

SERFF Tracking Number: IHLI-125943677 State: Arkansas
Filing Company: Investors Heritage Life Insurance Company State Tracking Number: 41140
Company Tracking Number: AR28100
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance
Project Name/Number: 2008 Whole Life/AR28100

Filing at a Glance

Company: Investors Heritage Life Insurance Company

Product Name: Whole Life Insurance SERFF Tr Num: IHLI-125943677 State: ArkansasLH
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 41140
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: AR28100 State Status: Approved-Closed
Premium - Single Life
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Julie Hunsinger, Karen Disposition Date: 12/19/2008
Jones, Brad Shepherd
Date Submitted: 12/17/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Whole Life Status of Filing in Domicile: Authorized
Project Number: AR28100 Date Approved in Domicile: 11/14/2008
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: 12/19/2008
State Status Changed: 12/19/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We are submitting the above numbered forms for your consideration for approval. These forms have not previously been filed in the state of Arkansas and do not replace any current forms.

Form 28100 AR (9-2008) is a whole life insurance policy. Level premiums may be paid for 5 years, 10 years, 20 years, to age 65, or for whole life. Once issued premiums and benefits are fully guaranteed, so this form will not be marketed

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with an illustration. It will be issued using normal underwriting methods to issue ages 0-80. The minimum face amount will be \$25,000.

Form 28101 AR (9-2008) is a waiver of premium rider. This rider is issued from ages 0 to 55. If the insured becomes totally disabled after age 5 and before age 60, this rider will waive the premium while the insured continues to be totally disabled. If the insured becomes totally disabled after attained age 60 and prior to attained age 65, this rider will waive the premium while the insured continues to be totally disabled for the greater of two years or attained age 65. There is a six month waiting period before the benefits become payable. This rider does not have any cash values or nonforfeiture values. It will terminate at age 65 unless benefits are currently being paid under this rider.

Form 28102 NC (9-2008) is an accidental death benefit rider. This rider is issued from ages 0 to 65, and expires at age 70. Benefits are payable if death is caused by accidental means.

Form 28103 NC (9-2008) is a term insurance rider. The insured may be either the base insured or another insured, such as a spouse. Issues ages are 0-60, and this rider expires at attained age 65. The rider is convertible to whole life insurance anytime prior to the expiry date of the rider, without evidence of insurability.

Form 28104 AR (9-2008) is a Child Term Insurance Rider. This rider provides level benefit term life insurance coverage on eligible children of a covered insured. The expiry date is the earliest of the covered insured's attained age 65 or the insured child's attained age 25. Level premiums are payable annually during the term of the rider. Premiums are calculated as a rate per \$1,000. Issue ages are 15 days – 18 years. This rider will be issued with normal underwriting.

Application forms 24900 (10-2004), 24900 AIR (10-2004) and 24900 CTR (10-2004), approved in Arkansas on October 24, 2005, may be used to apply for this policy or applicable riders.

These policies and riders will not be marketed with illustrations. All forms listed above will be marketed by Investors Heritage Life Insurance Company agents using traditional marketing methods and face-to-face contact.

Company and Contact

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Filing Contact Information

Karen Jones, Filing Administrator kjones@ihlic.com
 P.O. Box 717 (800) 422-2011 [Phone]
 Frankfort, KY 40602-0717 (502) 875-7084[FAX]

Filing Company Information

Investors Heritage Life Insurance Company CoCode: 64904 State of Domicile: Kentucky
 P.O. Box 717 Group Code: Company Type: LAH
 200 Capital Avenue
 Frankfort, KY 40602-0717 Group Name: State ID Number:
 (502) 209-1007 ext. [Phone] FEIN Number: 61-0574893

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Investors Heritage Life Insurance Company	\$50.00	12/17/2008	24582884

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/19/2008	12/19/2008

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Disposition

Disposition Date: 12/19/2008

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 - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Whole Life Insurance Policy		Yes
Form	Waiver of Premium Disability Benefit Rider		Yes
Form	Accidental Death Insurance Rider		Yes
Form	Term Insurance Rider		Yes
Form	Child Insurance Rider		Yes

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Form Schedule

Lead Form Number: 28100 AR (5-2008)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	28100 AR (5-2008)	Policy/Cont	Whole Life Insurance Initial ract/Fratern Policy al Certificate			54	28100 AR (5-2008).pdf
	28101 AR (9-2008)	Policy/Cont	Waiver of Premium Initial ract/Fratern Disability Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	28101 AR (9-2008).pdf
	28102 AR (9-2008)	Policy/Cont	Accidental Death Initial ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	28102 AR (9-2008).pdf
	28103 AR (9-2008)	Policy/Cont	Term Insurance Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	28103 AR (9-2008).pdf

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28104 AR (9-2008)	Policy/Cont Child Insurance ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	59	28104 AR (9- 2008).pdf
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INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

We will pay the proceeds of this policy to the beneficiary upon receipt of due proof of death of the insured while this policy is in force.

We will pay the cash surrender value of this policy to you upon its surrender.

We will pay the cash surrender value to you if the insured is living and this policy is in force on the maturity date.

This policy is a legal contract between you and us. It is issued in consideration of the application and the payment of the initial premium on or before the date of policy delivery. Subsequent premiums are payable as provided in the policy.

PLEASE READ YOUR POLICY CAREFULLY!

Signed at our home office at 200 Capital Avenue, Frankfort, Kentucky.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

30 DAY EXAMINATION PERIOD

You may return this policy within 30 days after receiving it by mailing it to us, taking it to the agent through whom it was purchased, or by taking it to any other agent of Investors Heritage Life Insurance Company. It will then be void as of the date of issue. Any premium paid will be returned.

WHOLE LIFE INSURANCE POLICY

Proceeds payable at death of insured and prior to the maturity date;
Cash surrender value payable on maturity date;
Premiums payable for amount and period stated in policy schedule;
Non-participating - no dividends.

TABLE OF CONTENTS	PAGE
POLICY SCHEDULE	3
BENEFIT SCHEDULE	4
TABLE OF POLICY VALUES	5
DEFINITIONS	6
GENERAL PROVISIONS	7
OWNERSHIP AND BENEFICIARY PROVISIONS	7
INSURANCE PROVISIONS	8
PREMIUM PROVISIONS	9
REINSTATEMENT PROVISIONS	10
LOAN PROVISIONS	10
POLICY VALUES PROVISIONS	11
SETTLEMENT PROVISIONS	12

**POLICY SCHEDULE
WHOLE LIFE INSURANCE**

POLICY NUMBER: 990019

INSURED: John Doe

OWNER: John Doe

FACE AMOUNT: \$ 100,000

POLICY DATE: October 1, 2008

DATE OF ISSUE: October 1, 2008

ISSUE AGE: 35

SEX: Male

RISK CLASSIFICATION: Non-Tobacco

ANNUAL PREMIUM: \$ 1,703.29

INITIAL PREMIUM: \$ 1,703.29

PREMIUM PAYMENT PERIOD: Whole Life

MATURITY DATE: October 1, 2093

BENEFICIARY: As stated in the application unless changed by you.

The owner and beneficiary are subject to change as described in this policy.

Guaranteed cash values, paid-up values and extended term values are based on the 2001 CSO Table, Male or Female, Smoker or Nonsmoker, Age Last Birthday, and 5.00% interest per year, compounded annually.

The maximum policy loan interest rate is .0% per year, payable in arrears, compounded annually.

BENEFIT SCHEDULE

INSURED	BENEFIT	ISSUE AGE	FACE AMOUNT	PREMIUM PERIOD	BENEFIT PERIOD	ANNUAL PREMIUM
JOHN DOE	Whole Life Insurance	35	\$ 100,000	Whole Life	Whole Life	\$ 1,463.00
	Waiver of Premium Rider			Age 65	Age 65	\$ 33.00
	Accidental Death Benefit Rider		\$ 100,000	Age 65	Age 65	\$ 107.00
	Child Term Rider		\$ 10,000	Expires at child's age 25		\$ 90.00
	Policy Fee					\$ 50.00
JOHN DOE	Term Rider	35	\$ 25,000	Age 65	Age 65	\$ 223.00
				Total Annual Premium		\$ 1,966.00

The initial premium mode for this policy is annually.

PREMIUM MODE	MODAL PREMIUM FACTOR	MODAL PREMIUM
Monthly preauthorized transfer	0.088	\$ 173.01
Quarterly preauthorized transfer	0.261	\$ 513.13
Semi-annually (direct and preauthorized transfer)	0.512	\$ 1,006.59
Annual (direct and preauthorized transfer)	1.000	\$ 1,966.00

The policy fee included in the above premium is \$ 50.00 per year.

TABLE OF GUARANTEED POLICY VALUES

ISSUE AGE 35

Policy Year	Cash Value	Reduced Paid-Up Amount	Extended Term Yrs	Extended Term Days	Policy Year	Cash Value	Reduced Paid-Up Amount	Extended Term Yrs	Extended Term Days	Policy Year	Cash Value	Reduced Paid-Up Amount	Extended Term Yrs	Extended Term Days
1	\$ 0.00	\$ 0	0	0	30	\$ 36,606.00	\$ 78,568	20	166	59	\$ 82,728.00	\$ 100,000	8	45
2	0.00	0	0	0	31	38,371.00	79,809	20	6	60	83,583.00	100,000	7	324
3	452.00	2,802	4	213	32	40,161.00	80,993	19	212	61	84,426.00	100,000	7	262
4	1,320.00	7,826	9	365	33	41,978.00	82,121	19	44	62	85,304.00	100,000	7	219
5	2,219.00	12,591	13	227	34	43,826.00	83,203	18	242	63	86,252.00	100,000	7	221
6	3,153.00	17,126	16	115	35	45,702.00	84,237	18	68	64	87,341.00	100,000	7	329
7	4,122.00	21,438	18	121	36	47,599.00	85,225	17	260	65	88,697.00	-	0	0
8	5,127.00	25,541	19	277	37	49,500.00	86,158	17	84	66	89,120.00	-	0	0
9	6,168.00	29,440	20	297	38	51,395.00	87,038	16	272	67	89,535.00	-	0	0
10	7,245.00	33,144	21	230	39	53,288.00	87,872	16	95	68	89,940.00	-	0	0
11	8,359.00	36,668	22	106	40	55,179.00	88,662	15	282	69	90,335.00	-	0	0
12	9,506.00	40,003	22	302	41	57,068.00	89,411	15	107	70	90,719.00	-	0	0
13	10,688.00	43,168	23	88	42	58,949.00	90,121	14	296	71	91,093.00	-	0	0
14	11,906.00	46,175	23	196	43	60,810.00	90,792	14	125	72	91,458.00	-	0	0
15	13,164.00	49,038	23	266	44	62,634.00	91,418	13	316	73	91,813.00	-	0	0
16	14,464.00	51,768	23	306	45	64,414.00	92,004	13	153	74	92,158.00	-	0	0
17	15,809.00	54,378	23	320	46	66,142.00	92,550	12	344	75	92,492.00	-	0	0
18	17,196.00	56,862	23	312	47	67,814.00	93,056	12	190	76	92,816.00	-	0	0
19	18,626.00	59,232	23	283	48	69,438.00	93,531	12	21	77	93,129.00	-	0	0
20	20,098.00	61,489	23	234	49	71,010.00	93,975	11	240	78	93,431.00	-	0	0
21	21,607.00	63,630	23	167	50	72,521.00	94,387	11	85	79	93,723.00	-	0	0
22	23,156.00	65,669	23	86	51	73,963.00	94,770	10	303	80	94,004.00	-	0	0
23	24,743.00	67,606	22	355	52	75,324.00	95,121	10	168	81	94,274.00	-	0	0
24	26,370.00	69,450	22	248	53	76,600.00	95,444	10	19	82	94,536.00	-	0	0
25	28,040.00	71,210	22	131	54	77,788.00	95,739	9	264	83	94,802.00	-	0	0
26	29,716.00	72,856	22	4	55	78,889.00	100,000	9	139	84	95,238.00	-	0	0
27	31,414.00	74,408	21	238	56	79,918.00	100,000	8	364	85	100,000.00	-	0	0
28	33,130.00	75,876	21	98	57	80,898.00	100,000	8	264					
29	34,860.00	77,260	20	316	58	81,834.00	100,000	8	157					

DEFINITIONS

ATTAINED AGE

The issue age of the insured plus the number of completed policy years.

DATE OF ISSUE

The effective date of coverage under this policy.

EVIDENCE OF INSURABILITY

Proof of the good health of the insured that is satisfactory to us.

INDEBTEDNESS

Unpaid policy loans and unpaid policy loan interest, if any.

INSURED

The individual named as the insured in the policy schedule. The insured may or may not be the owner.

ISSUE AGE

Age on the insured's last birthday on or preceding the policy date.

MATURITY DATE

The final date on which any proceeds are payable under this policy if the insured is still alive.

POLICY ANNIVERSARY

The same day and month as the policy date for each succeeding year this policy remains in force.

POLICY DATE

The date from which policy anniversaries, policy years and policy months are determined.

PREMIUM PERIOD

The number of years for which premiums are payable.

PROCEEDS

The amount we are obligated to pay under the terms of this policy.

WE, OUR, US

Investors Heritage Life Insurance Company.

YOU, YOURS

The owner of this policy. The owner is designated in the application unless later changed by written notice to us.

GENERAL PROVISIONS

CONTRACT

The entire contract between you and us consists of this policy, any riders or endorsements, and the written application, a copy of which is attached at issue or delivery. All statements between you and us in the application are representations and not warranties. No statement shall be used in defense of a claim under this policy unless it is contained in a written application that is attached to the policy when issued or delivered.

AUTHORITY TO CHANGE

Only our officers may change the terms of this policy. Any change must be made in writing.

INCONTESTABILITY

We will not contest the validity of this policy after it has been in force during the insured's lifetime for a period of two (2) years from the date of issue as shown in the policy schedule except for non-payment of premium.

SUICIDE

If the insured commits suicide, while sane or insane, within two (2) years from the date of issue, the proceeds under the policy will be an amount equal to the premiums paid.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the insured is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the insured's true age and sex, minus any indebtedness.

Any underpayments already made by us together with interest at the rate of 6% per annum, compounded annually, from the date of each underpayment will be paid immediately. Any overpayments made by us together with interest at the rate of 6% per annum, compounded annually, shall be charged against benefits falling due after the date of adjustment.

NON-PARTICIPATING

This policy will not share in our surplus earnings. No dividends will be paid.

TERMINATION

This policy will terminate and all coverage will cease on the earliest of the following dates:

1. The date we receive your written request to surrender the policy;
2. The date on which the grace period ends if a premium is then in default and this policy has no cash value;
3. The date of death of the insured;
4. The maturity date shown on the policy schedule;
5. If indebtedness equals or exceeds the cash value, the date that falls thirty-one (31) days after notice of termination has been mailed to your last known address and to any assignee of record.

OWNERSHIP AND BENEFICIARY PROVISIONS

OWNER

The owner of this policy is as shown in the application. The owner has all rights stated in this policy. The owner may amend this policy, with our consent, while the insured is alive. The rights of the owner are subject to the rights of an irrevocable beneficiary. If there is more than one owner at a given time, all must exercise the rights of ownership by joint action.

If the owner has not named a successor owner, at the death of the owner, the insured becomes the owner of this policy unless the insured is a minor or otherwise legally incompetent, in which case the owner will be the legally appointed guardian of the insured.

BENEFICIARY

The beneficiary is as shown in the application. The beneficiary will receive the amount of proceeds payable at the death of the insured subject to any assignment made by you. The interest of a beneficiary terminates if the beneficiary dies before the insured. If no beneficiary survives at the insured's death, payment may be made to you or to your estate or successors.

If more than one beneficiary survives at the death of the insured, proceeds will be allocated according to written instructions received by us from the owner of this policy prior to the death of the insured. If no allocation of proceeds between beneficiaries is specified, proceeds will be divided equally among all surviving beneficiaries.

If the beneficiary of this policy does not make claim within sixty (60) days after the death of the insured, or if the beneficiary is the estate of the insured, or is a minor, or is not legally competent to give a valid release, we may, in good faith, make a payment to any of the insured's relatives by blood or marriage appearing to us to be entitled thereto.

CHANGE OF OWNER OR BENEFICIARY

You may change the designations of owner and beneficiary while the insured is alive. Any change is subject to the consent of an irrevocable beneficiary. Written notice of change must be filed at our home office in a form acceptable to us. The new designation will then take effect as of the date you signed the notice. Such a change does not affect any payment made or other action taken by us before we received the notice.

ASSIGNMENT

You may assign this policy by written request. We are not responsible for the validity or effect of any assignment of this policy. No assignment will bind us until it is received at our home office.

INSURANCE PROVISIONS

DEATH BENEFIT

The death benefit payable under this policy is equal to the face amount shown in the policy schedule.

PROCEEDS AT DEATH

The amount of proceeds payable at death of the insured while this policy is in force will be (a) the death benefit described above adjusted for any misstatement of age or sex, plus (b) any premiums paid for coverage beyond the end of the policy month in which the insured dies, less (c) any indebtedness.

INTEREST ON PROCEEDS

If the amount of proceeds is paid in one sum, it will include any interest as required by law, from the date ten (10) days after we receive satisfactory proof of an insured's death to the date of payment. Interest will be paid at a rate which is the greater of (a) the rate declared by us, or (b) the rate required by law.

PAYMENT OF PROCEEDS

To claim the proceeds (a) a claim form must be filed with us, and (b) satisfactory proof of death must be furnished.

PREMIUM PROVISIONS

PREMIUM PAYMENTS

The initial premium shown in the policy schedule is due on the policy date. There is no insurance coverage in effect until the initial premium is paid while the insured is alive.

Additional premiums are payable in advance at our home office. Each premium, including the initial premium, may be paid to our authorized agent who will provide a receipt. The receipt must be signed by the agent who receives the payment on our behalf.

PREMIUM DUE DATE

Each premium, after the initial premium, is due on or before the end of the period covered by the preceding premium. Any premium not paid on or before its premium due date is in default.

GRACE PERIOD

A grace period of thirty-one (31) days is allowed for payment without interest of any premium falling due after the policy date. During the grace period this policy will stay in force. If a premium in default has not been paid by the end of the grace period, this policy will terminate as of the premium due date of the unpaid premium. If the insured dies during the grace period, the premium required to keep this policy in force to the end of the policy month in which death occurs will be deducted from the proceeds. This thirty-one (31) day grace period does not apply to the initial premium payment.

MODES OF PREMIUM PAYMENT

Premiums may be paid monthly, quarterly, semi-annually, or annually. Payment of premiums is subject to our current minimum premium requirements and permitted methods of payment. You may change your method of premium payment with our consent.

AMOUNTS OF PREMIUM

The amount of premium due on any premium due date is equal to the total annual premium in effect on that date multiplied by the modal premium factor. The total annual premium is the sum of the annual premiums for this policy and for any benefits attached by rider. The total annual premium and the modal premium factors for each allowable premium mode are shown in the policy schedule.

AUTOMATIC PREMIUM LOAN

If you do not pay a premium before the end of its grace period, it may be paid by charging the premium as a policy loan against this policy subject to the following conditions:

1. You must have elected the automatic premium loan provision in the application for this policy or made an election in writing to us while the premium was not in default; and
2. The resulting policy loan and loan interest to the next premium due date or policy anniversary, if sooner, must not exceed the loan value; and
3. For the second and subsequent premiums paid by automatic premium loan we may change the mode of premium payment; and
4. If the loan value of this policy is not sufficient to pay a monthly premium, the policy values provisions will apply; and
5. Automatic premium loans are subject to the terms of the policy loan provisions.

You may revoke the automatic premium loan provision at any time by sending a written request to us at our home office.

REFUND OF UNEARNED PREMIUMS

Any premiums paid for coverage beyond the end of the premium month in which you surrender or terminate this policy will be returned to you.

REINSTATEMENT PROVISIONS

REINSTATEMENT

This policy may be reinstated within three (3) years after the due date of an unpaid premium, subject to the following conditions:

1. This policy was not surrendered for its cash surrender value; and
2. You submit a written request and application during the insured's lifetime; and
3. You provide evidence of insurability satisfactory to us; and
4. You pay all premiums in default together with interest at the rate of 6% per year, compounded annually, from the premium due date of each premium in default to the date of reinstatement; and
5. You pay or reinstate any indebtedness which existed at the premium due date of the first premium in default with interest to the date of reinstatement at the policy loan interest rate stated in the policy schedule.

The date of reinstatement will be the later of (a) the date we approve your application for reinstatement, or (b) the date we receive all past premiums due, with interest.

LOAN PROVISIONS

POLICY LOAN

We will make a loan to you upon the sole security and assignment of this policy. You may obtain a loan at any time while this policy is in force. The amount of the loan may not exceed the loan value, as defined in the following paragraph. We may defer making a policy loan up to six months after written request is received at our home office unless the loan is used to pay a premium to us.

LOAN VALUE

The loan value is equal to the cash value on the date of the loan. The amount advanced as a policy loan may not exceed (a) the loan value, less (b) the amount of any existing loan, less (c) loan interest to the end of the current policy year. Unless it is paid in cash at the date of the loan, any existing policy loan, along with interest to the date of the loan, will be added to and become a part of the new policy loan.

LOAN INTEREST

Policy loan interest accrues from the date of the loan. It is payable in arrears on each policy anniversary and on the date the loan is settled. If interest is not paid when due, it will be added to the loan and will bear interest at the policy loan interest rate.

The maximum annual interest rate for loans is stated in the policy schedule. Interest is compounded annually.

INDEBTEDNESS

Indebtedness means all outstanding policy loans on this policy including interest accrued and accruing from day to day. Indebtedness may be repaid in full or in part while the insured is alive. If not repaid, it will be deducted in one sum from the proceeds of this policy.

If the indebtedness equals or exceeds the cash value, this policy will terminate thirty-one (31) days after notice of termination has been mailed to your last known address and to any assignee of record.

POLICY VALUE PROVISIONS

GUARANTEED POLICY VALUES

Guaranteed cash values, reduced paid-up values, and extended term values are shown for each policy year in the benefit schedule.

CASH SURRENDER VALUE

The cash surrender value for this policy on any day is equal to the cash value on that day less any indebtedness. Cash values between policy anniversaries will be calculated with due allowance for time elapsed and premiums paid.

POLICY VALUE OPTIONS

If you discontinue premium payments after this policy has a cash value, you may select one of the following policy values options subject to any conditions and limitations that apply.

1. **Cash Surrender.** You may surrender this policy for its cash surrender value. If you surrender this policy it is no longer eligible for reinstatement.
2. **Paid-up insurance.** You may apply the cash surrender value to purchase a fully paid-up life policy for a reduced amount of insurance. The amount of paid-up insurance will be that amount which the cash surrender value will purchase when applied as a net single premium at the attained age of the insured on the due date of the first unpaid premium. Reduced paid-up insurance has a cash value. The cash value of reduced paid-up insurance is equal to the net single premium at the attained age of the insured for the amount of reduced paid up insurance in effect at the date of determination.
3. **Extended Term Insurance Option.** You may apply the cash surrender value, if any, to purchase extended term insurance for the face amount. The length of time the extended term insurance continues will be calculated using the cash value as a net single premium at the attained age of the insured on the due date of the first unpaid premium. Extended term insurance has a cash value.

AUTOMATIC OPTION

You may elect a policy value option within sixty (60) days of the due date of the first unpaid premium by sending us a written request at our home office. If no election has been made by the end of the sixty (60) day period, the paid-up insurance option will apply automatically. The effective date of this automatic option is the due date of the first unpaid premium.

EXERCISING THE CASH SURRENDER POLICY OPTION

You may surrender this policy by returning it to our home office and filing a written request in a form acceptable to us. The date of surrender will be the date you signed the request, provided the insured was then living. The amount that will be paid is the cash surrender value. With written permission from the Commissioner of the state in which this policy was delivered, the payment of the cash surrender value may be deferred for a period up to six (6) months after the request is received at our home office.

If surrender is requested within thirty (30) days after a policy anniversary, the cash surrender value will not be less than (a) the cash surrender value on the policy anniversary, less (b) the amount of any policy loan made since the policy anniversary. This policy will terminate as of the date of surrender.

BASIS OF POLICY VALUES

The actuarial calculations are based on the Commissioners 2001 Standard Ordinary Mortality Table, Male or Female, Nonsmoker or Smoker, Age Last Birthday, with interest as shown in the policy schedule. Policy benefits and actuarial reserves are not less than the minimum values required on the policy date by the state in which this policy was issued. A detailed statement of the method of computing policy values has been filed with the department of insurance in the state in which this policy was issued.

SETTLEMENT PROVISIONS

POLICY PROCEEDS

Proceeds payable under this policy may be paid in a single sum or left with us for payment under one or more of the following settlement options. The amount applied under an option must be at least \$2,000. The amount of each payment under an option must be at least \$50.

ELECTION OF OPTIONS

With the consent of any irrevocable beneficiary, you may elect or revoke a settlement option at any time before the proceeds are payable. If no settlement option election is in effect at the time the proceeds become payable, the payee may make an election. Written notice of election or revocation must be filed at our home office in a form acceptable to us. The notice will then take effect as of the date you or the payee signed the notice. An election does not affect any payment made or other action taken by us before the notice is received. A payee who is not a natural person may elect a settlement option only with our consent. An assignee cannot elect a settlement option. Change of owner or beneficiary automatically revokes any election in effect.

EFFECTIVE DATE

The first payment under options 1, 2, and 4 is payable on the effective date of the option. The effective date is (a) the date of the death of the insured, or (2) any later date agreeable with us.

DEATH OF PAYEE

Unless otherwise specified, at the death of the last payee a final payment will be made to the estate of the payee. For options 1 and 2 the final payment will be the commuted value of the remaining unpaid installments certain. Such value will be computed based on the rate of interest used in the calculation of payments. For options 3 and 4 the final payment will be the unpaid proceeds with any unpaid interest to the date of death of the payee.

SETTLEMENT OPTION INTEREST RATE

The guaranteed interest rate for options 1, 2, 3, and 4 is 3% per year, compounded annually. Additional interest may be declared by us from time to time.

OPTION 1

Proceeds will be paid for a fixed period. The amount of each payment is determined from the option 1 table below.

OPTION 2

Proceeds will be paid in equal installments throughout the certain period. After the certain period, payments will continue to be made throughout the lifetime of the payee. The amount and certain period of the payments are determined from the option 2 table on the following page. Satisfactory proof of the age and sex of the payee is required. We may require evidence that the payee is living on the due date of any payment.

OPTION 3

Interest on the proceeds will be paid in the manner agreed upon when the option is elected.

OPTION 4

Proceeds will be paid in fixed installments at regular intervals until the proceeds, together with interest on the unpaid balance, are exhausted.

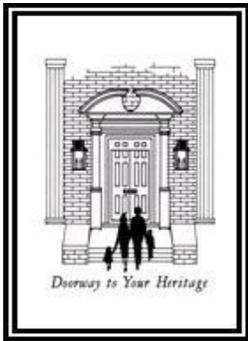
OPTION 5

Proceeds will be used to purchase any single premium annuity we offer at the time proceeds are applied. The annuity payments will be 102% of the payments otherwise purchased by the single premium.

OPTION 1 TABLE							
Monthly payments for a fixed number of years for each \$1,000 of proceeds							
Number of years	Monthly payment	Number of years	Monthly payment	Number of years	Monthly payment	Number of years	Monthly payment
1	84.48	6	15.16	11	8.88	16	6.55
2	42.87	7	13.18	12	8.26	17	6.25
3	29.01	8	11.70	13	7.73	18	5.98
4	22.08	9	10.55	14	7.28	19	5.75
5	17.92	10	9.63	15	6.89	20	5.53
The amount of monthly payment for other periods will be furnished on request.							

OPTION 2 TABLE											
Monthly payments are shown for each \$1,000 of proceeds. Age is the age last birthday of the payee when the first installment is payable.											
Number of Months Certain											
None						10 years					
Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
46	3.83	3.61	66	5.85	5.31	46	3.81	3.61	66	5.64	5.20
47	3.88	3.66	67	6.03	5.47	47	3.86	3.65	67	5.79	5.34
48	3.94	3.71	68	6.23	5.63	48	3.92	3.70	68	5.94	5.48
49	4.01	3.76	69	6.44	5.81	49	3.98	3.75	69	6.10	5.63
50	4.07	3.82	70	6.66	6.00	50	4.04	3.81	70	6.26	5.79
51	4.14	3.88	71	6.90	6.20	51	4.11	3.86	71	6.43	5.96
52	4.21	3.94	72	7.15	6.43	52	4.18	3.92	72	6.60	6.13
53	4.29	4.01	73	7.42	6.67	53	4.25	3.99	73	6.78	6.32
54	4.37	4.08	74	7.70	6.93	54	4.33	4.05	74	6.96	6.51
55	4.46	4.15	75	8.01	7.21	55	4.41	4.12	75	7.15	6.71
56	4.55	4.22	76	8.34	7.51	56	4.49	4.20	76	7.33	6.91
57	4.64	4.31	77	8.69	7.84	57	4.58	4.27	77	7.52	7.12
58	4.75	4.39	78	9.07	8.20	58	4.68	4.36	78	7.71	7.33
59	4.85	4.48	79	9.47	8.58	59	4.78	4.44	79	7.89	7.54
60	4.97	4.58	80	9.90	9.00	60	4.88	4.53	80	8.07	7.76
61	5.09	4.68	81	10.36	9.45	61	4.99	4.63	81	8.25	7.97
62	5.23	4.79	82	10.85	9.94	62	5.11	4.73	82	8.42	8.17
63	5.37	4.91	83	11.37	10.47	63	5.23	4.84	83	8.59	8.37
64	5.52	5.04	84	11.92	11.04	64	5.36	4.96	84	8.74	8.56
65	5.68	5.17	85	12.52	11.66	65	5.50	5.08	85	8.89	8.73

Values were calculated using the Annuity 2000 Mortality Table, Male or Female, and 3.0% interest per year. Satisfactory proof of the age and sex of the payee is required. The amount of monthly payments for other ages and certain periods will be furnished on request.



INVESTORS HERITAGE

Life Insurance Company

TO OBTAIN INFORMATION, MAKE A CLAIM, OR MAKE A COMPLAINT

Call us toll-free:

1.800.422.2011

Or write to us:

**INVESTORS HERITAGE LIFE INSURANCE COMPANY
PO BOX 717
FRANKFORT KY 40602-0717**

Or email us:

ihlic@investorsheritage.com

WHOLE LIFE INSURANCE POLICY

Proceeds payable at death of insured and prior to the maturity date;
Cash surrender value payable on maturity date;
Premiums payable for amount and period stated in policy schedule;
Non-participating - no dividends.

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association. ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life and variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association, if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member's insurer's obligation to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values -- again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

IMPORTANT NOTICE

TO OBTAIN INFORMATION OR MAKE A COMPLAINT:

You may call or write your agent or Investors Heritage's home office for information or to make a complaint about your policy.

HOME OFFICE
FRANKFORT KY 40602

Investors Heritage Life Insurance Company
PO Box 717
Frankfort, KY 40602-0717
800-422-2011

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Arkansas Insurance Department.

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2600
800-282-9124

ATTACH THIS NOTICE TO YOUR POLICY.

This notice is for information only and does not become a part or condition of the attached document.

INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

WAIVER OF PREMIUM DISABILITY BENEFIT RIDER

PLEASE READ THIS RIDER CAREFULLY. THE WAITING PERIODS IN THE SUICIDE AND INCONTESTABILITY PROVISIONS MAY BE DIFFERENT FROM THOSE IN THE POLICY AND BEGIN ON THE EFFECTIVE DATE OF THIS RIDER.

GENERAL PROVISIONS

CONSIDERATION

This rider is made part of this policy. It is subject to all applicable terms of the policy as well as the terms of this rider. The consideration is the application and the payment of premiums for this rider.

PREMIUMS

The premiums for this rider are shown in the policy schedule. Premiums are not due for this rider after this rider has terminated. If we accept a premium after termination, it does not mean we are liable for benefits under this rider or that we waive the termination. We will refund any premium so accepted.

EFFECTIVE DATE

The effective date of this rider is the effective date of the policy to which it is attached, unless otherwise stated.

INCONTESTABILITY

We will not contest the validity of this rider after it has been in force during the insured's lifetime for a period of two (2) years from the effective date of this rider except for non-payment of premium.

A reinstatement of this rider will be incontestable after it has been in force during the insured's lifetime for two (2) years from the effective date of reinstatement. Contest of a reinstatement may be made only with respect to material misrepresentations made in the application for reinstatement.

No statement made by the owner or by the insured related to the insured's insurability may be used in a contest or to reduce benefits unless (a) it is contained in a written instrument signed by the owner or the insured, and (b) a copy of such instrument has been given to the owner, the insured, or the beneficiary.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the insured is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the insured's true age and sex.

Any underpayments already made by us together with interest at the rate of 6% per annum, compounded annually, from the date of each underpayment will be paid immediately. Any overpayments made by us together with interest at the rate of 6% per annum, compounded annually, shall be charged against benefits falling due after the date of adjustment.

NON-PARTICIPATING

This rider will not share in our surplus earnings. No dividends will be paid.

CASH VALUES

This rider does not provide cash or loan values.

OWNER

The owner of this rider is the owner of the policy to which this rider is attached, unless otherwise provided. The owner of this rider may exercise all the rights under this rider during the lifetime of the insured by making written request to us. All the rights of the owner are subject to the rights of any assignee or any irrevocable beneficiary we have on record.

TERMINATION

Benefits under this rider will terminate on the earliest of the following dates:

1. The date we receive your written request to surrender the policy;
2. The policy anniversary on which the attained age of the insured is sixty-five (65), if benefits are not being paid for total disability which began before attained age sixty (60);
3. The date we receive your written request to cancel this rider;
4. The date on which the premium payment period of the policy ends;
5. The date on which the grace period ends if any premium for the policy or this rider is not paid;
6. The date the policy terminates or is continued under a policy values option as extended term or reduced paid-up insurance.

BENEFIT PROVISIONS

BENEFIT

If total disability of the insured begins on or after the policy anniversary on which the attained age of the insured is five (5), and prior to the policy anniversary on which the attained age of the insured is sixty (60), we will waive the payment of each premium which falls due while such total disability continues.

If total disability of the insured begins on or after the policy anniversary on which the attained age of the insured is sixty (60), and prior to the policy anniversary on which the attained age of the insured is sixty-five (65), while such total disability continues we will waive the payment of each premium which falls due prior to the policy anniversary on which the attained age of the insured is sixty-five (65), but in no event will premiums be waived for less than two (2) years.

If total disability of the insured begins on or after the policy anniversary on which the attained age of the insured is sixty-five (65), no benefits will be payable.

DEFINITION OF TOTAL DISABILITY

Total disability or totally disabled under the terms of this rider means incapacity which:

1. Substantially and continually prevents the insured from performing the material and substantial duties of an occupation. During the first two (2) years after total disability begins, occupation means the normal occupation of the insured. After two (2) years, occupation means any occupation for which the insured is qualified or becomes qualified by reason of education, training or experience. Being a homemaker or a student is considered engaging in an occupation for remuneration or profit;
2. Was caused by bodily injury incurred or disease which first manifested itself after the effective date of this rider;
3. Began on or after the policy anniversary on which the attained age of the insured was five (5), but before the policy anniversary on which the attained age of the insured was sixty-five (65);
4. Has lasted for at least one hundred eighty (180) consecutive days; and
5. Is not described in the exceptions below.

You must give us the proof of total disability that we require in a timely manner. All benefits will be the same as if you have made the premium payments which are waived. We will also refund any premium payments made for any time after the policy month in which total disability of the insured commenced. Total disability of the insured will cease at any time the insured does not meet the definition of total disability stated above.

Total disability of the insured exists even if (a) the insured may be able to engage in an occupation as defined above, and (b) total disability has continued for less than one hundred eighty (180) consecutive days, if the insured has lost:

1. The sight of both eyes; or
2. The use of both hands; or
3. The use of both feet; or
4. The use of one hand and one foot.

This exception does not apply if the cause of total disability is one described in the exceptions below.

EXCEPTIONS - RISKS NOT COVERED

No premiums will be waived if total disability results from:

1. Intentionally self-inflicted injury; or
2. War or any act of war, declared or undeclared; or
3. Service in the military, naval, or air forces of any country, group of countries, or international organization at war, declared or undeclared.

NOTICE AND PROOF OF CLAIM

Before we waive a premium payment, we must receive at our home office notice of a claim and due proof of total disability of the insured. We must receive such notice and proof (a) prior to the death of the insured, and (b) while the insured is totally disabled, and (c) within one year after the date the insured became totally disabled.

Failure to give such notice and proof within one (1) year after the commencement of total disability will not invalidate or diminish a claim if it can be shown that such notice and proof were given as soon as reasonably possible. If it cannot be shown that notice and proof were given as soon as reasonably possible, we will waive only those premium payments which became due during the one year period prior to the date proof was given, and those premium payments which became due after the date proof was given.

If total disability begins after the due date of a premium in default, but before the end of the grace period as defined in the policy, benefits will be allowed as if the default had not occurred. However, the insured will be liable for any premiums in default with interest, if any.

As part of the proof that the insured is totally disabled, we may require medical examinations by physicians of our choice and at our expense.

PROOF OF CONTINUANCE OF TOTAL DISABILITY

After approval of a claim, we may require proof of the continuing total disability of the insured. As part of this proof, we may require that the insured be examined by one or more physicians of our choice, and at our expense. We may ask for this proof (a) at reasonable times during the first two years of total disability of the insured, and (b) once each year thereafter. Premium payments will not be waived if (a) proof is not given when we request it, or (b) the insured is not totally disabled.

If we determine that neither on-going treatment nor continuous care by a physician would not benefit or improve the condition of the insured, we will waive any requirement to do so.

CONVERSION OF TERM INSURANCE

If premiums are being waived for level term insurance which contains a conversion option, the amount of term insurance will be automatically converted to non-participating whole life insurance if the following conditions are met:

1. The date of conversion is the last available conversion date provided in the term policy; and
2. Total disability began before the policy anniversary on which the attained age of the insured was sixty (60); and
3. All conversion provisions of the level term policy apply.

Premiums will continue to be waived so long as the insured remains totally disabled.

Signed at our home office at 200 Capital Avenue, Frankfort, Kentucky.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

ACCIDENTAL DEATH INSURANCE RIDER

PLEASE READ THIS RIDER CAREFULLY. THE WAITING PERIOD IN THE INCONTESTABILITY PROVISION MAY BE DIFFERENT FROM THAT IN THE POLICY AND BEGINS ON THE EFFECTIVE DATE OF THIS RIDER.

GENERAL PROVISIONS

CONSIDERATION

This rider is made part of this policy. It is subject to all applicable terms of the policy as well as the terms of this rider. The consideration is the application and the payment of premiums for this rider.

PREMIUMS

The premiums for this rider are shown in the policy schedule. Premiums are not due for this rider after this rider has terminated. If we accept a premium after termination, it does not mean we are liable for benefits under this rider or that we waive the termination. We will refund any premium so accepted.

EFFECTIVE DATE

The effective date of this rider is the effective date of the policy to which it is attached, unless otherwise stated.

INCONTESTABILITY

We will not contest the validity of this rider after it has been in force during the insured's lifetime for a period of two (2) years from the effective date of this rider except for non-payment of premium.

A reinstatement of this rider will be incontestable after it has been in force during the insured's lifetime for two (2) years from the effective date of reinstatement. Contest of a reinstatement may be made only with respect to material misrepresentations made in the application for reinstatement.

No statement made by the owner or by the insured related to the insured's insurability may be used in a contest or to reduce benefits unless (a) it is contained in a written instrument signed by the owner or the insured, and (b) a copy of such instrument has been given to the owner, the insured, or the beneficiary.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the insured is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the insured's true age and sex.

Any underpayments already made by us together with interest at the rate of 6% per annum, compounded annually, from the date of each underpayment will be paid immediately. Any overpayments made by us together with interest at the rate of 6% per annum, compounded annually, shall be charged against benefits falling due after the date of adjustment.

NON-PARTICIPATING

This rider will not share in our surplus earnings. No dividends will be paid.

CASH VALUES

This rider does not provide cash or loan values.

OWNER

The owner of this rider is the owner of the policy to which this rider is attached, unless otherwise provided. The owner of this rider may exercise all the rights under this rider during the lifetime of the insured by making written request to us. All the rights of the owner are subject to the rights of any assignee or any irrevocable beneficiary we have on record.

BENEFICIARY

Any benefit payable under this rider will be paid to the beneficiary name in the application, unless otherwise provided.

TERMINATION

Benefits under this rider will terminate on the earliest of the following dates:

1. The date we receive your written request to surrender the policy;
2. The date of death of the insured;
3. The date we receive your written request to cancel this rider;
4. The policy anniversary on which the attained age of the insured is seventy (70);
5. The date on which the grace period ends if any premium for the policy or this rider is not paid.

BENEFIT PROVISIONS

BENEFIT

The benefit payable for a loss due to accidental causes is the accidental death benefit, as shown in the policy schedule.

ACCIDENTAL DEATH

Accidental death means death that:

1. Resulted from accidental bodily injury directly and independently of all other causes; and
2. Occurred within 90 days of the injury; and
3. Occurred prior to the termination of this rider; and
4. Did not result from any of the exclusions listed in this rider.

Accidental death includes death caused by accidental ptomaine (food) poisoning and bacterial infection resulting from accidental injury.

PROOF OF LOSS

Any accidental death benefit payable under this rider will be paid when we receive proof of death from accidental causes. All claims must be submitted within ninety (90) days of such death, unless it can be shown that proof was given as soon as reasonably possible. Failure to give such notice and proof within one (1) year after death will not invalidate or diminish a claim if it can be shown that such notice and proof were given as soon as reasonably possible.

LUMP SUM

We will pay the accidental death benefit in a lump sum, unless otherwise agreed.

EXCEPTIONS - RISKS NOT COVERED

We will not pay for any loss caused directly or indirectly, wholly or partly, by:

1. Suicide, or any attempt at suicide, whether sane or insane; or
 2. Intentionally self-inflicted bodily injury, or any attempt at self-inflicted bodily injury; or
 3. Diseases, bodily or mental infirmity, or medical or surgical treatment for any of these; or
 4. Bodily injury sustained while in or upon any aircraft except when a passenger on a regularly scheduled flight; or
 5. Bodily injury sustained while committing or attempting to commit a felony under any applicable law, or being engaged in an illegal activity; or
 6. Bodily injury resulting from war or any act of war, declared or undeclared, whether or not the insured was in military service or in participation of insurrection; or
 7. Intoxication, where intoxication means that the blood alcohol content of the insured meets or exceeds the legal presumption of impairment or intoxication under the laws of the state where the accident occurred; or
 8. The voluntary taking of any drug, medication or sedative unless taken as prescribed for the insured by a licensed physician; or
 9. Absorbing into the body any hallucinogen, narcotic, or drug unless taken as prescribed for the insured by a licensed physician; or
 10. Voluntarily inhaling gas or fumes or taking poison, except food poisoning.
-

Signed at our home office at 200 Capital Avenue, Frankfort, Kentucky.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

TERM INSURANCE RIDER

PLEASE READ THIS RIDER CAREFULLY. THE WAITING PERIODS IN THE SUICIDE AND INCONTESTABILITY PROVISIONS MAY BE DIFFERENT FROM THOSE IN THE POLICY AND BEGIN ON THE EFFECTIVE DATE OF THIS RIDER.

TERM INSURANCE RIDER SCHEDULE

POLICY NUMBER: 990019
RIDER INSURED: John Doe
RIDER DEATH BENEFIT: \$ 25,000
RIDER DATE: October 1, 2008
RIDER EFFECTIVE DATE: October 1, 2008
RIDER ISSUE AGE: 35
RIDER SEX: Male
RIDER RISK
CLASSIFICATION: NON-TOBACCO
RIDER EXPIRY DATE: October 1, 2038
FINAL CONVERSION DATE: October 1, 2038
BENEFICIARY: As stated in the application unless changed by you.

DEFINITIONS

EXPIRY DATE

The date this rider expires. The expiry date is shown in the term insurance rider schedule.

FINAL CONVERSION DATE

The latest date at which this rider may be converted to a new policy. The final conversion date is shown in the term insurance rider schedule.

ISSUE AGE OF RIDER INSURED

Age on the rider insured's last birthday on or preceding the rider effective date.

RIDER EFFECTIVE DATE

The effective date of coverage under this rider. The rider effective date will be the monthly anniversary day of the policy on or next following the date we approve the application for coverage under this rider. The rider effective date is the date from which rider anniversaries and rider years are determined.

RIDER INSURED

The person whose life is insured under this rider and who is named as the rider insured in the term insurance rider schedule.

GENERAL PROVISIONS

CONSIDERATION

This rider is made part of this policy. It is subject to all applicable terms of the policy as well as the terms of this rider. The consideration is the application and the payment of premiums for this rider.

PREMIUMS

The premiums for this rider are shown in the policy schedule. Premiums are not due for this rider after this rider has terminated. If we accept a premium after termination, it does not mean we are liable for benefits under this rider or that we waive the termination. We will refund any premium so accepted.

REFUND OF UNEARNED PREMIUMS

Any premiums paid for coverage beyond the end of the premium month in which you surrender or terminate this rider will be returned to you.

EFFECTIVE DATE

The effective date of this rider is the effective date of the policy to which it is attached, unless otherwise stated.

INCONTESTABILITY

We will not contest the validity of this rider after it has been in force during the insured's lifetime for a period of two (2) years from the effective date of this rider except for non-payment of premium.

A reinstatement of this rider will be incontestable after it has been in force during the lifetime of the rider insured for two (2) years from the effective date of reinstatement. Contest of a reinstatement may be made only with respect to material misrepresentations made in the application for reinstatement.

No statement made by the owner or by the rider insured related to the insurability of the rider insured may be used in a contest or to reduce benefits unless (a) it is contained in a written instrument signed by the owner or the insured, and (b) a copy of such instrument has been given to the owner, the rider insured, or the beneficiary.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the insured is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the insured's true age and sex.

Any underpayments already made by us together with interest at the rate of 6% per annum, compounded annually, from the date of each underpayment will be paid immediately. Any overpayments made by us together with interest at the rate of 6% per annum, compounded annually, shall be charged against benefits falling due after the date of adjustment.

SUICIDE

If the rider insured commits suicide, while sane or insane, within two (2) years from the effective date of this rider, the proceeds under this rider will be an amount equal to the premiums paid.

NON-PARTICIPATING

This rider will not share in our surplus earnings. No dividends will be paid.

CASH VALUES

This rider does not provide cash or loan values.

OWNER

The owner of this rider is the owner of the policy to which this rider is attached, unless otherwise provided. The owner of this rider may exercise all the rights under this rider during the lifetime of the insured by making written request to us. All the rights of the owner are subject to the rights of any assignee or any irrevocable beneficiary we have on record.

BENEFICIARY

Any benefit payable under this rider will be paid to the beneficiary named in the application, unless otherwise provided.

TERMINATION

Benefits under this rider will terminate on the earliest of the following dates:

1. The date we receive your written request to surrender the policy;
2. The date of death of the rider insured;
3. The date we receive your written request to cancel this rider;
4. The policy anniversary on which the attained age of the insured is seventy (70);
5. The date on which the grace period ends if any premium for the policy or this rider is not paid;

BENEFIT PROVISIONS

RIDER DEATH BENEFIT

The benefit payable under this rider is the rider death benefit that is shown in the term insurance rider schedule.

PROCEEDS AT DEATH OF RIDER INSURED

The amount of proceeds payable at death of the rider insured while this rider is in force will be (a) the rider death benefit described above adjusted for any misstatement of age or sex, plus (b) any rider premiums paid for coverage beyond the end of the policy month in which the rider insured dies.

INTEREST ON PROCEEDS

If the amount of proceeds is paid in one sum, it will include any interest as required by law, from the date ten (10) days after we receive satisfactory proof of the death of the rider insured to the date of payment. Interest will be paid at a rate which is the greater of (a) the rate declared by us, or (b) the rate required by law.

PAYMENT OF PROCEEDS

To claim the proceeds (a) a claim form must be filed with us, and (b) satisfactory proof of death of the rider insured must be furnished.

LUMP SUM

We will pay the rider death benefit in a lump sum, unless otherwise agreed.

CONVERSION PROVISIONS

This rider may be converted to a plan of permanent life insurance any time prior to the final conversion date shown in the rider schedule. If the conversion is requested after the conversion period terminates, evidence of insurability satisfactory to us will be required.

CONDITIONS FOR CONVERSION

Insurance in force, up to the rider death benefit, may be converted prior to the final conversion date, subject to these conditions:

1. No premiums for this rider are in default; and
 2. You must apply for conversion in writing to us; and
 3. The new policy will be issued at the attained age of the rider insured on the date of conversion, on forms and at premium rates in use by us on that date. The policy date of the new policy will be the date of conversion. The new policy will not take effect until the first premium is paid. A new suicide or contestable period will not apply to benefits converted from this rider to a new policy; and
 4. The new policy will be in the same rate class as this rider. The premium for the new policy will be based on the rate in use on the date of conversion for the sex and attained age of the rider insured. If this rider is issued in a substandard class, the premium rate for the new policy will be based on the rate for that class for the plan chosen; and
 5. The new policy may be on any form of permanent life insurance offered by us at the attained age of the rider insured on the date of conversion. The amount of insurance on the new policy may not be less than the minimum amount we will issue the plan selected; and
 6. Additional benefits will be issued with the new policy only with our consent and subject to our requirements; and
 7. You must return this rider to our home office.
-

Signed at our home office at 200 Capital Avenue, Frankfort, Kentucky.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

CHILD INSURANCE RIDER

PLEASE READ THIS RIDER CAREFULLY. THE WAITING PERIODS IN THE SUICIDE AND INCONTESTABILITY PROVISIONS MAY BE DIFFERENT FROM THOSE IN THE POLICY AND BEGIN ON THE EFFECTIVE DATE OF THIS RIDER.

DEFINITIONS

EXPIRY DATE

The expiry date is the last day any benefits will be provided under this rider. It is the policy anniversary on which the attained age of the insured is sixty-five (65).

FINAL CONVERSION DATE

The latest date at which this rider may be converted to a new policy. The final conversion date with respect to an insured child is the earliest of (a) the expiry date of this rider, or (b) the policy anniversary on which the attained age of an insured child is twenty-five (25).

INSURED CHILD

An insured child is any natural child, stepchild, or legally adopted child of the insured that meets the following conditions:

1. The child is named in the application for the policy or this rider; and
2. The child is at least fourteen (14) days old; and
3. The child has not yet reached his or her nineteenth (19th) birthday on the effective date of this rider; and
4. The child is living in the household of the insured at the date of application.

After the date of application, an insured child is any child who is born of the marriage of the insured or is legally adopted by the insured after the age of fourteen (14) days and prior to the nineteenth (19th) birthday of the child.

RIDER EFFECTIVE DATE

The effective date of coverage under this rider. The rider effective date will be the monthly anniversary day of the policy on or next following the date we approve the application for coverage under this rider.

GENERAL PROVISIONS

CONSIDERATION

This rider is made part of this policy. It is subject to all applicable terms of the policy as well as the terms of this rider. The consideration is the application and the payment of premiums for this rider.

PREMIUMS

The premiums for this rider are shown in the policy schedule. Premiums are not due for this rider after this rider has terminated. If we accept a premium after termination, it does not mean we are liable for benefits under this rider or that we waive the termination. We will refund any premium so accepted.

REFUND OF UNEARNED PREMIUMS

Any premiums paid for coverage beyond the end of the premium month in which you surrender or terminate this rider will be returned to you.

EFFECTIVE DATE

The effective date of this rider is the effective date of the policy to which it is attached, unless otherwise stated.

INCONTESTABILITY

We will not contest the validity of this rider after it has been in force during the lifetime of the insured child for a period of two (2) years from the effective date of this rider except for non-payment of premium.

A reinstatement of this rider will be incontestable after it has been in force during the lifetime of an insured child for two (2) years from the effective date of reinstatement. Contest of a reinstatement may be made only with respect to material misrepresentations made in the application for reinstatement.

No statement made by the owner or by the insured child related to the insurability of an insured child may be used in a contest or to reduce benefits unless (a) it is contained in a written instrument signed by the owner, and (b) a copy of such instrument has been given to the owner or the beneficiary.

MISSTATEMENT OF AGE OR SEX

If the age or sex of an insured child is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the true age and sex of the insured child.

Any underpayments already made by us together with interest at the rate of 6% per annum, compounded annually, from the date of each underpayment will be paid immediately. Any overpayments made by us together with interest at the rate of 6% per annum, compounded annually, shall be charged against benefits falling due after the date of adjustment.

SUICIDE

If an insured child commits suicide, while sane or insane, within two (2) years from the effective date of this rider, the proceeds under this rider will be an amount equal to the premiums paid.

NON-PARTICIPATING

This rider will not share in our surplus earnings. No dividends will be paid.

CASH VALUES

This rider does not provide cash or loan values.

OWNER

The owner of this rider is the owner of the policy to which this rider is attached, unless otherwise provided. The owner of this rider may exercise all the rights under this rider during the lifetime of the insured child by making written request to us. All the rights of the owner are subject to the rights of any assignee or any irrevocable beneficiary we have on record.

BENEFICIARY

Any benefit payable under this rider will be paid to the beneficiary named in the application, unless otherwise provided.

TERMINATION

Benefits under this rider will terminate with respect to each insured child on the earliest of the following dates:

1. The date we receive your written request to surrender the policy;
2. The date we receive your written request to cancel this rider;
3. The expiry date of this rider;
4. The policy anniversary on which the attained age of such insured child is twenty-five (25);
5. The date on which the grace period ends if any premium for the policy or this rider is not paid;
6. Except as provided under paid-up term insurance, the date of termination of the policy to which this rider is attached.

BENEFIT PROVISIONS

DEATH BENEFIT

The benefit payable for each child insured under this rider is the death benefit for this rider as shown in the policy schedule.

PROCEEDS AT DEATH OF RIDER INSURED

The amount of proceeds payable at death of an insured child while this rider is in force will be (a) the death benefit described above adjusted for any misstatement of age or sex, plus (b) any rider premiums paid for coverage beyond the end of the policy month in which an insured child dies.

INTEREST ON PROCEEDS

If the amount of proceeds is paid in one sum, it will include any interest as required by law, from the date ten (10) days after we receive satisfactory proof of the death of an insured child to the date of payment. Interest will be paid at a rate which is the greater of (a) the rate declared by us, or (b) the rate required by law.

PAYMENT OF PROCEEDS

To claim the proceeds (a) a claim form must be filed with us, and (b) satisfactory proof of death of the insured child must be furnished.

LUMP SUM

We will pay the rider death benefit in a lump sum, unless otherwise agreed.

PAID-UP TERM INSURANCE

PAID-UP TERM INSURANCE BENEFIT

With respect to each insured child, if the insured dies while the policy and this rider are in force, this rider will continue as fully paid-up term insurance to the earlier of (a) the expiry date; or (b) the policy anniversary on which the attained age of such insured child is twenty-five (25). No premiums will be payable for this paid-up term insurance benefit. The death benefit will be the same as that defined above.

CONVERSION PROVISIONS

The coverage on each insured child may be converted to a plan of permanent life insurance subject to the conditions stated below.

CONDITIONS FOR CONVERSION

1. The owner of this rider must submit a written request for conversion to our home office within thirty-one (31) days after the final conversion date; and
2. Evidence of insurability will not be required; and
3. This rider must be in force on the date of conversion; and
4. You must apply for conversion in writing to us; and
5. The date of conversion will be the earlier of (a) the expiry date, or (b) the policy anniversary on which the attained age of such insured child is twenty-five (25); and
6. The policy date of the new policy will be the date of conversion; and
7. The owner of this rider must return it to our home office; and
8. The new policy may be on any whole life or endowment plan offered by us on the date of conversion; and

9. The amount of insurance on the new policy may not exceed the smaller of (a) five (5) times the death benefit under this rider on the date of conversion, or (b) \$25,000; and
10. The amount of insurance on the new policy may not be less than the minimum amount we will issue on the plan selected; and
11. The new policy will be in the same rate class as this rider. The premium for the new policy will be based on the rate in use on the date of conversion for the sex and attained age of the child rider. If this rider is issued in a substandard class, the premium rate for the new policy will be based on the rate for that class for the plan chosen; and
12. Additional benefits will be issued with the new policy only with our consent and subject to our requirements.

TEMPORARY INSURANCE

If an insured child dies during the thirty-one (31) day period following the date of conversion of such child's coverage and before applying for conversion, we will pay a death benefit. The amount of the death benefit will be equal to the death benefit that would have been paid if such insured child had died the day before the date of conversion.

Signed at our home office at 200 Capital Avenue, Frankfort, Kentucky.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

SERFF Tracking Number: IHLI-125943677 *State:* Arkansas
Filing Company: Investors Heritage Life Insurance Company *State Tracking Number:* 41140
Company Tracking Number: AR28100
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Insurance
Project Name/Number: 2008 Whole Life/AR28100

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: IHLI-125943677 State: Arkansas
Filing Company: Investors Heritage Life Insurance Company State Tracking Number: 41140
Company Tracking Number: AR28100
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance
Project Name/Number: 2008 Whole Life/AR28100

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 12/11/2008

Comments:

Attachments:

AR Compliance Certifications.pdf
AR Compliance Rule Reg 19.pdf
AR Readability Certification.pdf

Review Status:

Satisfied -Name: Application 12/11/2008

Comments:

Application forms 24900 (10-2004), 24900 AIR (10-2004) and 24900 CTR (10-2004), approved in Arkansas on October 24, 2005, may be used to apply for this policy or applicable riders.

Review Status:

Satisfied -Name: Cover Letter 12/17/2008

Comments:

Attachment:

AR Cover Letter.pdf



INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 Frankfort KY 40602-0717

1-800-422-2011

investorsheritage@ihlic.com

Certificates of Compliance

Re: Form 28100 AR (5-2008) – Whole Life Insurance Policy
Form 28101 AR (5-2008) – Waiver of Premium Disability Benefit Rider
Form 28102 AR (5-2008) – Accidental Death Insurance Rider
Form 28103 AR (5-2008) – Term Insurance Rider
Form 28104 AR (5-2008) – Child Insurance Rider

I hereby certify that the submitted forms listed above meet all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and the requirements of Rule and Regulation 49.

I also hereby certify that the submitted forms listed above meet with the applicable readability requirements of the Arkansas Code.

I also certify that the Consumer Information Notice as required by ACA 23-79-138 is attached to every policy at policy issue.

Julie A. Hunsinger, FSA, MAAA
Vice President & Chief Actuary
December 17, 2008

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Investors Heritage Life Insurance Company

Form Number(s): Form 28100 AR (5-2008) – Whole Life Insurance Policy
Form 28101 AR (5-2008) – Waiver of Premium Disability Benefit Rider
Form 28102 AR (5-2008) – Accidental Death Insurance Rider
Form 28103 AR (5-2008) – Term Insurance Rider
Form 28104 AR (5-2008) – Child Insurance Ridery

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



Signature of Company Officer

Julie A. Hunsinger, FSA, MAAA

Name

Vice President & Chief Actuary
Title

December 17, 2008

Date

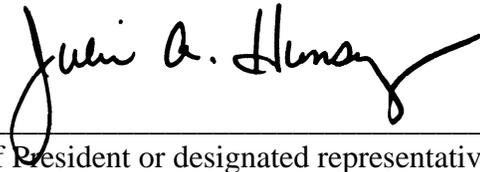
**POLICY FORMS FILING
READABILITY CERTIFICATION**

**INVESTORS HERITAGE LIFE INSURANCE COMPANY
NAIC No. 64904**

I have reviewed or supervised the preparation of the forms listed below and certify that the forms comply with the applicable readability requirements of the Arkansas Code.

Form Number	Description	Flesch Score
28100 AR (5-2008)	Whole Life Insurance Policy	53.9
28101 AR (9-2008)	Waiver of Premium Disability Benefit Rider	50.2
28102 AR (9-2008)	Accidental Death Insurance Rider	51.3
28103 AR (9-2008)	Term Insurance Rider	59.2
28104 AR (9-2008)	Child Insurance Rider	58.9

December 17, 2008
Date


Signature of President or designated representative

Julie Hunsinger, FSA, MAAA
Name of Person signing above

Vice President & Chief Actuary
Title of person signing above



INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 Frankfort KY 40602-0717

1-800-422-2011

investorsheritage@ihlic.com

December 17, 2008

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Policy Form 28100 AR (5-2008)
Rider Form 28101 AR (9-2008)
Rider Form 28102 AR (9-2008)
Rider Form 28103 AR (9-2008)
Rider Form 28104 AR (9-2008)

NAIC #64904
Federal Employer ID 61-0574893

Dear Sir or Madam:

We are submitting the above numbered forms for your consideration for approval. These forms have not previously been filed in the state of Arkansas and do not replace any current forms. They are submitted in final print format.

Form 28100 AR (9-2008) is a whole life insurance policy. Level premiums may be paid for 5 years, 10 years, 20 years, to age 65, or for whole life. Once issued premiums and benefits are fully guaranteed, so this form will not be marketed with an illustration. It will be issued using normal underwriting methods to issue ages 0-80. The minimum face amount will be \$25,000.

Form 28101 AR (9-2008) is a waiver of premium rider. This rider is issued from ages 0 to 55. If the insured becomes totally disabled after age 5 and before age 60, this rider will waive the premium while the insured continues to be totally disabled. If the insured becomes totally disabled after attained age 60 and prior to attained age 65, this rider will waive the premium while the insured continues to be totally disabled for the greater of two years or attained age 65. There is a six month waiting period before the benefits become payable. This rider does not have any cash values or nonforfeiture values. It will terminate at age 65 unless benefits are currently being paid under this rider.

Form 28102 AR (9-2008) is an accidental death benefit rider. This rider is issued from ages 0 to 65, and expires at age 70. Benefits are payable if death is caused by accidental means. There are no cash or nonforfeiture values.

Form 28103 AR (9-2008) is a term insurance rider. The insured may be either the base insured or another insured, such as a spouse. Issues ages are 0-60, and this

rider expires at attained age 65. The rider is convertible to whole life insurance anytime prior to the expiry date of the rider, without evidence of insurability.

Form 28104 AR (9-2008) is a Child Term Insurance Rider. This rider provides level benefit term life insurance coverage on eligible children of a covered insured. The expiry date is the earliest of the covered insured's attained age 65 or the insured child's attained age 25. Level premiums are payable annually during the term of the rider. Premiums are calculated as a rate per \$1,000. Issue ages are 15 days – 18 years. This rider will be issued with normal underwriting.

Application forms 24900 (10-2004), 24900 AIR (10-2004) and 24900 CTR (10-2004), approved in Arkansas on October 24, 2005, may be used to apply for this policy or applicable riders.

These forms will not be marketed with illustrations. All forms will be marketed by Investors Heritage Life Insurance Company agents using traditional marketing methods and agent-to-client contact.

The SERFF tracking number is IHLI-125943677. All forms and supporting documentation have been submitted via SERFF.

If you have any questions or need additional information, please feel free to call me at 209-1007.

Sincerely,

A handwritten signature in cursive script that reads "Karen S. Jones".

Karen S. Jones
Filing Administrator
800-422-2011, ext 1007
Fax: 502-875-7084
Email: kjones@ihlic.com