standard Nontobacco]			

<sup>1</sup> The Owner and Beneficiary are shown as stated in the application unless changed in accordance with Policy provisions at a later date.

<sup>2</sup> Includes modal portion of the {\$XX} annual Policy fee. This premium is the level premium through the [ \* ] Policy Year. Thereafter, the premium will increase as shown in the Table of Annual Policy Premiums.

### RIDER BENEFITS AND PREMIUMS

	<u>First Annual Premium</u> <sup>3</sup>	<u>Years Payable</u>	<u>Benefit</u>
Accidental Death and Dismemberment Rider	[\$12.70]	To Age 65	Principal Sum \$[10,000]
Waiver of Premium for Total Disability Benefit Rider	[\$ 2.10]	To Age 65	Waive Premium <sup>4</sup>
Other Insured Rider Jane Doe	[\$ 9.20]	Rider Termination Date	\$[10,000]
Children's Term Insurance Rider	[\$30.00]	Child's 25 <sup>th</sup> Birthday	\$[5,000]

<sup>3</sup> Rider Premiums are not required to keep the Face Amount of the term coverage under this Policy in force. Please see the Rider Termination Provision(s) for more details.

<sup>4</sup> See Rider for more details about the benefit.

## Policy Data (Cont'd)

**Table of Annual Policy Premiums<sup>5</sup>** – The {\$XX} annual Policy fee is included in the Premiums shown below.

Policy Year	Term Life Premium	Total Premium	Policy Year	Term Life Premium	Total Premium
1	85.90	139.90	46	1868.00	1868.00
2	85.90	140.60	47	2070.80	2070.80
3	85.90	141.20	48	2285.50	2285.50
4	85.90	141.70	49	2520.00	2520.00
5	85.90	142.30	50	2780.80	2780.80
6	85.90	143.00	51	3070.80	3070.80
7	85.90	143.80	52	3389.80	3389.80
8	85.90	144.70	53	3734.50	3734.50
9	85.90	145.80	54	4101.00	4101.00
10	85.90	147.10	55	4485.50	4485.50
11	136.00	198.70	56	4868.50	4868.50
12	141.80	206.30	57	5245.50	5245.50
13	146.50	213.10	58	5640.50	5640.50
14	150.30	219.20	59	6057.00	6057.00
15	155.00	226.50	60	6495.80	6495.80
16	161.30	235.70	61	6930.30	6930.30
17	169.30	247.00	62	7354.50	7354.50
18	179.00	260.40	63	7806.50	7806.50
19	190.30	275.60	64	8288.50	8288.50
20	204.50	293.90	65	8802.80	8802.80
21	220.50	314.60			
22	237.00	336.20			
23	253.00	357.60			
24	269.00	379.20			
25	287.80	403.70			
26	310.50	432.40			
27	338.30	466.80			
28	370.50	506.00			
29	405.80	548.70			
30	442.50	593.50			
31	480.80	480.80			
32	519.50	519.50			
33	560.00	560.00			
34	602.80	602.80			
35	650.80	650.80			
36	706.80	706.80			
37	774.80	774.80			
38	854.30	854.30			
39	938.00	938.00			
40	1028.00	1028.00			
41	1126.00	1126.00			
42	1236.50	1236.50			
43	1365.00	1365.00			
44	1514.30	1514.30			
45	1681.50	1681.50			

<sup>5</sup> The Total Premium amounts in the Table of Annual Policy Premiums include the premiums for any Riders attached to the Policy.

## Policy Data (Cont'd)

For Other Frequency of Premium Multiply the Total Premium by:

.52 for Semi-Annual;

.275 for Quarterly;

.09 for Monthly.

**Contact our Administrative Office for more information about the coverage provided under your Policy:**

**Reassure America Life Insurance Company**

[Post Office Box 9000]

[Coppell, Texas 75019-9000]

Phone: [1-800-678-6227]

## General Provisions

**The Policy** - This Policy, the application and any riders or endorsements attached hereto are the entire Policy. A copy of the application is attached.

Only our officers may change this Policy or waive a right or requirement stated herein. No agent may do this.

**Owner** - 'You' or 'your' means the Owner. Unless changed, the Owner is as named in the application. If all named Owners and contingent Owners have died, the Owner of this Policy is the last surviving Owner's estate.

You may exercise all Policy rights while this Policy is in force. These include the right to:

1. Change the Beneficiary;
2. Change the Owner;
3. Assign this Policy, subject to the rights of an irrevocable Beneficiary, if any; and
4. Receive benefits.

If there is more than one Owner, we must receive written consent of all Owners for the exercise of any ownership right.

**Age** – Age means the Insured's age on his or her last birthday.

**Beneficiary** - Beneficiary means the person(s) or other designated entity(ies) you name on the application or on a form satisfactory to us who will receive the Death Benefit upon the death of the Insured. The Beneficiary cannot be the Insured. A Beneficiary that is irrevocable may not be changed without the written consent of that Beneficiary. You may designate different classes of Beneficiaries such as primary (first) and contingent (second). These classes set the order of payment. A class may contain more than one Beneficiary. The Death Benefit will be paid in equal shares to the then living person(s) in the class with the highest priority unless you have designated otherwise. If you have (1) designated multiple Beneficiaries in a class, (2) designated a percentage payable to each such Beneficiary, and (3) one or more of the designated Beneficiaries are not alive at the death of the Insured, the interest of the deceased Beneficiary(ies) in the Death Benefit will be equally distributed to the surviving Beneficiary(ies) of the class.

If no Beneficiaries are alive at the death of the Insured, the Death Benefit will be paid to the Owner or, if no owner survives the Insured, to the Owner's estate.

**Change of Owner or Beneficiary** - Unless you state otherwise, you may change the Owner or Beneficiary while the Insured is alive. The request must be made in writing in a form acceptable to us. The request will take effect on the date you sign the request to change the Owner or Beneficiary unless you request a different date. However, we are not liable for any payments made or actions taken prior to our receipt of your written and signed request in our Administrative Office.

**Premiums** - Premiums are shown on the Policy Data page. Policy months and years are measured from the Issue Date. Premiums are to be paid on or before the Premium due date, with the first premium due, as shown on the Policy Data page, on the Issue Date. The Policy Data page also shows the frequency of Premiums that are due in the future. All Premiums must be received by us at our Administrative Office on or before the Premium due date.

You may change the frequency with which you pay Premium upon written request to us. If you do, the amount of the Premium will change. The change will take effect as of the start of the next Policy year. The Death Benefits to be paid at the Insured's death will include a refund of Premium paid for any coverage beyond the Policy month of the Insured's death.

**Grace Period** - If we do not receive your Premium by its due date, we will allow a Grace Period of 31 days. This Policy will be in force during the Grace Period. If we do not receive the Premium by the end of the Grace Period, this Policy will terminate. If the Insured dies during the Grace Period, we will deduct any Premium due us from the Death Benefits we pay. Any Premium received by us after the Policy terminates will be refunded to the Owner.

**Expiry Date** - is the date that insurance coverage under this Policy ends. **The date is shown on the Policy Data page.**

**Reinstatement** - You may reinstate this Policy - that is, put it back in full force, up to 5 years past the due date of the first Premium not received by us by the end of the Grace Period. You may only reinstate the policy if it terminated due to non-payment of sufficient Premium.

We will reinstate the Policy if you:

1. Give us due proof satisfactory to us that the Insured is still insurable based on our current underwriting guidelines;
2. Pay all due Premiums not yet paid with interest at the Reinstatement interest rate of 6% annually from the due date of each Premium.

**Assignment** - You may assign this Policy. Any Assignment must include written consent by the irrevocable Beneficiary, if any. We are not responsible for the validity of an Assignment. The Assignment will take effect on the date you sign such Assignment unless you request a different date. However, we are not liable for any payments made or actions taken prior to our receipt of a written and signed Assignment in our Administrative Office. The rights of the Owner and the Beneficiary are subject to the rights of the person or entity to whom this Policy is assigned.

**Misstatement of Age and/or Gender** - If the Insured's age and/or gender shown on the application is misstated, the death benefit payable shall be the amount which the Premium paid would have purchased at the correct age and/or gender, according to our rates in effect on the Issue Date.

**Incontestability** – After this Policy has been in force while the Insured is alive for 2 years from its Issue Date, it will be incontestable as to the statements made in the application. In the absence of fraud, all statements made in the application are deemed to be representations and not warranties. No statement will be used by us in defense of a claim or to void this Policy unless it is in the signed application. This does not prevent us from terminating this Policy if Premiums are due but not paid. A new period of incontestability will apply if reinstatement occurs.

**Suicide** - If the Insured dies by Suicide while sane or insane within 2 years from the Issue Date of this Policy, payment will be limited to a refund of all the Premiums paid, and the policy shall terminate. Any such Premium refund will be paid to the Owner or, if no owner survives the Insured, to the Owner's estate.

**Nonparticipating** – This Policy is Nonparticipating. It does not share in our profits or surplus earnings. We will pay no dividends on this Policy.

## Death Benefit

If the Insured dies while this Policy is in force prior to the Expiry Date, we will pay a Death Benefit to the Beneficiary, to the extent possible, within 31 days upon our receipt of:

1. Due proof of the Insured's death in a form acceptable to us, such as a certified copy of the death certificate or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Death Benefit; and
2. A fully completed claim form, including all required documentation.

The Death Benefit will be (a) the Face Amount on the date of death as shown on the Policy Data page, plus (b) any additional benefits provided by Riders, plus (c) the portion of any unearned Premiums, and (d) less any premiums due. The Death Benefit is equal to or greater than the guaranteed minimum benefits required by the state in which this Policy is delivered.

If we defer the Death Benefit payment 31 days or more after our receipt of due proof of the Insured's death, the Death Benefit will include interest at the rate of eight percent (8%) per year beginning with the date of death until the date the claim is paid.

Payment of the Death Benefit is subject to the interest of any assignee of record. Death Benefits paid to satisfy any assignee shall be paid in one sum. If no Beneficiary survives the Insured, we will pay the Death Benefit to you, if you are living; otherwise to your estate. You may choose another method of payment with our consent. Payment of the Death Benefit discharges us from all claims associated with this Policy.

## Renewal Provision

After the end of the level term period, you may renew this Policy on each Policy anniversary by paying the Premium shown in the Table of Annual Policy Premiums. Each renewal is for a period of one year and runs to the next Policy anniversary. This Policy may not be renewed on or after the Expiry Date.

The first premium paid for each renewal period is payable as stated in the "Premiums" provision.

If the Insured dies within 31 days after a Policy anniversary for a renewal period, but before the first premium for the renewal period has been paid, we will consider this Policy to have been renewed. The unpaid premium will be deducted from the Death Benefit. If the Insured is alive at the end of the 31 days after any Premium Due Date and if the premium due has not been paid, this Policy is beyond the Grace Period and no longer in force.

This Policy will be renewed automatically on any Policy anniversary on which premiums are being waived under any Waiver of Premium Rider attached to this Policy.

## Conversion Provision

While this Policy is in force, you may convert the term insurance on the life of the Insured to any permanent life insurance plan we then issue, subject to the issue age and minimum death benefit limits. Evidence of insurability is not required.

**Application** – We must receive an application for conversion and the first premium for the new policy at our Administrative Office during the Conversion Period shown on the Policy Data page.

**Amount** - The Face Amount of the new policy may not exceed the Face Amount under this Policy. However, we will consider an increase in your Face Amount, subject to the following conditions:

1. you must submit satisfactory evidence of insurability; and
2. the increase in coverage must be underwritten in accordance with our current underwriting rules and practices.

The minimum Face Amount of the new policy is the lesser of: a) the Face Amount of this Policy; or b) \$10,000. The maximum Face Amount of the new policy is \$1,000,000.

**New Policy Issue Date** - The new policy issue date will be the date of the application, but only if the Insured is then alive. We will refund any portion of premium paid for coverage under this Policy which extends past the issue date for the new policy. The new policy will be subject to any Assignment of this Policy recorded at our Administrative Office.

**Premiums** – Premiums for the new policy will be based on:

1. The Premium class, Age and Gender for the Insured shown on the Policy Data page of this Policy;
2. Our rates then in effect; and
3. The Other Insured Person's age on the issue date of the new policy.

**Supplemental Benefits** – Supplemental benefits included in this Policy by Rider may be included in the new policy, subject to our issue rules and the premium rates in effect on the Conversion Date.

**Incontestability and Suicide Provisions** – The Incontestability and Suicide provisions of the new policy are effective from the issue date of coverage under this Policy.

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# **Reassure America Life Insurance Company**

**A Stock Company**

**Home Office: Fort Wayne, Indiana**

**Administrative Office:**

**[Post Office Box 9000]**

**[Coppell, Texas 75019-9000]**

**Phone: [1-800-678-6227]**

**Level Premium Term Life Insurance Policy for a Specified Duration;  
Thereafter Annually Renewable  
Term Life Insurance to Policy Age 100 with Increasing Premium  
Convertible During Conversion Period**

**Death Benefit Payable Upon Death, Before Expiry Date  
Premium Payable to Expiry Date  
Nonparticipating**

**[ A War Risk Exclusion is Contained in the [ Waiver of Premium Rider ] [ and ]  
[ Accidental Death and Dismemberment Rider ] attached to This Policy ]**