

SERFF Tracking Number: TAPK-125936314 State: Arkansas  
Filing Company: Central United Life Insurance Company State Tracking Number: 41030  
Company Tracking Number:  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Universal Life  
Project Name/Number: /

## Filing at a Glance

Company: Central United Life Insurance Company

Product Name: Universal Life

SERFF Tr Num: TAPK-125936314 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 41030

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Suzanne Heasley

Disposition Date: 12/17/2008

Date Submitted: 12/08/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/17/2008

State Status Changed: 12/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See attached submission letter

## Company and Contact

### Filing Contact Information

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

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Suzanne Heasley,  
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**Filing Company Information**

Central United Life Insurance Company  
10700 Northwest Freeway  
Houston, TX 77092  
(713) 529-0045 ext. [Phone]

CoCode: 61883  
Group Code: 1117  
Group Name:  
FEIN Number: 42-0884060  
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State of Domicile: Texas  
Company Type: Life and Health  
State ID Number:

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	12/08/2008	24392149

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/17/2008	12/17/2008

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## Disposition

Disposition Date: 12/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization		Yes
Supporting Document	Statement of Policy Cost and Benefit Information		Yes
Supporting Document	Submission Letter		Yes
Form	Policy		Yes
Form	Rider		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PDUL08	Policy/Cont Policy ract/Fratern al Certificate	Initial		53	PDUL08.pdf Policy Schedule.pdf
	SPRUL08	Policy/Cont Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55	Spouse Rider.pdf

**CENTRAL UNITED LIFE INSURANCE COMPANY**

Home Office: Little Rock, Arkansas  
Administrative Office: 10700 Northwest Freeway, Houston, TX 77092  
1-800-669-9030

**THIS POLICY IS A LEGAL CONTRACT. PLEASE READ IT CAREFULLY.**

**CENTRAL UNITED LIFE INSURANCE COMPANY** will pay the Death Benefit Proceeds provided in this Policy to the Beneficiary if the Insured dies prior to the Maturity Date and while this Policy is in force. Payment is subject to this Policy's terms and conditions. Such payment may be reduced by any due and unpaid premium.

**CENTRAL UNITED LIFE INSURANCE COMPANY** will pay the Cash Surrender Value of this Policy to the Owner on the Maturity Date if the Insured is living.

**20 DAY RIGHT TO EXAMINE POLICY.** This life insurance policy is a legal contract between the Owner and Us. **PLEASE READ IT CAREFULLY.** It is important to Us that You are satisfied with this Policy. If You are not satisfied, You may return this Policy to Our Home Office or to Your agent within 20 days after You receive it. We will refund all the premiums You have paid. This Policy will be deemed void from the Issue Date.

In Witness Whereof **CENTRAL UNITED LIFE INSURANCE COMPANY** has caused this Policy to be executed at its Home Office in Little Rock, Arkansas to take effect on the Issue Date.



Secretary



President

**Flexible Premium Adjustable Endowment at Age 95 Life Insurance Policy.  
Adjustable Death Benefit.  
Cash Surrender Value Payable at Maturity.  
Flexible Premium Payable during Lifetime of Insured Until Maturity Date.  
Death Benefit Payable at Death of Insured Prior to Maturity.  
Non-Participating.**

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**A copy of the Application and any Endorsements or Riders follows page 18.**

## DEFINITIONS

In this Policy, the following words mean:

**Accumulation Value** - The amount in this Policy to which We credit interest and from which We deduct the monthly deductions on each Monthly Anniversary Date.

**Attained Age** - On the Policy Anniversary, the Insured's age on nearest birthday. On any other day, the Insured's age on birthday nearest the prior Policy Anniversary.

**Beneficiary** - The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Policy is in force.

**Cash Surrender Value** - The Accumulation Value less the Surrender Charges less any Indebtedness.

**Current Assumptions** - The current Cost of Insurance rates, interest rates, Premium Expense Charges and Monthly Policy Fees used in figuring the Accumulation Values. These may be more favorable than the policy guarantees. The factors We use for Current Assumptions will take into account (a) policy size, (b) the Insured's risk class, (c) time this Policy has been in force, and (d) any Indebtedness.

The current interest rate credited on that part of the Accumulation Value which has been borrowed under the Loan Privileges provisions after this Policy has been in force for ten (10) years and the Insured has attained age sixty (60) shall be the same as the loan interest rate. This rule will apply provided the new loan made in any year does not exceed 10% of the Accumulation Value.

**Death Benefit Proceeds** - The total amount We will pay the Beneficiary at the death of the Insured if this Policy is then in force less any Indebtedness.

**Indebtedness** - The sum of any unpaid policy loans and any accrued and unpaid policy loan interest.

**Insurance Proceeds** - The amount payable on (a) the Maturity Date, (b) the exercise of the full surrender benefit, or (c) the Insured's death. The proceeds on the Maturity Date will be the Cash Surrender Value. The proceeds on the Insured's death will be the Death Benefit Proceeds.

**Insured** - The person whose life is insured under the terms of this Policy. See Page 3.

**Internal Revenue Code** - The provisions of the Internal Revenue Code in effect on the Issue Date of this Policy.

**Minimum Premium Period** - The period during which minimum premiums paid in advance are required to keep this Policy in force. The Minimum Premium Period is shown on page 3 under the Schedule of Premiums.

**Monthly Anniversary Date** - The same day shown on Page 3 under the Issue Date for each succeeding month.

**Policy Anniversary Date** - The same day and month as the Issue Date shown on Page 3 for each succeeding year.

**Surrender Charge** - The amount described on Page 18 which We will deduct from the Accumulation Value if this Policy is surrendered, in whole or in part, or if the Specified Amount is decreased.

**We, Our, Us** - Central United Life Insurance Company at its Home Office.

**Written Request** - A writing to exercise Your rights signed by You and received by Us on forms We supply or satisfactory to Us. We may also require that Your policy be sent to Us with Your Written Request.

**You, Your** - The Owner of this Policy. The Owner may be someone other than the Insured.

## GENERAL PROVISIONS

### The Contract

This Policy and a copy of the application attached to it, plus any supplemental applications for increases in the Specified Amount, make up the entire contract between You and Us. All statements made in these applications will be considered representations and not warranties. Also, We will not use any statement to contest this Policy or to defend against any claim under it unless the statement is contained in the application or any supplemental application.

This contract cannot be changed in any way without the written consent of one of Our officers.

Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy, unless We state otherwise in the rider.

### Your Rights

You can exercise the rights given by this Policy. These rights include:

- The right to make flexible premium payments according to the Premiums and Reinstatement section.
- The right to change the Death Benefit Option according to the Death Benefits and Death Benefit Options and Changing Your Insurance sections.
- The right to change the Specified Amount according to the Changing Your Insurance section.
- The right to surrender this Policy according to the Policy Values section.
- The right to borrow money according to the Loan Privileges section.
- The right to change the Beneficiary according to the Beneficiary Provisions section.
- The right to choose how the Insurance Proceeds will be paid according to the Settlement Provisions section.
- The right to assign this Policy according to the General Provisions section.
- The right to transfer ownership according to the General Provisions section.

You can exercise Your rights under this Policy while the Insured is alive by making a Written Request. If Your policy is assigned as collateral, We will also require a Written Request from the assignee. If You have not reserved the right to change the Beneficiary, We will also require a Written Request satisfactory to Us from any irrevocable Beneficiary.

### Annual Report

We will send You a report, without charge, after each Policy Anniversary. This report will show:

- (a) premiums paid since the last report;
- (b) the Cash Surrender Value at the beginning of the period;
- (c) interest credited since the last report;
- (d) Monthly Deductions since the last report;
- (e) Partial Surrenders since the last report;
- (f) Indebtedness activity;
- (g) the Cash Surrender Value at the end of the period; and
- (h) Insurance Proceeds at the end of the period.

We will provide a projection of future Death Benefits and policy values upon Written Request. We will charge a maximum fee of \$10.00 for this service. The illustration will be based on assumptions as to Specified Amounts, Death Benefit Options and future premium payments which You specify. We will make any other reasonable assumptions which are necessary.

## **Collateral Assignment**

Your policy may be collaterally assigned. We are not bound by the assignment unless You make a Written Request satisfactory to Us and it is received in Our Administrative Office. We are not responsible for determining if Your assignment is valid or the extent of the assignee's interest. The rights of any named Beneficiary are subject to the rights of any assignee.

## **Misstatement of Age or Sex**

If the Insured's age or sex is misstated in the application, We will adjust the Insurance Proceeds. The Insurance Proceeds payable shall be adjusted to that which would have been purchased by the most recent mortality charge at the correct age or sex.

## **Suicide**

If the Insured dies by suicide, while sane or insane, within two (2) years of the Issue Date, We will not pay the Insurance Proceeds. When the laws of the state in which this Policy is delivered require less than this two-year period, the period will be as stated in such laws. The amount We will pay will be the total premiums paid minus any Indebtedness, and minus any partial surrender amounts paid.

There is a new two-year suicide period after any increase in Specified Amount. We will measure this period from the effective date of any increase. If the Insured dies by suicide, while sane or insane, during this period We will not pay the Insurance Proceeds attributable to the increase. The amount We will pay is the sum of the Monthly Deductions for the increase.

## **Incontestability**

We will not contest the initial Specified Amount after this Policy has been in force for two (2) years after the Issue Date while the Insured is alive. We will not contest any increase in Specified Amount after the increase has been in force for two (2) years while the Insured is alive. Contests after an increase in Specified Amount will be limited to those material misrepresentations made in the application for increase in Specified Amount.

If this Policy is reinstated We will not contest the reinstatement after this Policy is again in force for two (2) years while the Insured is alive. For this purpose, We will only rely on statements made in the application for reinstatement.

## **Termination of Policy**

This Policy will terminate when:

- (a) You surrender this Policy for its Accumulation Value minus the Surrender Charge and minus any Indebtedness;
- (b) The Insured dies;
- (c) This Policy reaches the Maturity Date; or
- (d) There is not sufficient Cash Surrender Value to cover a monthly deduction and the Grace Period ends without payment of required premium.

## **BENEFICIARY PROVISIONS**

### **Beneficiary**

We will pay the Insurance Proceeds to the Beneficiary named by You in the application or in any later request after We receive due proof that the Insured has died. If You name more than one primary Beneficiary, they will share equally, unless You provide otherwise.

If a Beneficiary dies before the Insured dies, that Beneficiary will have no interest in the Insurance Proceeds. Only those Beneficiaries who survive the Insured will share in the Insurance Proceeds. If no Beneficiary survives the Insured, We will pay the Insurance Proceeds to Your estate unless otherwise designated.

### **Change of Beneficiary or Owner**

You may change the Beneficiary not designated irrevocable or the Owner by Written Request on a form satisfactory to Us. The change is not effective until We record the change on Our records. After it is so recorded, it will take effect as of the date You signed the Written Request. However, We are not liable for any action We take before We record Your Written Request.

### **Common Disaster**

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this Policy provides otherwise.

## **DEATH BENEFITS AND DEATH BENEFIT OPTIONS**

### **Death Benefit Proceeds**

If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to the Death Benefit Option in effect on the date of death, and any increases or decreases made to the Specified Amount. Guidelines for these types of changes may be found in the "Changing Your Insurance" section. The Initial Specified Amount is shown on page 3. Death Benefit Proceeds are also subject to the "Beneficiary Provisions" and "Settlement Provisions" sections and will be reduced by any outstanding policy loan.

### **Death Benefit Options**

There are two Death Benefit Options. One is Option A. The other is Option B. The Death Benefit Option on the Issue Date is shown on Page 3. You may change the Death Benefit Option prior to the Changeover Date as defined in the Changeover Date provision.

#### **Option A**

Under Option A, the amount of insurance is the greater of (a) or (b), where:

- (a) is the Specified Amount on the day the Insured dies; and
- (b) is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the table below.

#### **Option B**

Under Option B, the amount of insurance before the Changeover Date is the greater of (a) or (b), where:

- (a) is the Specified Amount on the day the Insured dies plus the Accumulation Value on the day the Insured dies; and
- (b) is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the table below.

Attained Age	Percentage	Attained Age	Percentage
0-40	250		
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
60	130	95	100

### Changeover Date

The Changeover Date is the later of (a) the Policy Anniversary nearest the Insured's 75th birthday, or (b) the 20th Policy Anniversary. On the Changeover Date the Death Benefit Option is changed automatically to Death Benefit Option A and the Specified Amount will be increased by an amount equal to the Accumulation Value as of the Changeover Date.

### Effect of Partial Surrender on Insurance Proceeds

A partial surrender will decrease the Insurance Proceeds under either Option A or Option B. If the Death Benefit Option in effect is Option A, We will reduce the Specified Amount by the amount of the partial surrender. A Partial Surrender is defined in the "Policy Values" section of this Policy.

## CHANGING YOUR INSURANCE

You may request a change in the Specified Amount or Death Benefit Option shown in the policy schedule on page 3 at any time except that a decrease in the Specified Amount may not become effective prior to the end of the first policy year. Your request must be submitted to Our Administrative Office in writing on a form acceptable to Us. This Policy must accompany the request.

### Decreases in Specified Amount

You may decrease the Specified Amount. However, the Specified Amount remaining in effect after any decreases cannot be less than the minimum amount of insurance You could then purchase from Us on a new policy on the same or similar plan of insurance. Also, You cannot decrease the Specified Amount if, after the decrease, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. We will decrease the Specified Amount in the following order:

- (a) increases in Specified Amount in the reverse order in which they occurred; and then
- (b) the initial Specified Amount.

If a decrease occurs during the Minimum Premium Period, a new Policy Schedule (Page 3) will be mailed to the Owner showing the amount of the new Minimum Monthly Premium, if changed, payable for the remainder of the Minimum Premium Period.

Any decrease will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

If You decrease the Specified Amount, We will deduct a Surrender Charge from Your Accumulation Value. Such deduction will be the sum of the Surrender Charges computed separately for each increase in Specified Amount beginning with the most recent increase. These Surrender Charges are described on Page 18.

### **Increases in Specified Amount**

On any date after the first Policy Anniversary Date, You may apply for an increase in Specified Amount by Written Request. Such increase shall be subject to evidence of insurability satisfactory to Us. Each increase must at least equal the Minimum Increase Amount shown on Page 3. The increase will go into effect on the date shown on an endorsement to Page 3. This endorsement will define the maximum cost of insurance rates to be applied to the increase based on the risk classification of the Insured at the time of the increase.

Each increase will have a new schedule of Surrender Charges for the first 15 years immediately following the increase. Such Surrender Charge Factors are shown on Page 18.

Also, the Accumulation Value immediately after the increase must be equal to or greater than the Surrender Charge for this Policy plus any Indebtedness. This may require a premium payment. We will advise You of the amount of premium required, if any. Such premium is due prior to the effective date of the increase.

### **Changes in Death Benefit Options**

If the Death Benefit Option in effect is Option A, You may request a change to Option B. We will decrease the Specified Amount by the amount of the Accumulation Value. After the change, the Specified Amount cannot be less than the minimum amount of insurance You could then purchase from Us on a new policy on the same or similar plan of insurance.

If the Death Benefit Option in effect is Option B, You may request a change to Option A. We will increase the Specified Amount by the amount of the Accumulation Value.

The change will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

## **PREMIUMS AND REINSTATEMENT**

### **Payment of Premiums**

An initial premium equal to or greater than the Minimum Monthly Premium shown on Page 3 is due on the Issue Date. This Policy is not in force until the initial premium has been paid. Subject to the provisions of this section, You can choose the amount and the frequency of any further premiums.

Premiums are paid when received by Us at Our Administrative Office and subject to any collection. You may request a receipt signed by one of Our officers.

### **Minimum Premium Period**

On each Monthly Anniversary Date during the Minimum Premium Period as shown on Page 3, the sum of the premiums paid in advance must equal or exceed an amount equal to (a) times (b) where:

- (a) is the Minimum Monthly Premium shown on Page 3; and
- (b) is the number of months expired since the Issue Date.

If such premiums due have not been paid this Policy will terminate, except as provided in the Grace Period provision.

## **Planned Periodic Premiums**

Planned Periodic Premiums are shown on Page 3. This is the amount and frequency of premiums You selected on the Issue Date. You may request a change in the amount and frequency. We may limit the amount of any increase.

We will send You reminder notices at the Planned Payment Intervals You select. You may pay the Planned Periodic Premium annually, semi-annually, quarterly or monthly. Each premium payment made must at least be equal to \$25 per month or, if greater, the amount needed during a Grace Period to prevent lapse of this Policy.

## **Additional Premium**

You may pay additional premiums at any time while this Policy is in force. We may refuse to accept a premium if the amount of insurance under Option A or Option B is a percentage of the Accumulation Value as defined in the "Death Benefits and Death Benefit Options" and "Definitions" sections.

We will not accept a premium if, by accepting the premium, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. If We accept any premium in error We will refund it to You with interest at an annual rate not less than 3.0% within 60 days after the end of the policy year in which the error was discovered. The interest rate will be that credited to the Accumulation Value attributable to the premium refunded. Any premiums which We accept in error will not be considered premiums paid under this Policy.

## **Grace Period**

If the Cash Surrender Value on a Monthly Anniversary Date is not enough to cover the Monthly Deduction for the month following such Monthly Anniversary Date, a Grace Period of 61 days shall be allowed for the payment of a premium sufficient to keep this Policy in force. Notice of such premiums will be mailed to Your last known address. Such premium shall be due on the Monthly Anniversary Date and, if such premium is not paid within the Grace Period, all coverage under this Policy will lapse without value at the end of the 61 day period. There is no Grace Period for the initial monthly deduction. If a claim by death becomes payable under this Policy, any overdue monthly deduction will be deducted from the Proceeds. In the event You stop paying premiums, coverage will continue subject to the Grace Period provision until the Cash Surrender Value is no longer sufficient to cover the Monthly Deduction.

However, during the Minimum Premium Period if the sum of the premiums paid less any partial surrenders and less any policy loans equals or exceeds the Minimum Monthly Premium shown on Page 3 multiplied by the number of months expired since the Issue Date, the Accumulation Value (instead of the Cash Surrender Value) less any Indebtedness must be sufficient to cover the Monthly Deduction.

The amount of premium necessary to keep this Policy in force during the Minimum Premium Period is the greater of the Minimum Monthly Premium and the amount of the Monthly Deduction. After the Minimum Premium Period, the amount of premium necessary to keep this Policy in force equals the Monthly Deduction.

## **Reinstatement**

Reinstatement means to place this Policy in force after it terminates because it reached the end of a Grace Period. We will reinstate this Policy if We receive:

- (a) Your Written Request within 5 years after this Policy terminates at the end of a Grace Period;
- (b) Satisfactory proof that the Insured is still insurable at the original rate class;
- (c) Payment or reinstatement of any Indebtedness; and
- (d) A premium large enough to cover the Monthly Deduction for 3 months.

If We approve Your Written Request for reinstatement on a Monthly Anniversary Date, this Policy will again be in force on the day We approve the reinstated application. If Our approval occurs on any other day, this Policy will again be in force as of the prior Monthly Anniversary Date.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to that rider.

## POLICY VALUES

### Accumulation Value

On each Monthly Anniversary Date the Accumulation Value is the sum of (a) plus (b) plus (c) minus (d) minus (e) minus (f), where:

- (a) is the Accumulation Value on the preceding Monthly Anniversary Date;
- (b) is the interest for one month on item (a);
- (c) is all net premiums received since the preceding Monthly Anniversary Date;
- (d) is the Monthly Deduction for the ensuing month;
- (e) is one month's interest on item (d); and
- (f) is the sum of all partial surrenders since the preceding Monthly Anniversary Date (plus interest from date of each such partial surrender).

On the Issue Date the Accumulation Value is any net premium received by Us on or before the Issue Date less the Monthly Deduction for the first policy month.

On any other day the Accumulation Value is (a) plus (c) minus (f).

### Interest Rate

The guaranteed minimum interest rate We will use to calculate the Accumulation Value is .24663% a month, compounded monthly. This is equivalent to 3.0% a year, compounded yearly.

### Monthly Deductions

The Monthly Deduction is (a) plus (b) plus (c) where:

- (a) is the Cost of Insurance for this Policy and any riders attached to it;
- (b) is the monthly flat extra amount, if any, for this Policy shown on Page 3; and
- (c) is the Monthly Policy Fee.

### Cost of Insurance

We calculate the cost of Insurance for the ensuing month on the Issue Date and on each Monthly Anniversary Date. The Cost of Insurance is found by multiplying (a) times the result of (b) minus (c) where:

- (a) is Cost of Insurance rate divided by 1,000;
- (b) is the amount of insurance under the Death Benefit Option in effect divided by 1.0024663; and
- (c) is the Accumulation Value prior to the deduction of the Cost of Insurance.

If the Death Benefit Option is Option A, and if there have been any increases to the Specified Amount, then the Accumulation Value shall be first considered a part of the initial Specified Amount. If the Accumulation Value exceeds the initial Specified Amount, it shall then be considered a part of the increases in Specified Amount in the order in which they occurred.

We calculate the Cost of Insurance for benefits provided by any riders attached to this Policy as provided in those riders.

### Cost of Insurance Rates

The Cost of Insurance rate depends on the Insured's Attained Age and risk class multiple. For each increase in Specified Amount We use the risk class multiple applicable to the increase. When the insurance under Option A or Option B is a percentage of the Accumulation Value as defined in the "Death Benefits and Death Benefit Options" and "Definitions" sections of this Policy We will use the risk class multiple applicable for the most recent increase that required proof that the Insured was insurable. In addition to, or instead of, a risk class multiple, We may charge a specified extra premium for a limited period of time when that is a better way of charging for the risk involved. Such charge may apply to the initial Specified Amount or any increase. The amount and cease date of any such flat extra premium will be shown on Page 3.

The Guaranteed Maximum Monthly Cost of Insurance rates are found by multiplying (a) times (b) where:

- (a) is the monthly Cost of Insurance rates shown on Page 17; and
- (b) is the risk class multiple numeral shown on Page 3,

and adding the amount of any flat extra premium charge specified on Page 3.

Guaranteed Maximum Monthly Cost of Insurance rates are shown on Page 17. We can use Cost of Insurance rates that are lower than these rates. The Cost of Insurance rates We use will apply to all Insureds of the same class.

### **Net Premium**

The net premium is the premium paid less the premium expense charge. The premium expense charge shown on Page 18 is the guaranteed maximum charge. We can use premium expense charge rates that are lower than these guaranteed rates.

### **Monthly Policy Fee**

The monthly policy fee shown on Page 18 is the maximum monthly fee. We can use monthly policy fees that are lower than these guaranteed fees.

### **Surrender**

Subject to the "Change of Beneficiary or Owner" provision, You may surrender this Policy on any Monthly Anniversary Date while the Insured is alive for the Accumulation Value minus the Surrender Charge minus any Indebtedness. We will require a Written Request. Surrender Charges are described on Page 18.

If You surrender this Policy within 30 days after a policy anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, plus any net premium paid, minus any policy loans or partial surrenders made on or after that anniversary.

### **Partial Surrender**

On any Monthly Anniversary Date after the first policy year and while the Insured is alive, You may make a partial surrender. The amount of the partial surrender cannot exceed the amount You would receive if You surrendered this Policy. Also, if the then Death Benefit Option is Option A, the amount of the partial surrender cannot exceed an amount which would reduce the Specified Amount below the minimum amount of insurance You could then purchase from Us on a new policy on the same or similar plan of insurance.

We will decrease Your Accumulation Value by the amount of the partial surrender. We will require a Written Request.

A \$25.00 processing fee will be charged on each partial surrender. Also, a pro rata Surrender Charge will be deducted from the Accumulation Value at time of any partial surrender.

### **Nonparticipating**

Your policy is nonparticipating. This means We do not pay dividends on Your policy. It will not share in Our profits or surplus earnings.

## **Basis for Calculations**

We have filed in the state where this Policy is delivered a detailed statement showing how policy benefits and reserves are calculated. All values are at least as great as the values required by that state.

We use 130% of the 2001 Commissioners Standard Ordinary Mortality Blended 80% Males and 20% Females, Smoker or Nonsmoker, age nearest birthday, compounded at 3.0% to calculate minimum Cash Surrender Values.

The minimum Cash Surrender Values for this Policy are not less than the minimum Cash Surrender Values calculated in accordance with the current Standard Nonforfeiture Law.

We reserve the right to defer payment of any values payable under this Policy for 6 months, or the period allowed by law, whichever is less, after We receive Your Written Request. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

If the Insured is alive on the Date of Maturity We will pay the Cash Surrender Value and this Policy will terminate.

## **LOAN PRIVILEGES**

### **Policy Loans**

While this Policy is in force, You may borrow from Us at any time an amount that does not exceed the Accumulation Value minus any Surrender Charge as of the date You request the loan. We will deduct any Indebtedness that already exists under this Policy from the amount You can borrow. We will require a Written Request and assignment of this Policy as sole security for the loan. We will have the right to defer a loan for up to 6 months, or the period allowed by law, whichever is less, after application for a loan is made on this Policy, except when made to pay premiums to Us.

### **Loan Interest Rate**

Loans shall bear interest at the rate of 7.4%. On each policy anniversary, You must pay the loan interest in advance, except at the time the loan is made. At the time the loan is made, interest to the next policy anniversary will be deducted from the loan amount You receive. Interest not paid when due will be added to the loan and will bear interest.

If You do not repay the Indebtedness under this Policy, this Policy will terminate when the Monthly Deduction is greater than (a) minus (b) minus (c) where:

- (a) is the Accumulation Value;
- (b) is any Surrender Charge; and
- (c) is the Indebtedness.

The effective date that this Policy will so terminate will be 62 days after We mail a notice to the last known address of You and any assignee recorded on Our records.

## **SETTLEMENT PROVISIONS**

### **When Can Settlement Options Be Used:**

We will pay all or part of the Proceeds of this Policy under any of the Settlement Options below. However, payment is subject to any assignment You made of the Proceeds. You may elect or change any one of these options at any time while the Insured is alive. But You must instruct Us at Our Administrative Office of the choice or change in writing.

At the time of the Insured's death, the Beneficiary can elect one of the Settlement Options if You have not done so.

### **A Settlement Agreement Is Required.**

When the Proceeds become payable, We may require that You send Us this Policy. We will prepare a Settlement Agreement and send it to the Payee. It will set forth the rights and the benefits of the Payee under this Policy.

### **Applying Funds From Other Sources At Retirement**

You may choose to have the cash value of this Policy, plus a single extra payment, applied under these settlement terms. They may give a monthly income which may not exceed \$20 per \$1,000 of the Specified Amount in effect at that time. You must inform Us in writing at least 60 days before You want the payments to start. The Payee may be any age from 55 through 80.

The single extra payment can come from sources outside this Policy. We will compute the sum You may pay in this way:

- (1) Figure the amount You need to pay the desired income.
- (2) Deduct from that amount the cash value of this Policy.
- (3) Add to the remainder 3% of that amount.

That final amount will be what You must give Us for You or Your Payee(s) to get the desired retirement income. If You choose this option, write or phone Us, and We will compute the exact amount.

### **Who May Receive Settlement Payments?**

The person(s) who will benefit under an option will be the Payee(s). Normally a Payee must be a natural person taking in his own right. Exceptions must have Our consent to be named Payee.

### **Proof That Payee Is Alive**

Before We make payment under any option, We may require proof that the Payee is alive. If We require proof, then any payment is not deemed due until such proof is received in Our Administrative Office.

### **When Are Installments Paid?**

We will make the first payment under Option 1, 2, or 3 just as soon as We have approved the claim for settlement. The rest of the installments will be paid according to the type of payment selected.

### **Is There Protection Against Creditors?**

The Proceeds of payments due or to become due under an option may not be assigned. Unless provided in the election, the Proceeds may not be encumbered, alienated, anticipated or commuted. They may not be withdrawn. To the extent allowed by law, the Proceeds not yet paid under an option will not be subject to the Payee's debts, contracts or engagements. They will not be subject to any court process to levy upon or attach the Proceeds for their payments.

### **Excess Interest**

Any amount held by Us under Option 3 shall earn interest at a rate set by Us (3.0% or more per year).

## What Options May Be Elected?

### Option 1. Guaranteed Installments for a Fixed Period

For each \$1,000 due, We will pay the Proceeds in equal monthly quarterly, semiannual or annual installments over a fixed period of time. The amount of each installment is based on a rate of interest of 3% per annum. If the payee dies before all installments have been paid, the remaining installments will be paid to the beneficiary of this settlement option. The installments will be as shown in the following table.

Years Payable	Installments			
	Annual	Semiannual	Quarterly	Monthly
1	1000.00	503.69	252.78	84.47
2	507.39	255.57	128.26	42.86
3	343.23	172.88	86.76	28.99
4	261.19	131.56	66.02	22.06
5	211.99	106.78	53.59	17.91
10	113.82	57.33	28.77	9.61
15	81.33	40.96	20.56	6.87
20	65.26	32.87	16.50	5.51

Amounts for other durations will be furnished upon request.

### Option 2. Life Annuity with Period Certain

We will pay a monthly income to one specified payee for a specific period of 5, 10, 15 or 20 years. We will continue the monthly payments after the expiration of the specified period as long as that payee is alive. If that payee dies before the expiration of the specified period, the remaining monthly payments will be paid to the beneficiary of this settlement option. The values in the table are based on the Annuity 2000 Mortality Table. The amount of monthly income per \$1,000 of proceeds is shown in the following table.

Life Annuity with Period Certain					
Male	Female	5 Years	10 Years	15 Years	20 Years
45		3.77	3.76	3.74	3.70
50		4.07	4.05	4.01	3.95
55		4.45	4.41	4.34	4.24
60		4.95	4.88	4.75	4.56
65		5.64	5.48	5.22	4.88
	45	3.57	3.57	3.55	3.54
	50	3.82	3.81	3.79	3.76
	55	4.15	4.13	4.09	4.03
	60	4.58	4.54	4.46	4.35
	65	5.15	5.07	4.93	4.71

Amounts for other ages will be furnished upon request.

**Option 3. Installments For A Fixed Amount**

We will make equal payments every one, three, six or twelve months, as chosen. The payments will run until the proceeds applied together with interest at the rate of at least 3% a year on the unpaid balance are fully paid. The final payment will be any balance equal to or less than one payment.

**Option 4. Settlement As Agreed**

We will pay the amount due in any manner that You and We or the Payee and We can agree upon.

**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE  
RATES PER \$1,000 OF NET AMOUNT AT RISK**

The table below shows the guaranteed maximum monthly Cost of Insurance rates We will charge based on the Insured's Risk Class and Attained Age. These rates must be multiplied by the Risk Class shown on Page 3. On attaining age 15, the Insured,

if classified as Smoker, may apply for Nonsmoker risk classification. Reclassification will be granted if the Insured is then eligible for Nonsmoker Risk Class under Central United's rules as of the Issue Date.

Attained Age	Nonsmoker	Smoker	Attained Age	Nonsmoker	Smoker
0	0.0943	0.0943	48	0.3039	0.5905
1	0.0564	0.0564	49	0.3235	0.6287
2	0.0390	0.0390	50	0.3496	0.6790
3	0.0282	0.0282	51	0.3801	0.7369
4	0.0228	0.0228	52	0.4193	0.8135
5	0.0217	0.0217	53	0.4629	0.8990
6	0.0228	0.0228	54	0.5163	1.0032
7	0.0238	0.0238	55	0.5807	1.1196
8	0.0238	0.0238	56	0.6473	1.2395
9	0.0249	0.0249	57	0.7183	1.3673
10	0.0249	0.0249	58	0.7829	1.4722
11	0.0282	0.0282	59	0.8541	1.5915
12	0.0347	0.0347	60	0.9384	1.7332
13	0.0401	0.0401	61	1.0405	1.9040
14	0.0477	0.0477	62	1.1625	2.1075
15	0.0607	0.0607	63	1.2990	2.3327
16	0.0726	0.0780	64	1.4423	2.5631
17	0.0824	0.0943	65	1.5948	2.7942
18	0.0889	0.1073	66	1.7509	3.0203
19	0.0911	0.1171	67	1.9118	3.2471
20	0.0921	0.1225	68	2.0864	3.4881
21	0.0921	0.1290	69	2.2680	3.7311
22	0.0932	0.1355	70	2.4859	4.0216
23	0.0932	0.1410	71	2.7313	4.3441
24	0.0954	0.1496	72	3.0485	4.7682
25	0.0954	0.1583	73	3.3839	5.2016
26	0.0997	0.1659	74	3.7402	5.6479
27	0.1052	0.1757	75	4.1312	6.1566
28	0.1041	0.1779	76	4.5599	6.7041
29	0.1030	0.1790	77	5.0546	7.3318
30	0.1019	0.1790	78	5.6316	8.0547
31	0.1019	0.1811	79	6.2952	8.8754
32	0.1030	0.1833	80	7.0227	9.7603
33	0.1062	0.1898	81	7.8793	10.8021
34	0.1095	0.1985	82	8.7892	11.8809
35	0.1138	0.2072	83	9.7639	13.0069
36	0.1203	0.2191	84	10.8507	14.2443
37	0.1269	0.2322	85	12.0769	15.6739
38	0.1355	0.2496	86	13.3987	17.1815
39	0.1431	0.2670	87	14.9467	18.9452
40	0.1529	0.2865	88	16.6171	20.8047
41	0.1648	0.3126	89	18.4009	22.7397
42	0.1790	0.3420	90	20.2221	24.6253
43	0.1963	0.3779	91	21.7089	25.9972
44	0.2159	0.4204	92	23.4540	27.6245
45	0.2398	0.4651	93	25.5342	29.5308
46	0.2615	0.5087	94	27.9742	31.7179
47	0.2876	0.5578	95	30.8818	34.7012

## TABLE OF SURRENDER CHARGE FACTORS

These factors are used during the first 15 policy years, and during the first 15 years after each increase in the Insured's Specified Amount. During that time, a Surrender Charge shall be deducted from the Accumulation Value if any of the following occurs: (a) this Policy is surrendered in full, (b) there is a partial surrender, or (c) to the extent the Specified Amount is decreased. Surrender Charge Factors per \$1,000 are based on age at issue or age at increase. Surrender Charge Percentages vary by duration from issue or increase. To calculate the Surrender Charge: (a) determine the initial Specified Amount or the amount of increase; (b) find the Surrender Charge Factor per \$1,000 based on age at issue or increase and smoker status; (c) find the appropriate percentage from the Surrender Charge Percentage Table based on policy duration from issue or increase; (d) multiply the Surrender Charge Factor from (b) by the appropriate percentage from (c); (e) multiply the result from (d) by the Specified Amount divided by 1,000.

### SURRENDER CHARGE PERCENTAGE TABLE

Year	Percent	Year	Percent	Year	Percent	Year	Percent
1	150%	5	150%	9	76%	13	28%
2	150%	6	125%	10	64%	14	16%
3	150%	7	100%	11	52%	15	4%
4	150%	8	88%	12	40%	16	0%

There is no Surrender Charge starting 15 years after policy issue or the date of any increase. Read the following provisions to find out how Surrender Charges are applied on surrender, partial surrender or on any decrease in Specified Amount: Changes in Death Benefit Option; Surrender; and Partial Surrender.

### SURRENDER CHARGE FACTORS PER \$1,000

Age at Issue or Increase	Nonsmoker	Smoker	Age at Issue or Increase	Nonsmoker	Smoker
20	5.41	7.24	48	18.17	21.11
21	5.60	7.51	49	18.67	21.75
22	5.81	7.78	50	19.19	22.44
23	6.02	8.08	51	19.74	23.16
24	6.25	8.40	52	20.32	23.93
25	6.50	8.74	53	20.94	24.62
26	6.76	9.10	54	21.60	24.08
27	7.05	9.50	55	22.28	23.50
28	7.35	9.92	56	23.00	22.91
29	7.67	10.37	57	23.76	22.28
30	8.01	10.85	58	24.37	21.64
31	8.37	11.36	59	23.73	20.97
32	8.76	11.91	60	23.08	20.29
33	9.16	12.48	61	22.39	19.60
34	9.60	13.09	62	21.67	18.88
35	10.05	13.73	63	20.92	18.13
36	10.54	14.41	64	20.12	17.33
37	11.04	15.13	65	19.26	16.48
38	11.58	15.89	66	18.34	15.55
39	12.15	16.59	67	17.39	14.59
40	12.74	16.99	68	16.37	13.57
41	13.37	17.44	69	15.31	12.52
42	14.03	17.89	70	14.21	11.45
43	14.72	18.36	71	13.07	10.36
44	15.45	18.86	72	11.86	9.21
45	16.22	19.39	73	10.56	8.00
46	17.04	19.93	74	9.15	6.65
47	17.71	20.51	75	7.59	5.16

### GUARANTEED MAXIMUM CHARGES AND FEES

Maximum Premium Expense Charge - 5.0%  
Maximum Monthly Policy Fee - \$5.00

Read the Policy Values section and the Net Premium and Monthly Policy Fee provisions to see how these charges and fees are defined and used to compute policy values.

**CENTRAL UNITED LIFE INSURANCE COMPANY**

Administrative Office: 10700 Northwest Freeway, Houston, TX 77092  
1-800-669-9030

**Flexible Premium Adjustable Endowment at Age 95 Life Insurance Policy.  
Adjustable Death Benefit.  
Cash Surrender Value Payable at Maturity.  
Flexible Premium Payable during Lifetime of Insured Until Maturity Date.  
Death Benefit Payable at Death of Insured Prior to Maturity.  
Non-Participating.**

## POLICY SCHEDULE

**NAME OF INSURED:**

**POLICY NUMBER:**

**ISSUE AGE:**

**ISSUE DATE:**

**NAME OF DEPENDENT(S):**

**MATURITY DATE:**

**INSURED INITIAL SPECIFIED AMOUNT:**

\$00.00

**DEATH BENEFIT OPTION:**

**SPOUSE INITIAL SPECIFIED AMOUNT:**

\$00.00

**CHILD(REN) TERM BENEFIT AMOUNT:**

\$00.00

**ACCIDENTAL DEATH BENEFIT AMOUNT:**

\$00.00

**CRITICAL ILLNESS PERCENTAGE/BENEFIT:**

% \$00.00

**THE OWNER AND BENEFICIARY ARE AS STATED IN THE APPLICATION UNLESS LATER CHANGED**

**PREMIUM**

**FORM(S):**

**COVERAGE DESCRIPTION:**

\$000.00	PDUL08	Base Policy, Flexible Premium Adjustable Life Endows at Age 95
\$000.00	SPRUL08	Spouse Rider
\$000.00	ADBRUL99	Accidental Death Benefit Rider
\$000.00	WCOIR99	Waiver of Cost of Insurance for Total Disability
\$000.00	CRUL99	Children's Insurance Rider
\$000.00	CIR99	Specified Critical Condition Accelerated Benefit Rider

### **SCHEDULE OF PREMIUMS**

**Premium/Risk Class Multiple:**

**Total Initial Premium:**

**Planned Periodic Premium:**

**Maximum Premium Expense Charge: %**

**Maximum Monthly Policy Fee: \$0.00**

**See Table of Surrender Charge Factors (Page 18) for Surrender Charges**

**Total Minimum Monthly Premium: \$0.00**

**Minimum Premium Period:**

**Minimum Increase Amount: \$00.00**

**Coverage may expire prior to the Maturity Date shown where either no premiums are paid following payment of the initial premium or subsequent premiums are insufficient to continue coverage to such date.**

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
**Administrative Office**  
**10700 Northwest Freeway**  
**Houston, TX 77092**  
**Phone: 800/669-9030**

**COVERED SPOUSE INSURANCE RIDER**

This Rider is made a part of the Base Policy if this Rider is shown on the Base Policy Schedule Page. The terms of the Base Policy also apply to this Rider except as they are changed by the terms of this Rider.

**BENEFIT**

We will pay the Death Benefit Proceeds provided by this Rider to the Beneficiary when due proof of the death of the covered spouse is received at Our Administrative Office. Death must occur while this Rider is in force with respect to the covered spouse. The death benefit for the covered spouse is the Initial Specified Amount shown for the covered spouse on the Base Policy Schedule Page.

**CONSIDERATION**

This Rider is attached to and is a part of the Base Policy. It is issued in consideration of the application and payment of its cost of insurance. The cost of insurance for this Rider is deducted from the Accumulation Value at the same time and in the same manner as the cost of insurance for the Base Policy. If the cost of insurance for any other rider attached to the Base Policy ceases to be deducted, then the part of the cost of insurance for this Rider with respect to such other rider shall cease to be deducted.

**COVERED SPOUSE**

The person insured under this Rider is the covered spouse named on the Base Policy Schedule Page.

**BENEFICIARY**

The Beneficiary named in the application for this Rider will receive the Death Benefit Proceeds upon the death of the covered spouse unless You have changed this designation.

**CHANGE OF BENEFITS**

The Specified Amount for the covered spouse may be changed on any Monthly Anniversary Date. The following conditions apply:

1. You must request the change by Written Request to Us;
2. the Specified Amount may not be less than \$10,000;
3. any increase in amount requires proof of insurability;
4. the change will become effective on the monthly due date after the date We approve it;
5. a new Base Policy Schedule Page will be sent to You.

**CONVERSION**

This Rider may be converted to any permanent plan of insurance then available from Us as follows:

1. on Your Written Request prior to the Policy Anniversary Date following the covered spouse's 80<sup>th</sup> birthday; or
2. on the covered spouse's Written Request not more than 90 days after the death of the Insured under the Policy to which this Rider is attached.

The amount converted may not be larger than the Specified Amount of this Rider. The rate for the new plan will be based on:

1. the covered spouse's sex;
2. the covered spouse's then attained age; and
3. the same rate class as this rider.

No proof of insurability will be required, except for any benefit added by rider.

### TERMINATION OF THIS RIDER

This Rider will terminate:

1. upon Your Written Request;
2. when the Policy is terminated;
3. at the death of the Insured under the Policy to which this Rider is attached; or
4. upon the Policy Anniversary Date on or following the covered spouse's 95<sup>th</sup> birthday.

### COST OF RIDER

The monthly cost for this Rider is included in the Monthly Deduction for the Policy. The monthly cost is equal to the monthly rate times the amount shown on the Base Policy Schedule Page. The monthly rate is based on the covered spouse's smoker status and attained age.

The current cost of this Rider can increase or decrease after the first Policy year for all riders of this class which may affect premiums for the Policy. The current rates can never exceed the stated guaranteed maximum rates shown in the table below.

### REINSTATEMENT

Reinstatement of this Rider may require the presentation of evidence of insurability for the covered spouse satisfactory to Us.

### MISSTATEMENT OF AGE OR SEX

If the issue age or sex of the covered spouse is not correctly shown on the Base Policy Schedule Page, We will adjust the Specified Amount and Death Benefit based upon the most recent cost of insurance rates and according to the covered spouse's correct issue age and sex.

Attained Age	Nonsmoker	Smoker	Attained Age	Nonsmoker	Smoker
20	0.0596	0.0780	58	0.7063	1.3398
21	0.0607	0.0824	59	0.7698	1.4556
22	0.0618	0.0867	60	0.8387	1.5793
23	0.0629	0.0900	61	0.9154	1.7133
24	0.0639	0.0965	62	1.0032	1.8674
25	0.0650	0.1019	63	1.0954	2.0274
26	0.0683	1.1073	64	1.1944	2.1944
27	0.0726	0.1149	65	1.3023	2.3718
28	0.0726	0.1193	66	1.1418	2.5553
29	0.0759	0.1258	67	1.5429	2.7549
30	0.0780	0.1290	68	1.6811	2.9730
31	0.0813	0.1366	69	1.8297	3.2064
32	0.0845	0.1431	70	1.9996	3.4723
33	0.0889	0.1518	71	2.1922	3.7732

34	0.0943	0.1627	72	2.4188	4.1221
35	0.1008	0.1757	73	2.6629	4.4933
36	0.1073	0.1887	74	2.9268	4.8951
37	0.1149	0.2039	75	3.2200	5.3153
38	0.1203	0.2148	76	3.5414	5.7716
39	0.1279	0.2289	77	3.9007	6.2729
40	0.1355	0.2441	78	4.3040	6.8260
41	0.1442	0.2615	79	4.7486	7.4331
42	0.1551	0.2833	80	5.2422	8.0883
43	0.1670	0.3083	81	5.8872	8.9727
44	0.1822	0.3377	82	6.6050	9.9301
45	0.1985	0.3714	83	7.3353	10.8844
46	0.2181	0.4062	84	8.1473	11.9251
47	0.2398	0.4498	85	9.0677	13.0158
48	0.2626	0.4967	86	9.9424	13.9870
49	0.2865	0.5490	87	11.1893	15.4250
50	0.3159	0.6091	88	12.5150	16.8928
51	0.3485	0.6757	89	13.9441	18.3941
52	0.3877	0.7512	90	15.2982	19.6633
53	0.4291	0.8322	91	16.0528	20.0550
54	0.4749	0.9242	92	17.3968	21.1552
55	0.5261	1.0218	93	19.3750	22.8762
56	0.5840	1.1262	94	21.9283	25.1084
57	0.6440	1.2373	95	25.1982	28.5969

Signed at the Home Office of the Company and effective on the same day as the Policy, unless a later signing and effective date is shown here:



Mary Lou Rainey  
Secretary



Dan George  
President



SERFF Tracking Number: TAPK-125936314 State: Arkansas  
Filing Company: Central United Life Insurance Company State Tracking Number: 41030  
Company Tracking Number:  
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
Adjustable Life  
Product Name: Universal Life  
Project Name/Number: /

## Supporting Document Schedules

**Review Status:** 12/08/2008

**Satisfied -Name:** Certification/Notice

**Comments:**

**Attachments:**  
Compliance certificate.pdf  
notice.pdf  
Readability Certification.pdf

**Review Status:** 12/08/2008

**Satisfied -Name:** Application

**Comments:**  
The form number and date of approval of the applications previously approved to be used with this filing is shown on the attached submission letter.

**Attachment:**  
Submission letter-AR.pdf

**Review Status:** 12/08/2008

**Satisfied -Name:** Authorization

**Comments:**

**Attachments:**  
L&EauthorizationformHeasley.pdf  
AuthorizationForm.pdf

**Review Status:** 12/08/2008

**Satisfied -Name:** Statement of Policy Cost and Benefit Information

**Comments:**

**Attachment:**  
StatementofPolicyCostandBenefitInformationPDUL.pdf

**Review Status:** 12/08/2008

**Satisfied -Name:** Submission Letter





## Compliance Certification

Insurance Company: Central United Life Insurance Company

**Form Number**

PDUL08  
SPRUL08

**Description of Form**

Flexible Premium Adjustable Endowment  
Covered Spouse Insurance Rider

I hereby certify that in connection with the above referenced forms, Central United Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;  
Rule & Regulation 34 pertaining to Universal Life Insurance; and  
Rule & Regulation 49 pertaining to Guaranty Association Notices



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Authorized Signature

Mary Lou Rainey

---

Name

Secretary

---

Title

December 8, 2008

---

Date

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
**10700 Northwest Freeway**  
**Houston, Texas 77092**

**IMPORTANT INFORMATION**

If You have questions about Your Policy or a claim You have filed, please contact Your insurance company or Your agent:

**CENTRAL UNITED LIFE INSURANCE COMPANY**  
**10700 Northwest Freeway**  
**Houston, Texas 77092**  
**(800) 669-9030**

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If We at Central United Life Insurance Company fail to provide You with reasonable and adequate service, You should feel free to contact the Arkansas Department of Insurance at:

**Arkansas Department of Insurance**  
Consumer Services Division  
1200 West Third Street  
Little Rock, AR 72201-1904  
Telephone: (501) 371-2640

## Readability Certification

Insurance Company: Central United Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
PDUL08	Flexible Premium Adjustable Endowment	53.0
SPRUL08	Covered Spouse Insurance Rider	55.3

I hereby certify that the above referenced form complies with the readability requirements of this State.

*Mary Lou Rainey*

---

Authorized Signature

Mary Lou Rainey

---

Name

Secretary

---

Title

December 8, 2008

---

Date



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074  
(972) 398-3733 [Uheas@aol.com](mailto:Uheas@aol.com)

December 08, 2008

Arkansas Department of Insurance  
Life and Health Section  
1200 West Third Street  
Little Rock, AR 72201

Attn: Life Section

RE: Central United Life Insurance Company NAIC # 61883

PDUL08 Flexible Premium Adjustable Endowment at age 95 Policy  
SPRUL08 Covered Spouse Insurance Rider

Dear Sir or Madam:

This filing is being submitted on behalf of Central United Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

Form PDUL08 is an flexible premium adjustable endowment at age 95 life insurance policy. Form SPRUL08 is a covered spouse insurance rider. The applications to be used with these policies are form numbers LB APP02, approved by your office on October 7, 2002 and EZ APP 99-AR/NM, approved by your office on February 9, 2000.

When approved these forms will be used with the following:

Form	Form Number	Approval Date
Accidental Death Benefit Rider	ADBRUL99	February 9, 2000
Children Term Rider	CRUL99	February 9, 2000
Critical Illness Rider	CIR99	February 9, 2000
Waiver of Cost of Insurance Rider	WCOIR99	February 9, 2000

The readability scores are 53.0 for form PDUL08 and 55.3 for form SPRUL08.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU  
Legal Assistant and Compliance Specialist

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
S. Scott Gibson, F.S.A.  
Cabe W. Chadick, F.S.A.  
Steven D. Bryson, F.S.A.  
Michael A. Mayberry, F.S.A.  
Gregory S. Wilson, F.C.A.S.  
David M. Dillon, F.S.A.  
Bonnie S. Albritton, F.S.A.  
Brian D. Rankin, F.S.A.  
Robert E. Gove, A.S.A.  
Alexis M. Bash, A.S.A.  
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



**Kansas City**

Gary L. Rose, F.S.A.  
Terry M. Long, F.S.A.  
David L. Batchelder, A.S.A.  
Leon L. Langlitz, F.S.A.  
Gary R. McElwain, FLMI  
Christopher H. Davis, F.S.A.  
Thomas L. Handley, F.S.A.  
Anthony G. Proulx, F.S.A.  
Karen E. Elsom, F.S.A.

**London**

Roger K. Annin, F.S.A.  
Timothy A. DeMars, F.S.A.  
Scott E. Morrow, F.S.A.

March 3, 2008

Re: Filing Authorization  
T. Allen Park & Associates, Inc.  
9441 LBJ Freeway, Suite 102  
Dallas, TX 75074

Re: Central United Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Central United Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in cursive script that reads 'David M. Dillon'. The signature is written in black ink and is positioned above a horizontal line.

David M. Dillon, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, Inc.

# CENTRAL UNITED LIFE

David W. Harris  
Chairman and Chief Executive Officer

March 1, 2008

Re: Filing Authorization  
Lewis & Ellis, Inc.  
2929 N. Central Expressway, Suite 200  
P.O. Box 851857

Re: Central United Life Insurance Company

To Whom It May Concern:

We hereby authorize Lewis & Ellis, Inc. to submit state filings of insurance forms/rates/products on behalf of Central United Life Insurance Company.

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This authorization is to be effective until revoked in writing by an authorized representative of Central United Life Insurance Company.

Sincerely,

CENTRAL UNITED LIFE INSURANCE COMPANY



\_\_\_\_\_  
Signature of Company Officer/Representative

Central United Life Insurance Company  
Wortham Tower  
2727 Allen Parkway, Suite 500  
Houston, Texas 77019-2115

Direct Phone: 713-821-6413  
Main Phone: 713-529-0045 Ext. 6413  
Direct Fax: 713-529-8945  
Email: dharris@manhattanlife.com





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## Cost Comparison Disclosure

### Current Cost and Payment Indexes

#### Based on Current Interest Rate using Current Cost of Insurance

	10 Year	20 Year
Surrender Cost Index Per 1000	5.460	5.960
Net Payment Cost Index Per 1000	16.340	16.340

### Guaranteed Cost and Payment Indexes

#### Based on Guaranteed Interest Rate using Guaranteed Cost of Insurance

	10 Year	20 Year
Surrender Cost Index Per 1000	6.556	7.694
Net Payment Cost Index Per 1000	16.340	16.340

An explanation of the intended use of the cost indexes is included in the life insurance buyers guide.

#### Current cash value

Current values are calculated based upon the current interest of 4.25% and current cost of insurance rates. The current interest rate and current cost of insurance rate may be changed as specified in the policy contract, but may not be less favorable than interest rates and cost of insurance rate guaranteed in the policy.

#### Guaranteed cash values

Guaranteed values are calculated based upon the guaranteed interest rate of 3.00% and guaranteed cost of insurance rates. Cash and surrender values are shown as of the end of the policy year. Death benefits are shown as of the beginning of the policy year.



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074  
(972) 398-3733 [Uheas@aol.com](mailto:Uheas@aol.com)

December 08, 2008

Arkansas Department of Insurance  
Life and Health Section  
1200 West Third Street  
Little Rock, AR 72201

Attn: Life Section

RE: Central United Life Insurance Company NAIC # 61883

PDUL08 Flexible Premium Adjustable Endowment at age 95 Policy  
SPRUL08 Covered Spouse Insurance Rider

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Critical Illness Rider	CIR99	February 9, 2000
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The readability scores are 53.0 for form PDUL08 and 55.3 for form SPRUL08.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU  
Legal Assistant and Compliance Specialist