## Filing at a Glance

Company: Citizens Security Life Insurance Company

| | | |
|---|---|---|
| Product Name: FE WL M/F; SM/NS; Application AP 01 08 AR | SERFF Tr Num: CSLI-125613646 | State: ArkansasLH |
| TOI: L08 Life - Other | SERFF Status: Closed | State Tr Num: 38734 |
| Sub-TOI: L08.000 Life - Other | Co Tr Num: | State Status: Approved-Closed |
| Filing Type: Form | Co Status: | Reviewer(s): Linda Bird |
| | Authors: Rickie Bolduc, James Head | Disposition Date: 05/01/2008 |
| | Date Submitted: 04/17/2008 | Disposition Status: Approved |
| Implementation Date Requested: On Approval | | Implementation Date: |

State Filing Description:

## General Information

| | |
|---|---|
| Project Name: New Final Expense Program | Status of Filing in Domicile: Authorized |
| Project Number: | Date Approved in Domicile: 04/08/2008 |
| 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: 05/01/2008 | |
| State Status Changed: 05/01/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: | |

Filing Description:

Enclosed please find a new “Plan of Insurance” variation for our Whole Life Policy,

Form PL 01 07, for your review and approval. The actual policy form PL 01 07 was previously approved on 01/10/08, SERFF # CSLI-125390761(AR DOI #37671), with several varying plans of insurance depending on market. This new plan of insurance will be available in our Final Expense Market. It will not be illustrated.

The Whole Life Policy form is a typical whole life contract. The valuation basis is 2001 CSO Mortality. This variation allows for Male/Female, Smoker/Nonsmoker issuance. The only Supplemental Benefit that will be allowed in conjunction

with this plan of insurance is an Accidental Death Benefit Rider, Form # AD 89, which was approved 08/05/88.

An Accelerated Benefit Rider, form #ACCB 8/04, approved 10/19/04, will be available.

The application that proposed insured's will have to complete for consideration in conjunction with this plan of insurance is AP 01 08 AR. The application is included in this filing for review and approval. The Graded Death Benefit plan of insurance stated on the application is Policy Form PL 03 07 STEP AR, approved 02/29/08, SERFF #CSLI-125450907 (AR DOI #37952).

Also, please note, we will offer a Grandchildren's Level Term Life Insurance Rider with this variation. The form number for the rider is RL 01 08, which is being filed concurrently with this filing under a SEPARATE SERFF TRACKING NUMBER.

## Company and Contact

**Filing Contact Information**


Rickie Bolduc, Actarial Associate
PO Box 436149
Louisville, KY 40253-6149

rbolduc@cslico.com
(502) 244-2431 [Phone]
(502) 244-2439[FAX]


**Filing Company Information**

| | | |
|---|---|---|
| Citizens Security Life Insurance Company | CoCode: 61921 | State of Domicile: Kentucky |
| 12910 Shelbyville Road, Suite 300 | Group Code: 1310 | Company Type: Life and Accident and Health |
| PO Box 436149 | | |
| Louisville, KY 40253-6149 | Group Name: Citizens Financial Group | State ID Number: |
| (502) 244-2420 ext. [Phone] | FEIN Number: 61-0648389 | |

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## Filing Fees

| | |
|---|---|
| Fee Required? | Yes |
| Fee Amount: | $40.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

# Correspondence Summary

### Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Approved | Linda Bird | 05/01/2008 | 05/01/2008 |

### Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---|---|---|---|---|---|---|
| **Status** | **Created By** | **Created On** | **Date Submitted** | **Responded By** | **Created On** | **Date Submitted** |
| Pending Industry Response | Linda Bird | 04/30/2008 | 04/30/2008 | Rickie Bolduc | 05/01/2008 | 05/01/2008 |

# Disposition

Disposition Date: 05/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *CSLI-125613646* | *State:* | *Arkansas* |
| *Filing Company:* | *Citizens Security Life Insurance Company* | *State Tracking Number:* | *38734* |
| *Company Tracking Number:* | | | |
| *TOI:* | *L08 Life - Other* | *Sub-TOI:* | *L08.000 Life - Other* |
| *Product Name:* | *FE WL M/F; SM/NS; Application AP 01 08 AR* | | |
| *Project Name/Number:* | *New Final Expense Program/* | | |

| Item Type | Item Name | Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Certification/Notice | | Yes |
| **Supporting Document** | Application | | No |
| **Supporting Document** *(revised)* | Cover Letter | | Yes |
| **Supporting Document** | Cover Letter | | Yes |
| **Supporting Document** | Actuarial Memorandum | | No |
| **Supporting Document** | John Doe'd Application | | Yes |
| **Supporting Document** | Approved Forms | | Yes |
| **Form** *(revised)* | FE M/F-SM/NS Life Application | | Yes |
| **Form** | FE M/F-SM/NS Life Application | | Yes |
| **Form** | Schedule Policy Pages | | Yes |

# Objection Letter

| | |
|---|---|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 04/30/2008 |
| Submitted Date | 04/30/2008 |
| Respond By Date | |

Dear Rickie Bolduc,

This will acknowledge receipt of the captioned filing.

Objection 1

- FE M/F-SM/NS Life Application (Form)

Comment: The statement "During the first three years the ultimate amount (face amount) will be paid only for accidental death" is in violation of Arkansas Bulletin 8-85 Guideline Two.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

# Response Letter

| | |
|---|---|
| Response Letter Status | Submitted to State |
| Response Letter Date | 05/01/2008 |
| Submitted Date | 05/01/2008 |

Dear Linda Bird,

**Comments:**

## Response 1

Comments: Ms. Bird,

Thank you for your letter dated 04/30/2008. I have attached a cover letter detailing the changes made to the application.

If you should have any questions, please let me know. Thanks for your help.

Rickie Ellen Bolduc

**Related Objection 1**

Applies To:

- FE M/F-SM/NS Life Application (Form)

Comment:

The statement "During the first three years the ultimate amount (face amount) will be paid only for accidental death" is in violation of Arkansas Bulletin 8-85 Guideline Two.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Cover Letter

Comment: Cover letter detailing the changes.

**Form Schedule Item Changes**

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|---|---|---|---|---|---|---|---|
| FE M/F-SM/NS Life Application | AP 01 08 AR | | Application/Enrollment Form | Revised | | 51 | 2 Form AP 01 08 AR.pdf |
| ***Previous Version*** | | | | | | | |
| *FE M/F-SM/NS Life Application* | *AP 01 08 AR* | | *Application/Enrollment Form* | *Initial* | | *51* | Form AP 01 08 AR.pdf |

No Rate/Rule Schedule items changed.

Sincerely,

James Head, Rickie Bolduc

# Form Schedule

**Lead Form Number:** AP 01 08 AR

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| | AP 01 08 AR | Application/ Enrollment Form | FE M/F-SM/NS Life Application | Revised | Replaced Form #: Previous Filing #: | 51 | 2 Form AP 01 08 AR.pdf |
| | PL 01 07 | Schedule Pages | Schedule Policy Pages | Initial | | | Schedule Policy Pages.pdf |

***Citizens Security Life Insurance Company***
***PO Box 436149, Louisville, KY 40253***

***Application for:***
***FINAL EXPENSE PROTECTION.***

| **1. Proposed Insured Name (First, Middle, Last):** | ☐ Male. ☐ Female. | Date of Birth: | Age Last Birthday: | State of Birth: |
|---|---|---|---|---|
| Address: City: State: Zip: | | | Social Sec #: | |

| A. Do you currently have existing Life Insurance or Annuity contracts?..... ☐ Yes. ☐ No. | B. Is this insurance intended to replace existing Life Insurance or annuities?.....☐ Yes. ☐ No. | C. During the past 12 months, have you smoked cigarettes?.....☐ Yes. ☐ No. |
|---|---|---|

**2. Owners Name if other than Proposed Insured** (First, Middle, Last): *(If not an immediate family member, furnish purpose of insurance).*
Relationship To Insured:
Address of Owner: Soc Sec #:

**3. Primary Beneficiary** (First, Middle, Last) *(Print as Mary A. Doe, not as Mrs. John Doe):*
Relationship To Insured:
Address of Beneficiary: Soc Sec #:

**4. Contingent Beneficiary** (First, Middle, Last):
Relationship To Insured:

**5. Plan of Insurance:** ☐ Level Benefit Whole Life. ☐ Graded Death Benefit.

**6. I accept the Graded Death Benefit plan if I do not qualify for the Level Benefit Whole Life for the same:** ☐ **Amount (Ultimate) of Insurance.** ☐ **Modal Premium.**

**7. Riders:** *(Optional)*
☐ $10,000 Additional Accidental Death Benefit Rider.
☐ Children's Term Insurance Rider _____Units - *Complete Supplemental Application AP 02 06 (6/06).*
☐ $5,000 Grandchildren's Term Insurance Rider - *Complete Supplemental Application AP 02 08.*

**8. Amount (Ultimate) of Insurance:** $

**9. Initial Premium Collected with Application:** $

**10. Premium Payable:** ☐ Annual. ☐ Semiannual. ☐ Quarterly. ☐ Monthly Bank Draft on the { } day of the month.
☐ *Draft EFT Account for the Initial Premium starting on the { }.* *Modal Premium: $*

**11. Health Questions (Section A):** *If any question is answered "Yes," do not submit the application.*

A. Are you currently bedridden or confined to a psychiatric, assisted living or nursing facility; receiving Hospice or Home Health Care; have you been hospitalized in the past 90 days; are you confined to a wheelchair due to stroke or other chronic illness; have you ever had heart valve surgery or used oxygen to assist in breathing (excluding a CPAP Machine used for Sleep Apnea); been diagnosed by a medical professional as having a terminal illness expected to result in death in the next 12 months or end stage renal disease?..... ☐ Yes. ☐ No.

B. Have you ever been diagnosed with, or received treatment from a medical professional or taken medication for, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV) or ALS (Lou Gehrig's Disease)?..... ☐ Yes. ☐ No.

C. Have you had or been recommended, by a medical professional, to have treatment or any diagnostic testing or surgery which has not been completed or for which the results have not been received?..... ☐ Yes. ☐ No.

**12. Height:_____. Weight:_____.** *If not within height and weight chart, Proposed Insured only qualifies for Graded Death Benefit.*

**13. Please list all prescribed medications you are currently taking; use additional sheet of paper if necessary:**

**14. Health Questions (Section B):** *If any question is answered "Yes," Proposed Insured only qualifies for Graded Death Benefit.*

A. Have you ever been diagnosed or treated by a medical professional, or taken prescribed medication for congestive heart failure, cardiomyopathy, paralysis, systemic lupus (SLE), kidney dialysis or failure, cirrhosis of the liver, mental retardation, Down's Syndrome, Parkinson's Disease, Multiple Sclerosis, Huntington's Disease, Alzheimer's disease, dementia; or have you ever had or been recommended to have an organ transplant or defibrillator?..... ☐ Yes. ☐ No.

B. Have you ever been diagnosed by a medical professional for diabetes prior to the age of 45; or have you ever been medically diagnosed with diabetes at any age and also have a history of stroke, TIA (mini-stroke), heart or circulatory disease?..... ☐ Yes. ☐ No.

C. Have you ever been diagnosed by a medical professional, taken medication or had surgery for any circulatory or coronary artery disease prior to the age of 45; or have you ever had coronary artery disease involving more than two vessels in your lifetime?..... ☐ Yes. ☐ No.

D. In the past 24 months, have you had or been diagnosed or treated, or recommended to have treatment, including prescription medication or surgery, by a medical professional for:

1. complications of diabetes including insulin shock, diabetic coma, amputation due to diabetes, retinopathy, neuropathy, or kidney (renal) disorder?..... ☐ Yes. ☐ No.
2. any form of internal cancer, leukemia, lymphoma, or melanoma; or had more than one occurrence of cancer in your lifetime?..... ☐ Yes. ☐ No.
3. major depression, bipolar disorder or schizophrenia?..... ☐ Yes. ☐ No.
4. stroke or TIA (mini-stroke); or have a history of multiple strokes or have ongoing impairment to speech, vision or paralysis due to stroke or TIA?..... ☐ Yes. ☐ No.
5. brain tumor, hepatitis, pancreatitis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, or other respiratory disorder (exclude mild or moderate asthma that does not require the use of an inhaler more than once a day)? ☐ Yes. ☐ No.
6. angina, heart attack, aneurysm or coronary artery disease; had an angioplasty or stent implant or any other procedure to improve circulation?..... ☐ Yes. ☐ No.
7. alcohol or drug abuse, received treatment or counseling for alcohol or drug use, or used an illegal, restricted or controlled substance except as prescribed by a medical professional?..... ☐ Yes. ☐ No.

**AP 01 08 AR**

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**IMPORTANT NOTICE - GIVE TO THE PROPOSED INSURED**

**Investigative Consumer Report:** As required by Public Law 91.508, Citizens Security Life Insurance Company wishes to advise that as part of its procedures for processing your application for insurance, an investigative consumer report may be prepared which will include information as to character, general reputation, and personal characteristics, whichever is applicable, of any person to be insured. No information collected concerning the sexual orientation of the proposed insured will be used to determine his or her eligibility for insurance. The information for this investigative consumer report will be obtained through personal interviews with your friends, neighbors and acquaintances. Upon written request, a complete and accurate disclosure of the nature and scope of the investigative consumer report will be provided to you.

**Medical Information Bureau:** Information regarding your insurability will be treated as confidential. Citizens Security Life Insurance Company or its reinsurer may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, and telephone number (617) 426-3660.

Citizens Security Life Insurance Company, or its reinsurer, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**IF THE PROPOSED INSURED IS ELIGIBLE FOR THE GRADED DEATH BENEFIT COVERAGE, THE BENEFIT WILL BE 25% DURING THE FIRST YEAR, 50% DURING THE SECOND YEAR, 75% DURING THE THIRD YEAR AND 100% THEREAFTER.**

**Authorization Statement:** I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or my health, to give to the Citizens Security Life Insurance Company or its reinsurer, any such information. I understand the information obtained will be used by Citizens Security Life Insurance Company to determine eligibility for insurance. A photographic copy of this authorization shall be as valid as the original. I authorize any investigative consumer reporting agency to prepare a report and forward this to Citizens Security Life Insurance Company. I acknowledge receipt of the statement pertaining to the federal Fair Credit Reporting Act, and the Medical Information Bureau. I understand this Authorization is valid for two years.
**Acknowledgement and Agreement:** I have read the questions and answers in the Application and agree that they are complete and true to the best of my knowledge and belief. I understand and agree that no agent has the authority to waive an answer to any question in the Application, pass on insurability, make or change any contract, or waive any of the Company's rights or requirements. No policy applied for here will be in force until it is issued and accepted by the Applicant and the first full premium is paid, and unless since the date it was applied for there has been no change in the health or insurable status of the Applicant, as listed in the Application. **Insurance issued based on the application will take effect on the latest of (a) the date the application was approved in the home office; or (b) the date requested in the application; or (c) the date of the last of any medical examinations or tests required under the rules and practices of the Company.** The acceptance of the policy shall constitute acceptance and ratification by the applicant; any correction or amendment to this application made by the Company shall require written consent of the applicant.

Dated at City:_____State:_____this_____day of _____, Year_____.

| **Signature of Proposed Insured:** | **Signature of Owner (Applicant), *if other than Proposed Insured:*** |
|---|---|

**Agent's Statement:**

1. I certify that I have interviewed the proposed insured face-to-face and witnessed the signatures. *(If no, provide details)*..... ☐ Yes.☐ No.
2. Do you have any knowledge or reason to believe that the insurance applied for will replace or change any existing insurance or annuity? (If "Yes" provide details).....☐ Yes.☐ No.
3. If a replacement is involved, I certify that Sales Materials were ☐ not used. ☐ used in conjunction with this sale.
4. I left a copy of ☐ all sales materials ☐ individual sales materials used in the sale with the applicant. *(Attach Copies)*
5. Has the proposed insured been advised that someone from the Home Office may call to discuss the application?..... ☐ Yes.☐ No.
   Daytime Number:_____. Evening Number:_____. Best to call at:_____.
   ☐ Telephone Interview was completed on from the Proposed Insured's Home. Reference Number #.

| **Date:** | **Signature of Agent:** | **Printed Agent's Name:** | **Agent No.:** |
|---|---|---|---|
| | | | |

**Mail Policy to:** ☐ **Agent.** ☐ **Applicant.** *(If not checked, policy is automatically mailed to the owner).*

**Electronic Funds Authorization Form *(Attach voided check or savings account verification form):***

Name of Financial Institution (Bank):_____.

Street:_____City:_____State:_____Zip Code:_____.

Routing Number:_____.Account Number:_____. ☐ Checking Account. ☐ Savings Account.

**I hereby authorize** and direct you to honor and charge to my account checks drawn on my account by and payable to Citizens Security Life Insurance Company. The signatures on such checks may either be typed or printed. You shall have no liability for the return unpaid of any such check if the balance in my account is insufficient to pay the same upon presentation. This authorization shall continue in force until revoked by me in writing, a copy of which revocation shall be sent to Citizens Security Life Insurance Company.

Signature EXACTLY as it appears on bank records: _____.

Social Security Number: _____. Date Signed: _____.

**AP 01 08 AR**

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To the Proposed Insured and/or Applicant:

Detach and keep this information notice with your insurance papers. If you have not been contacted by your agent or received your policy within the next sixty days, please contact our office at 1-800-843-7752 and ask for the Underwriting Department.

Thank you,

Citizens Security Life Insurance Company

SPECIMEN

## SCHEDULE OF BENEFITS AND ANNUAL PREMIUMS

| FORM NUMBER | PLAN CODE | BENEFITS | ANNUAL PREMIUM | MAXIMUM YEARS PAYABLE |
|---|---|---|---|---|
| PL 01 07 | FE1000 | WHOLE LIFE | $193.00 | 81 |
| | | POLICY FEE | 35.00 | |
| | | ACCELERATED DEATH BENEFIT | | |

TOTAL ANNUAL PREMIUM $228.00

**PREMIUMS FOR THIS POLICY MAY BE PAID AT THE FOLLOWING INTERVALS:**

| | ANNUALLY | SEMI ANNUALLY | QUARTERLY | MONTHLY |
|---|---|---|---|---|
| **INITIAL PREMIUMS** | $228.00 | $119.71 | $60.43 | $19.76 |

**THIS POLICY IS DELIVERED IN THE STATE OF: Arkansas**

### POLICY SPECIFICATIONS

**POLICY NUMBER:** 9999999001

**INSURED:** Johnny Z. Doe

**FACE AMOUNT:** $10,000

**AGE & SEX:** 40 MALE

**ISSUE DATE:** APR 1, 2008

**PREMIUM CLASS:** NON-SMOKER

**INITIAL PREMIUM:** $228.00

**PAYABLE:** ANNUALLY

**OWNER:** Johnny Z. Doe

**BENEFICIARY:** AS STATED IN THE APPLICATION, UNLESS SUBSEQUENTLY CHANGED BY OWNER

SPECIMEN

**INSURED:** Johnny Z. Doe **POLICY NUMBER:** 9999999001

## TABLE OF GUARANTEED VALUES

| END OF POLICY YEAR | ATTAINED AGE OF INSURED | CASH OR LOAN VALUE | PAID UP LIFE INSURANCE | EXTENDED INSURANCE YEARS | EXTENDED INSURANCE DAYS |
|---|---|---|---|---|---|
| 1 | 41 | 0 | 0 | | |
| 2 | 42 | 0 | 0 | | |
| 3 | 43 | 69 | 341 | 3 | 150 |
| 4 | 44 | 176 | 833 | 7 | 227 |
| 5 | 45 | 286 | 1,299 | 10 | 285 |
| 6 | 46 | 400 | 1,744 | 13 | 22 |
| 7 | 47 | 518 | 2,169 | 14 | 304 |
| 8 | 48 | 640 | 2,574 | 16 | 48 |
| 9 | 49 | 767 | 2,963 | 17 | 44 |
| 10 | 50 | 899 | 3,336 | 17 | 334 |
| 11 | 51 | 1,036 | 3,694 | 18 | 208 |
| 12 | 52 | 1,178 | 4,037 | 19 | 37 |
| 13 | 53 | 1,323 | 4,359 | 19 | 176 |
| 14 | 54 | 1,473 | 4,668 | 19 | 277 |
| 15 | 55 | 1,626 | 4,960 | 19 | 343 |
| 16 | 56 | 1,783 | 5,238 | 20 | 18 |
| 17 | 57 | 1,943 | 5,501 | 20 | 32 |
| 18 | 58 | 2,106 | 5,748 | 20 | 20 |
| 19 | 59 | 2,275 | 5,988 | 19 | 355 |
| 20 | 60 | 2,447 | 6,215 | 19 | 304 |
| 22 | 62 | 2,801 | 6,635 | 19 | 157 |
| 25 | 65 | 3,346 | 7,182 | 18 | 215 |

**NON-FORFEITURE FACTOR** 11.70803

VALUES SHOWN APPLY AT THE END OF THE POLICY YEAR PROVIDED ALL PREMIUMS ARE PAID TO THE END OF THAT YEAR AND THERE IS NO INDEBTEDNESS.

## BASIS OF COMPUTATIONS

| COMPUTATION | MORTALITY TABLE | INTEREST RATE |
|---|---|---|
| CASH VALUES, PAID UP | 2001 CSO | 5.0% |
| EXTENDED TERM | 2001 CSO | 5.0% |
| RESERVES | 2001 CSO | 4.0% |
| POLICY LOANS | | 8.0% |
| REINSTATEMENT | | 6.0% |
| SETTLEMENT OPTIONS | | 3.0% |

# Rate Information

Rate data does NOT apply to filing.

# Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Certification/Notice 04/17/2008

**Comments:**

**Attachment:**

Readability Cert.pdf

**Review Status:**

**Bypassed -Name:** Application 04/17/2008

**Bypass Reason:** This filing consist of a new application; under forms tab

**Comments:**

**Review Status:**

**Satisfied -Name:** Cover Letter 05/01/2008

**Comments:**

Cover letter detailing the changes.

**Attachment:**

2 Cover Letter.pdf

**Review Status:**

**Satisfied -Name:** Actuarial Memorandum 04/17/2008

**Comments:**

**Attachment:**

Actuarial Memorandum.pdf

**Review Status:**

**Satisfied -Name:** John Doe'd Application 04/17/2008

**Comments:**

**Attachment:**

John Doe'd Application.pdf

**Review Status:**

**Satisfied -Name:** Approved Forms 04/17/2008

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *CSLI-125613646* | *State:* | *Arkansas* |
| *Filing Company:* | *Citizens Security Life Insurance Company* | *State Tracking Number:* | *38734* |
| *Company Tracking Number:* | | | |
| *TOI:* | *L08 Life - Other* | *Sub-TOI:* | *L08.000 Life - Other* |
| *Product Name:* | *FE WL M/F; SM/NS; Application AP 01 08 AR* | | |
| *Project Name/Number:* | *New Final Expense Program/* | | |

**Comments:**

These previously approved forms will be used in conjunction with this filing; attached for quick reference for you.

**Attachments:**

Form PL 01 07.pdf

Form PL 03 07 STEP AR.pdf

# Citizens Security Life Insurance Company

**12910 Shelbyville Road, Suite 300**
**Louisville, KY 40243**

## Readability Certification

I, Cheryl A. Glenn, Vice President, Underwriting, Citizens Security Life Insurance Company, hereby certify that Form No. AP 01 08 AR has a Flesch Scale readability score of 51.

I also certify, to the best of my knowledge and belief, the form is in compliance with the statutes and regulations for simplified and readability policy forms of the state for which it is being filed.

**Signed for:** Citizens Security Life Insurance Company

**Date:** April 17, 2008

**By:** Cheryl A. Glenn

**Title:** Vice President, Underwriting

May 1, 2008

Ms. Linda Bird
Arkansas Department of Insurance
Life Division, Forms and Rates
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Citizens Security Life Insurance Company - **Re- Submission**
NAIC # 61921 FEIN # 61-0648389
SERFF # CSLI-125613646 AR DOI # 38734
Form Number: Variation Plan of Insurance for Form PL 01 07; and
AP 01 08 AR; Final Expense Life Application

Dear Ms. Bird:

Thank your for your letter dated April 30, 2008 regarding the application listed above. I have reviewed your comments and made the necessary change.

In compliance with Arkansas Bulletin 8-85 Guideline Two, I have changed the wording in the Graded Death Benefit section on the back page. This section now reads, "**IF THE PROPOSED INSURED IS ELIGIBLE FOR THE GRADED DEATH BENEFIT COVERAGE, THE BENEFIT WILL BE 25% DURING THE FIRST YEAR, 50% DURING THE SECOND YEAR, 75% DURING THE THIRD YEAR AND 100% THEREAFTER.**"

Ms Bird, if you should have any further questions or need additional information, please feel free to contact me at (800) 843-7752 ext. #536 or via e-mail rbolduc@cslico.com. Thanks again for your help.

Sincerely,

Rickie Ellen Bolduc

Mrs. Rickie Ellen Bolduc, FLMI, AIRC, ACS
Actuarial Associate

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**Citizens Security Life Insurance Company**
**Louisville, Kentucky**

**Actuarial Memorandum**

**Policy Form PL 01 07**

**A. Description of Benefits**

This is a Whole Life policy with a level death benefit of $1,000 per unit. In addition to level death benefits, this policy offers guaranteed nonforfeiture values. It is nonparticipating.

**B. Basis of Values**

The cash and nonforfeiture values are calculated according to the Standard Nonforfeiture Law using the 2001 CSO Mortality Table, males and females, smokers and nonsmokers, age last birthday, with interest at 5.00%. Curtate functions are used.

Reserves are computed in accordance with the Commissioner's Reserve Valuation Method, based on the 2001 CSO Mortality Table, male and female, smokers and nonsmokers, age last birthday, with interest at 4.00%. Semicontinuous functions are used.

**C. Formulae for Nonforfeiture Values**

1. Present Value of Benefits

$$PVB = 1000\ A_x$$

2. Present Value of Premiums

$$PVP = \ddot{a}_x$$

3. Adjusted Premium (Nonforfeiture Factor)

$$P_x^a = \frac{PVB + (0.01) * 1000 + (1.25) * [(PVB/PVP), (0.04) * 1000]}{PVP}$$

where [ ] denotes the least quantity of several items.

4. Cash Values

$${}_0CV_x = PVB - PVP * P_x^a$$

$${}_tCV_x = 1000 * A_{x+t} - P_x^a * \ddot{a}_{x+t}$$

5. Extended Term Insurance

ETIY = whole number of years such that

$$1000 * A^{1}_{x+t:\overline{ETIY}|} \leq {}_tCV_x < 1000 * A^{1}_{x+t:\overline{ETIY+1}|}$$

ETID = whole number of days such that

$$ETID = \frac{(365) * ( {}_tCV_x - 1000 * A^{1}_{x+t:\overline{ETIY}|} )}{1000 * (A^{1}_{x+t:\overline{ETIY+1}|} - A^{1}_{x+t:\overline{ETIY}|})}$$

6. Reduced Paid-Up Insurance

$${}_tRPU_x = ({}_tCV_x / A_{x+t})$$

**D. <u>Sample Calculations for Issue Age 35, Male, Nonsmoker</u>**

(Note: Commutation Columns for 2001 CSO 5.00% are attached)

1. Present Value of Benefits

$PVB = 1000 * M_{35} / D_{35} = 1000 * (256{,}053.85 / 1{,}769{,}680.49)$

$PVB = 144.6893$

2. Present Value of Premiums

$PVP = N_{35} / D_{35}$

$PVP = 31{,}786{,}159.59 / 1{,}769{,}680.49$

$PVP = 17.96153$

3. Adjusted Premium (Nonforfeiture Factor)

$P_{35}^{a} = \{144.6893 + (0.01) * 1000 + (1.25) * [(144.6893 / 17.96153), (0.04) * 1000]\} / 17.96153$

$P_{35}^{a} = \{144.6893 + 10.00 + 1.25 * 8.05551\} / 17.96153$

$P_{35}^{a} = 9.1729$

4. Cash Values

${}_{20}CV_{35} = 1000 * A_{55} - 9.1729 * \ddot{a}_{55}$

${}_{20}CV_{35} = 1000 * (M_{55} / D_{55}) - 9.1729 * N_{55} / D_{55}$

${}_{20}CV_{35} = 1000 * (207{,}838.10 / 633{,}881.63) - 9.1729 * 8{,}946{,}914.09 / 633{,}881.63$

${}_{20}CV_{35} = 327.8816 - 129.4703 = 198.4113$, or 198.41 rounded to the near cent.

5. Extended Term Insurance

Determine ETIY = 23 years, since

$1000 * A^{1}_{55:\overline{23}|} \leq {}_{20}CV_{35} < 1000 * A^{1}_{55:\overline{24}|}$

$1000 * (M_{55} - M_{78}) / D_{55} \leq 198.41 < 1000 * (M_{55} - M_{79}) / D_{55}$

$1000 * (207{,}838.10 - 84{,}041.76) / 633{,}881.63 \leq 198.41 < 1000 * (207{,}838.10 - 77{,}162.03) / 633{,}881.63$

$1000 * 0.195299 \leq 198.41 < 1000 * 0.206152$

Determine ETID $= \dfrac{365 * ({}_{20}CV_{35} - 1000 * A^{1}_{55:\overline{23}|}) / 1000 *}{(A^{1}_{55:\overline{24}|} - A^{1}_{55:\overline{23}|})}$

$ETID = 365 * (198.41 - 195.299) / (206.152 - 195.299)$

$ETID = 105$ days

6. Reduced Paid-Up Insurance

${}_{20}RPU_{35} = (198.41) / (M_{55} / D_{55})$

${}_{20}RPU_{35} = (198.41) / (207{,}838.10 / 633{,}881.63) = 605.13$ or 606.00, rounded to the higher dollar.

## E. Formulae for Statutory Reserves

1. Present Value of Benefits

$$PVB = 1000 * (i / \delta)\ A_x$$

2. Valuation Net Premiums

$$\alpha_x = 1000 * \bar{c}_x = 1000 * (i / \delta)\ c_x$$

$$\beta_x = (PVB - \alpha_x) / (\ddot{a}_x - 1)$$

$${}_tP_x = \alpha_x \text{ for } t=1; = \beta_x \text{ for } t>1$$

3. Terminal Reserves

$${}_tV_x = (1000 * (i / \delta)\ A_{x+t}) - \beta_x * \ddot{a}_{x+t}$$

Negative terminal reserves are set to zero.

4. Mean Reserves

$${}_tMV_x = ½ * ({}_{t-1}V_x + {}_tV_x + {}_tP_x)$$

## F. Sample Calculations for Issue Age 35, Male, Nonsmoker

(Note: Commutation Columns for 2001 CSO at 4.00% are attached)

1. Present Value of Benefits

$$PVB = 1000 * (i / \delta)\ A_{35}$$

$$PVB = 1000 * 0.04 / \ln(1.04) * M_{35} / D_{35}$$

$$PVB = 1000 * 0.04 / 0.039221 * 504{,}643.63 / 2{,}473{,}736.61$$

$$PVB = 208.0539$$

2. Valuation Net Premiums

$$\alpha_{35} = 1000 * \bar{c}_{35} = 1000 * (i / \delta)\ C_{35} / D_{35}$$

$$\alpha_{35} = 1000 * 0.04 / 0.039221 * 2{,}664.02 / 2{,}473{,}736.61$$

$$\alpha_{35} = 1.09832$$

$$\beta_{35} = (PVB - \alpha_{35}) / (\ddot{a}_{35} - 1)$$

$$\beta_{35} = (208.0539 - 1.09832) / (N_{35} / D_{35} - 1)$$

$$\beta_{35} = (206.9556) / (51{,}196{,}417.26 / 2{,}473{,}736.61) - 1$$

$$\beta_{35} = (206.9556) / 19.69599 = 10.5075$$

3. Terminal Reserves

$${}_1V_{35} = (1000 * (i / \delta)\ A_{36}) - \beta_{35} * \ddot{a}_{36}$$

$${}_1V_{35} = (1000 * 0.04 / .039221 * M_{36} / D_{36}) - 10.5075 * (N_{36}) / D_{36}$$

$_1V_{35}$ = (1000 * 0.04 / .039221 * 501,979.61 / 2,375,928.87) – 10.5075 * (48,722,680.65) / 2,375,928.87

$_1V_{35}$ = 215.4751 – 215.4751 = 0.00

$_{19}V_{35}$ = (1000 * (i / δ) $A_{54}$ ) - $\beta_{35}$ * $\ddot{a}_{54}$

$_{19}V_{35}$ = (1000 * 0.04 / .039221 * $M_{54}$ / $D_{54}$ – 10.5075 * ($N_{54}$ ) / $D_{54}$

$_{19}V_{35}$ = (1000 * 0.04 / .039221 * 434,875.52 / 1,121,695.00 – 10.5075 * (17,857,306.47) / 1,121,695.00

$_{19}V_{35}$ = 395.3982 – 167.2787 = 228.1195, or 228.12 to the near cent

$_{20}V_{35}$ = (1000 * 0.04 / .039221 * $M_{55}$ / $D_{55}$ – 10.5075 * ($N_{55}$ ) / $D_{55}$

$_{20}V_{35}$ = (1000 * 0.04 / .039221 * 429,288.62/ 1,072,965.99 – 10.5075 * (16,735,611.47) / 1,072,965.99

$_{20}V_{35}$ = 408.0449 – 163.8910 = 244.1539, or 244.15 to the near cent

4. Mean Reserves

$_1MV_{35}$ = ½ * ( $_0V_{35}$ + $_1V_{35}$ + $_1P_{35}$ )

$_1MV_{35}$ = ½ * (0.00 + 0.00 + 1.10) = 0.55

$_{20}MV_{35}$ = ½ * ( $_{19}V_{35}$ + $_{20}V_{35}$ + $_{20}P_{35}$ )

$_{20}MV_{35}$ = ½ * (228.12 + 244.15 + 10.51) = 241.39

William H Bowman, FSA, MAAA

February 29, 2008

William H. Bowman, FSA, MAAA
Consultant to Citizens Security Life

**2001 CSO, Male Nonsmoker** **i= 0.05**

| Age | q | lx | dx | v^x | Dx | Nx | Cx | Mx |
|---|---|---|---|---|---|---|---|---|
| 0 | 0.00072 | 10,000,000.00 | 7,200.00 | 1.00000 | 10,000,000.00 | 202,736,999.74 | 6,857.14 | 345,857.16 |
| 1 | 0.00046 | 9,992,800.00 | 4,596.69 | 0.95238 | 9,516,952.38 | 192,736,999.74 | 4,169.33 | 339,000.01 |
| 2 | 0.00033 | 9,988,203.31 | 3,296.11 | 0.90703 | 9,059,594.84 | 183,220,047.36 | 2,847.30 | 334,830.68 |
| 3 | 0.00024 | 9,984,907.20 | 2,396.38 | 0.86384 | 8,625,338.26 | 174,160,452.52 | 1,971.51 | 331,983.38 |
| 4 | 0.00021 | 9,982,510.83 | 2,096.33 | 0.82270 | 8,212,636.36 | 165,535,114.26 | 1,642.53 | 330,011.87 |
| 5 | 0.00021 | 9,980,414.50 | 2,095.89 | 0.78353 | 7,819,915.91 | 157,322,477.89 | 1,563.98 | 328,369.35 |
| 6 | 0.00022 | 9,978,318.61 | 2,195.23 | 0.74622 | 7,445,974.98 | 149,502,561.98 | 1,560.11 | 326,805.36 |
| 7 | 0.00022 | 9,976,123.38 | 2,194.75 | 0.71068 | 7,089,844.64 | 142,056,587.00 | 1,485.49 | 325,245.25 |
| 8 | 0.00022 | 9,973,928.64 | 2,194.26 | 0.67684 | 6,750,747.49 | 134,966,742.36 | 1,414.44 | 323,759.76 |
| 9 | 0.00023 | 9,971,734.37 | 2,293.50 | 0.64461 | 6,427,868.89 | 128,215,994.87 | 1,408.01 | 322,345.32 |
| 10 | 0.00024 | 9,969,440.87 | 2,392.67 | 0.61391 | 6,120,371.88 | 121,788,125.98 | 1,398.94 | 320,937.31 |
| 11 | 0.00028 | 9,967,048.21 | 2,790.77 | 0.58468 | 5,827,526.66 | 115,667,754.10 | 1,554.01 | 319,538.37 |
| 12 | 0.00034 | 9,964,257.43 | 3,387.85 | 0.55684 | 5,548,471.38 | 109,840,227.44 | 1,796.65 | 317,984.36 |
| 13 | 0.00040 | 9,960,869.59 | 3,984.35 | 0.53032 | 5,282,461.81 | 104,291,756.06 | 2,012.37 | 316,187.71 |
| 14 | 0.00052 | 9,956,885.24 | 5,177.58 | 0.50507 | 5,028,903.65 | 99,009,294.25 | 2,490.50 | 314,175.35 |
| 15 | 0.00066 | 9,951,707.66 | 6,568.13 | 0.48102 | 4,786,941.54 | 93,980,390.60 | 3,008.93 | 311,684.84 |
| 16 | 0.00077 | 9,945,139.53 | 7,657.76 | 0.45811 | 4,555,983.01 | 89,193,449.06 | 3,341.05 | 308,675.91 |
| 17 | 0.00087 | 9,937,481.77 | 8,645.61 | 0.43630 | 4,335,690.38 | 84,637,466.06 | 3,592.43 | 305,334.85 |
| 18 | 0.00092 | 9,928,836.16 | 9,134.53 | 0.41552 | 4,125,636.50 | 80,301,775.67 | 3,614.84 | 301,742.43 |
| 19 | 0.00094 | 9,919,701.63 | 9,324.52 | 0.39573 | 3,925,562.78 | 76,176,139.17 | 3,514.31 | 298,127.58 |
| 20 | 0.00095 | 9,910,377.11 | 9,414.86 | 0.37689 | 3,735,116.91 | 72,250,576.39 | 3,379.39 | 294,613.27 |
| 21 | 0.00095 | 9,900,962.26 | 9,405.91 | 0.35894 | 3,553,874.80 | 68,515,459.48 | 3,215.41 | 291,233.88 |
| 22 | 0.00095 | 9,891,556.34 | 9,396.98 | 0.34185 | 3,381,427.26 | 64,961,584.68 | 3,059.39 | 288,018.47 |
| 23 | 0.00096 | 9,882,159.36 | 9,486.87 | 0.32557 | 3,217,347.53 | 61,580,157.42 | 2,941.57 | 284,959.08 |
| 24 | 0.00097 | 9,872,672.49 | 9,576.49 | 0.31007 | 3,061,198.93 | 58,362,809.89 | 2,827.96 | 282,017.50 |
| 25 | 0.00100 | 9,863,096.00 | 9,863.10 | 0.29530 | 2,912,599.59 | 55,301,610.96 | 2,773.90 | 279,189.54 |
| 26 | 0.00104 | 9,853,232.90 | 10,247.36 | 0.28124 | 2,771,130.46 | 52,389,011.38 | 2,744.74 | 276,415.64 |
| 27 | 0.00106 | 9,842,985.54 | 10,433.56 | 0.26785 | 2,636,427.13 | 49,617,880.91 | 2,661.54 | 273,670.90 |
| 28 | 0.00104 | 9,832,551.98 | 10,225.85 | 0.25509 | 2,508,221.45 | 46,981,453.78 | 2,484.33 | 271,009.36 |
| 29 | 0.00103 | 9,822,326.12 | 10,117.00 | 0.24295 | 2,386,298.00 | 44,473,232.34 | 2,340.84 | 268,525.03 |
| 30 | 0.00102 | 9,812,209.13 | 10,008.45 | 0.23138 | 2,270,323.91 | 42,086,934.34 | 2,205.46 | 266,184.18 |
| 31 | 0.00101 | 9,802,200.67 | 9,900.22 | 0.22036 | 2,160,007.79 | 39,816,610.43 | 2,077.72 | 263,978.73 |
| 32 | 0.00102 | 9,792,300.45 | 9,988.15 | 0.20987 | 2,055,072.56 | 37,656,602.63 | 1,996.36 | 261,901.00 |
| 33 | 0.00105 | 9,782,312.30 | 10,271.43 | 0.19987 | 1,955,215.60 | 35,601,530.08 | 1,955.22 | 259,904.65 |
| 34 | 0.00107 | 9,772,040.88 | 10,456.08 | 0.19035 | 1,860,154.88 | 33,646,314.47 | 1,895.59 | 257,949.43 |
| 35 | 0.00112 | 9,761,584.79 | 10,932.97 | 0.18129 | 1,769,680.49 | 31,786,159.59 | 1,887.66 | 256,053.85 |
| 36 | 0.00117 | 9,750,651.82 | 11,408.26 | 0.17266 | 1,683,522.33 | 30,016,479.10 | 1,875.92 | 254,166.19 |
| 37 | 0.00124 | 9,739,243.55 | 12,076.66 | 0.16444 | 1,601,478.68 | 28,332,956.76 | 1,891.27 | 252,290.26 |
| 38 | 0.00133 | 9,727,166.89 | 12,937.13 | 0.15661 | 1,523,326.52 | 26,731,478.09 | 1,929.55 | 250,398.99 |
| 39 | 0.00141 | 9,714,229.76 | 13,697.06 | 0.14915 | 1,448,857.61 | 25,208,151.57 | 1,945.61 | 248,469.44 |
| 40 | 0.00152 | 9,700,532.70 | 14,744.81 | 0.14205 | 1,377,918.79 | 23,759,293.95 | 1,994.70 | 246,523.84 |
| 41 | 0.00165 | 9,685,787.89 | 15,981.55 | 0.13528 | 1,310,308.90 | 22,381,375.17 | 2,059.06 | 244,529.13 |
| 42 | 0.00181 | 9,669,806.34 | 17,502.35 | 0.12884 | 1,245,854.18 | 21,071,066.26 | 2,147.62 | 242,470.08 |
| 43 | 0.00200 | 9,652,303.99 | 19,304.61 | 0.12270 | 1,184,380.18 | 19,825,212.08 | 2,255.96 | 240,322.46 |
| 44 | 0.00221 | 9,632,999.38 | 21,288.93 | 0.11686 | 1,125,725.16 | 18,640,831.90 | 2,369.38 | 238,066.50 |
| 45 | 0.00244 | 9,611,710.45 | 23,452.57 | 0.11130 | 1,069,749.82 | 17,515,106.74 | 2,485.89 | 235,697.12 |
| 46 | 0.00267 | 9,588,257.88 | 25,600.65 | 0.10600 | 1,016,323.46 | 16,445,356.92 | 2,584.37 | 233,211.22 |
| 47 | 0.00286 | 9,562,657.23 | 27,349.20 | 0.10095 | 965,342.74 | 15,429,033.46 | 2,629.41 | 230,626.86 |
| 48 | 0.00301 | 9,535,308.03 | 28,701.28 | 0.09614 | 916,744.62 | 14,463,690.73 | 2,628.00 | 227,997.45 |
| 49 | 0.00320 | 9,506,606.75 | 30,421.14 | 0.09156 | 870,462.12 | 13,546,946.11 | 2,652.84 | 225,369.44 |
| 50 | 0.00345 | 9,476,185.61 | 32,692.84 | 0.08720 | 826,358.70 | 12,676,483.99 | 2,715.18 | 222,716.61 |
| 51 | 0.00377 | 9,443,492.77 | 35,601.97 | 0.08305 | 784,293.11 | 11,850,125.29 | 2,815.99 | 220,001.43 |
| 52 | 0.00416 | 9,407,890.80 | 39,136.83 | 0.07910 | 744,129.83 | 11,065,832.18 | 2,948.17 | 217,185.44 |
| 53 | 0.00461 | 9,368,753.98 | 43,189.96 | 0.07533 | 705,746.91 | 10,321,702.34 | 3,098.56 | 214,237.27 |
| 54 | 0.00518 | 9,325,564.02 | 48,306.42 | 0.07174 | 669,041.35 | 9,615,955.44 | 3,300.60 | 211,138.71 |
| 55 | 0.00582 | 9,277,257.60 | 53,993.64 | 0.06833 | 633,881.63 | 8,946,914.09 | 3,513.52 | 207,838.10 |
| 56 | 0.00648 | 9,223,263.96 | 59,766.75 | 0.06507 | 600,183.28 | 8,313,032.46 | 3,703.99 | 204,324.59 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 57 | 0.00712 | 9,163,497.21 | 65,244.10 | 0.06197 | 567,899.13 | 7,712,849.18 | 3,850.90 | 200,620.60 |
| 58 | 0.00776 | 9,098,253.11 | 70,602.44 | 0.05902 | 537,005.42 | 7,144,950.05 | 3,968.73 | 196,769.70 |
| 59 | 0.00851 | 9,027,650.66 | 76,825.31 | 0.05621 | 507,465.01 | 6,607,944.63 | 4,112.88 | 192,800.98 |
| 60 | 0.00942 | 8,950,825.36 | 84,316.77 | 0.05354 | 479,187.12 | 6,100,479.62 | 4,298.99 | 188,688.09 |
| 61 | 0.01053 | 8,866,508.58 | 93,364.34 | 0.05099 | 452,069.70 | 5,621,292.50 | 4,533.61 | 184,389.10 |
| 62 | 0.01182 | 8,773,144.25 | 103,698.57 | 0.04856 | 426,008.95 | 5,169,222.80 | 4,795.64 | 179,855.49 |
| 63 | 0.01323 | 8,669,445.68 | 114,696.77 | 0.04625 | 400,927.17 | 4,743,213.85 | 5,051.68 | 175,059.84 |
| 64 | 0.01470 | 8,554,748.92 | 125,754.81 | 0.04404 | 376,783.72 | 4,342,286.68 | 5,274.97 | 170,008.16 |
| 65 | 0.01623 | 8,428,994.11 | 136,802.57 | 0.04195 | 353,566.66 | 3,965,502.96 | 5,465.13 | 164,733.19 |
| 66 | 0.01778 | 8,292,191.53 | 147,435.17 | 0.03995 | 331,265.03 | 3,611,936.30 | 5,609.42 | 159,268.06 |
| 67 | 0.01940 | 8,144,756.37 | 158,008.27 | 0.03805 | 309,881.08 | 3,280,671.27 | 5,725.42 | 153,658.64 |
| 68 | 0.02111 | 7,986,748.09 | 168,600.25 | 0.03623 | 289,399.42 | 2,970,790.19 | 5,818.31 | 147,933.22 |
| 69 | 0.02303 | 7,818,147.84 | 180,051.94 | 0.03451 | 269,800.18 | 2,681,390.78 | 5,917.62 | 142,114.91 |
| 70 | 0.02527 | 7,638,095.90 | 193,014.68 | 0.03287 | 251,034.94 | 2,411,590.59 | 6,041.57 | 136,197.29 |
| 71 | 0.02799 | 7,445,081.21 | 208,387.82 | 0.03130 | 233,039.32 | 2,160,555.65 | 6,212.16 | 130,155.72 |
| 72 | 0.03117 | 7,236,693.39 | 225,567.73 | 0.02981 | 215,730.05 | 1,927,516.33 | 6,404.10 | 123,943.56 |
| 73 | 0.03452 | 7,011,125.66 | 242,024.06 | 0.02839 | 199,053.09 | 1,711,786.28 | 6,544.11 | 117,539.46 |
| 74 | 0.03812 | 6,769,101.60 | 258,038.15 | 0.02704 | 183,030.26 | 1,512,733.20 | 6,644.87 | 110,995.35 |
| 75 | 0.04204 | 6,511,063.45 | 273,725.11 | 0.02575 | 167,669.67 | 1,329,702.93 | 6,713.17 | 104,350.48 |
| 76 | 0.04646 | 6,237,338.34 | 289,786.74 | 0.02453 | 152,972.22 | 1,162,033.27 | 6,768.66 | 97,637.30 |
| 77 | 0.05160 | 5,947,551.60 | 306,893.66 | 0.02336 | 138,919.17 | 1,009,061.05 | 6,826.89 | 90,868.65 |
| 78 | 0.05757 | 5,640,657.94 | 324,732.68 | 0.02225 | 125,477.09 | 870,141.87 | 6,879.73 | 84,041.76 |
| 79 | 0.06426 | 5,315,925.26 | 341,601.36 | 0.02119 | 112,622.26 | 744,664.79 | 6,892.48 | 77,162.03 |
| 80 | 0.07172 | 4,974,323.90 | 356,758.51 | 0.02018 | 100,366.81 | 632,042.52 | 6,855.53 | 70,269.55 |
| 81 | 0.07983 | 4,617,565.39 | 368,620.25 | 0.01922 | 88,731.91 | 531,675.71 | 6,746.16 | 63,414.02 |
| 82 | 0.08842 | 4,248,945.15 | 375,691.73 | 0.01830 | 77,760.42 | 442,943.80 | 6,548.17 | 56,667.86 |
| 83 | 0.09780 | 3,873,253.42 | 378,804.18 | 0.01743 | 67,509.38 | 365,183.38 | 6,288.02 | 50,119.69 |
| 84 | 0.10823 | 3,494,449.23 | 378,204.24 | 0.01660 | 58,006.63 | 297,674.01 | 5,979.10 | 43,831.67 |
| 85 | 0.11983 | 3,116,244.99 | 373,419.64 | 0.01581 | 49,265.30 | 239,667.38 | 5,622.34 | 37,852.57 |
| 86 | 0.13259 | 2,742,825.36 | 363,671.21 | 0.01506 | 41,296.99 | 190,402.07 | 5,214.83 | 32,230.23 |
| 87 | 0.14638 | 2,379,154.14 | 348,260.58 | 0.01434 | 34,115.64 | 149,105.08 | 4,756.05 | 27,015.40 |
| 88 | 0.16104 | 2,030,893.56 | 327,055.10 | 0.01366 | 27,735.04 | 114,989.44 | 4,253.76 | 22,259.36 |
| 89 | 0.17642 | 1,703,838.46 | 300,591.18 | 0.01301 | 22,160.56 | 87,254.39 | 3,723.40 | 18,005.59 |
| 90 | 0.19174 | 1,403,247.28 | 269,058.63 | 0.01239 | 17,381.90 | 65,093.83 | 3,174.10 | 14,282.20 |
| 91 | 0.20682 | 1,134,188.65 | 234,572.90 | 0.01180 | 13,380.09 | 47,711.93 | 2,635.50 | 11,108.09 |
| 92 | 0.22262 | 899,615.75 | 200,272.46 | 0.01124 | 10,107.45 | 34,331.84 | 2,142.97 | 8,472.60 |
| 93 | 0.23928 | 699,343.29 | 167,338.86 | 0.01070 | 7,483.17 | 24,224.39 | 1,705.31 | 6,329.63 |
| 94 | 0.25683 | 532,004.43 | 136,634.70 | 0.01019 | 5,421.52 | 16,741.22 | 1,326.10 | 4,624.32 |
| 95 | 0.27421 | 395,369.73 | 108,414.33 | 0.00971 | 3,837.25 | 11,319.70 | 1,002.11 | 3,298.22 |
| 96 | 0.29118 | 286,955.40 | 83,555.67 | 0.00924 | 2,652.42 | 7,482.45 | 735.55 | 2,296.11 |
| 97 | 0.30926 | 203,399.72 | 62,903.40 | 0.00880 | 1,790.56 | 4,830.03 | 527.38 | 1,560.56 |
| 98 | 0.32854 | 140,496.33 | 46,158.66 | 0.00838 | 1,177.91 | 3,039.48 | 368.56 | 1,033.18 |
| 99 | 0.34911 | 94,337.66 | 32,934.22 | 0.00798 | 753.26 | 1,861.56 | 250.45 | 664.61 |
| 100 | 0.36876 | 61,403.44 | 22,643.13 | 0.00760 | 466.94 | 1,108.30 | 163.99 | 414.17 |
| 101 | 0.38619 | 38,760.31 | 14,968.84 | 0.00724 | 280.72 | 641.36 | 103.25 | 250.18 |
| 102 | 0.40473 | 23,791.46 | 9,629.12 | 0.00690 | 164.10 | 360.64 | 63.25 | 146.93 |
| 103 | 0.42444 | 14,162.35 | 6,011.07 | 0.00657 | 93.03 | 196.54 | 37.61 | 83.67 |
| 104 | 0.44527 | 8,151.28 | 3,629.52 | 0.00626 | 51.00 | 103.51 | 21.63 | 46.07 |
| 105 | 0.46721 | 4,521.76 | 2,112.61 | 0.00596 | 26.94 | 52.51 | 11.99 | 24.44 |
| 106 | 0.49050 | 2,409.15 | 1,181.69 | 0.00567 | 13.67 | 25.57 | 6.39 | 12.45 |
| 107 | 0.51521 | 1,227.46 | 632.40 | 0.00540 | 6.63 | 11.90 | 3.25 | 6.07 |
| 108 | 0.54143 | 595.06 | 322.18 | 0.00515 | 3.06 | 5.27 | 1.58 | 2.81 |
| 109 | 0.56922 | 272.88 | 155.33 | 0.00490 | 1.34 | 2.20 | 0.73 | 1.23 |
| 110 | 0.59865 | 117.55 | 70.37 | 0.00467 | 0.55 | 0.87 | 0.31 | 0.51 |
| 111 | 0.62983 | 47.18 | 29.71 | 0.00445 | 0.21 | 0.32 | 0.13 | 0.19 |
| 112 | 0.66283 | 17.46 | 11.58 | 0.00423 | 0.07 | 0.11 | 0.05 | 0.07 |
| 113 | 0.69775 | 5.89 | 4.11 | 0.00403 | 0.02 | 0.03 | 0.02 | 0.02 |
| 114 | 0.73465 | 1.78 | 1.31 | 0.00384 | 0.01 | 0.01 | 0.00 | 0.01 |
| 115 | 0.77363 | 0.47 | 0.37 | 0.00366 | 0.00 | 0.00 | 0.00 | 0.00 |
| 116 | 0.81476 | 0.11 | 0.09 | 0.00348 | 0.00 | 0.00 | 0.00 | 0.00 |
| 117 | 0.85813 | 0.02 | 0.02 | 0.00332 | 0.00 | 0.00 | 0.00 | 0.00 |
| 118 | 0.90380 | 0.00 | 0.00 | 0.00316 | 0.00 | 0.00 | 0.00 | 0.00 |
| 119 | 0.95167 | 0.00 | 0.00 | 0.00301 | 0.00 | 0.00 | 0.00 | 0.00 |
| 120 | 1.00000 | 0.00 | 0.00 | 0.00287 | 0.00 | 0.00 | 0.00 | 0.00 |

**2001 CSO, Male Nonsmoker** i= **0.04**

| Age | q | lx | dx | v^x | Dx | Nx | Cx | Mx |
|---|---|---|---|---|---|---|---|---|
| 0 | 0.00072 | 10,000,000.00 | 7,200.00 | 1.00000 | 10,000,000.00 | 244,103,039.69 | 6,923.08 | 611,421.55 |
| 1 | 0.00046 | 9,992,800.00 | 4,596.69 | 0.96154 | 9,608,461.54 | 234,103,039.69 | 4,249.90 | 604,498.47 |
| 2 | 0.00033 | 9,988,203.31 | 3,296.11 | 0.92456 | 9,234,655.43 | 224,494,578.16 | 2,930.23 | 600,248.58 |
| 3 | 0.00024 | 9,984,907.20 | 2,396.38 | 0.88900 | 8,876,546.15 | 215,259,922.73 | 2,048.43 | 597,318.35 |
| 4 | 0.00021 | 9,982,510.83 | 2,096.33 | 0.85480 | 8,533,092.09 | 206,383,376.58 | 1,723.03 | 595,269.92 |
| 5 | 0.00021 | 9,980,414.50 | 2,095.89 | 0.82193 | 8,203,173.21 | 197,850,284.49 | 1,656.41 | 593,546.89 |
| 6 | 0.00022 | 9,978,318.61 | 2,195.23 | 0.79031 | 7,886,010.14 | 189,647,111.27 | 1,668.19 | 591,890.48 |
| 7 | 0.00022 | 9,976,123.38 | 2,194.75 | 0.75992 | 7,581,033.87 | 181,761,101.13 | 1,603.68 | 590,222.28 |
| 8 | 0.00022 | 9,973,928.64 | 2,194.26 | 0.73069 | 7,287,851.96 | 174,180,067.27 | 1,541.66 | 588,618.60 |
| 9 | 0.00023 | 9,971,734.37 | 2,293.50 | 0.70259 | 7,006,008.30 | 166,892,215.31 | 1,549.41 | 587,076.94 |
| 10 | 0.00024 | 9,969,440.87 | 2,392.67 | 0.67556 | 6,734,997.04 | 159,886,207.01 | 1,554.23 | 585,527.54 |
| 11 | 0.00028 | 9,967,048.21 | 2,790.77 | 0.64958 | 6,474,404.46 | 153,151,209.97 | 1,743.11 | 583,973.31 |
| 12 | 0.00034 | 9,964,257.43 | 3,387.85 | 0.62460 | 6,223,645.79 | 146,676,805.51 | 2,034.65 | 582,230.20 |
| 13 | 0.00040 | 9,960,869.59 | 3,984.35 | 0.60057 | 5,982,240.15 | 140,453,159.72 | 2,300.86 | 580,195.54 |
| 14 | 0.00052 | 9,956,885.24 | 5,177.58 | 0.57748 | 5,749,853.13 | 134,470,919.57 | 2,874.93 | 577,894.68 |
| 15 | 0.00066 | 9,951,707.66 | 6,568.13 | 0.55526 | 5,525,830.00 | 128,721,066.44 | 3,506.78 | 575,019.76 |
| 16 | 0.00077 | 9,945,139.53 | 7,657.76 | 0.53391 | 5,309,791.30 | 123,195,236.44 | 3,931.29 | 571,512.98 |
| 17 | 0.00087 | 9,937,481.77 | 8,645.61 | 0.51337 | 5,101,637.27 | 117,885,445.13 | 4,267.72 | 567,581.69 |
| 18 | 0.00092 | 9,928,836.16 | 9,134.53 | 0.49363 | 4,901,152.74 | 112,783,807.86 | 4,335.64 | 563,313.98 |
| 19 | 0.00094 | 9,919,701.63 | 9,324.52 | 0.47464 | 4,708,311.23 | 107,882,655.12 | 4,255.59 | 558,978.34 |
| 20 | 0.00095 | 9,910,377.11 | 9,414.86 | 0.45639 | 4,522,966.75 | 103,174,343.89 | 4,131.56 | 554,722.75 |
| 21 | 0.00095 | 9,900,962.26 | 9,405.91 | 0.43883 | 4,344,874.93 | 98,651,377.14 | 3,968.88 | 550,591.20 |
| 22 | 0.00095 | 9,891,556.34 | 9,396.98 | 0.42196 | 4,173,795.48 | 94,306,502.21 | 3,812.60 | 546,622.32 |
| 23 | 0.00096 | 9,882,159.36 | 9,486.87 | 0.40573 | 4,009,452.28 | 90,132,706.73 | 3,701.03 | 542,809.72 |
| 24 | 0.00097 | 9,872,672.49 | 9,576.49 | 0.39012 | 3,851,541.55 | 86,123,254.45 | 3,592.30 | 539,108.68 |
| 25 | 0.00100 | 9,863,096.00 | 9,863.10 | 0.37512 | 3,699,813.03 | 82,271,712.90 | 3,557.51 | 535,516.38 |
| 26 | 0.00104 | 9,853,232.90 | 10,247.36 | 0.36069 | 3,553,955.02 | 78,571,899.87 | 3,553.96 | 531,958.87 |
| 27 | 0.00106 | 9,842,985.54 | 10,433.56 | 0.34682 | 3,413,710.49 | 75,017,944.85 | 3,479.36 | 528,404.91 |
| 28 | 0.00104 | 9,832,551.98 | 10,225.85 | 0.33348 | 3,278,934.57 | 71,604,234.37 | 3,278.93 | 524,925.56 |
| 29 | 0.00103 | 9,822,326.12 | 10,117.00 | 0.32065 | 3,149,542.77 | 68,325,299.80 | 3,119.26 | 521,646.62 |
| 30 | 0.00102 | 9,812,209.13 | 10,008.45 | 0.30832 | 3,025,287.25 | 65,175,757.03 | 2,967.11 | 518,527.36 |
| 31 | 0.00101 | 9,802,200.67 | 9,900.22 | 0.29646 | 2,905,962.94 | 62,150,469.78 | 2,822.14 | 515,560.25 |
| 32 | 0.00102 | 9,792,300.45 | 9,988.15 | 0.28506 | 2,791,372.99 | 59,244,506.85 | 2,737.69 | 512,738.12 |
| 33 | 0.00105 | 9,782,312.30 | 10,271.43 | 0.27409 | 2,681,274.80 | 56,453,133.85 | 2,707.06 | 510,000.42 |
| 34 | 0.00107 | 9,772,040.88 | 10,456.08 | 0.26355 | 2,575,441.79 | 53,771,859.05 | 2,649.73 | 507,293.37 |
| 35 | 0.00112 | 9,761,584.79 | 10,932.97 | 0.25342 | 2,473,736.61 | 51,196,417.26 | 2,664.02 | 504,643.63 |
| 36 | 0.00117 | 9,750,651.82 | 11,408.26 | 0.24367 | 2,375,928.87 | 48,722,680.65 | 2,672.92 | 501,979.61 |
| 37 | 0.00124 | 9,739,243.55 | 12,076.66 | 0.23430 | 2,281,874.07 | 46,346,751.79 | 2,720.70 | 499,306.69 |
| 38 | 0.00133 | 9,727,166.89 | 12,937.13 | 0.22529 | 2,191,388.98 | 44,064,877.72 | 2,802.45 | 496,585.99 |
| 39 | 0.00141 | 9,714,229.76 | 13,697.06 | 0.21662 | 2,104,302.34 | 41,873,488.74 | 2,852.95 | 493,783.54 |
| 40 | 0.00152 | 9,700,532.70 | 14,744.81 | 0.20829 | 2,020,514.69 | 39,769,186.40 | 2,953.06 | 490,930.60 |
| 41 | 0.00165 | 9,685,787.89 | 15,981.55 | 0.20028 | 1,939,849.52 | 37,748,671.71 | 3,077.65 | 487,977.54 |
| 42 | 0.00181 | 9,669,806.34 | 17,502.35 | 0.19257 | 1,862,162.28 | 35,808,822.18 | 3,240.88 | 484,899.89 |
| 43 | 0.00200 | 9,652,303.99 | 19,304.61 | 0.18517 | 1,787,299.78 | 33,946,659.90 | 3,437.11 | 481,659.01 |
| 44 | 0.00221 | 9,632,999.38 | 21,288.93 | 0.17805 | 1,715,120.36 | 32,159,360.12 | 3,644.63 | 478,221.90 |
| 45 | 0.00244 | 9,611,710.45 | 23,452.57 | 0.17120 | 1,645,509.56 | 30,444,239.76 | 3,860.62 | 474,577.27 |
| 46 | 0.00267 | 9,588,257.88 | 25,600.65 | 0.16461 | 1,578,360.12 | 28,798,730.20 | 4,052.14 | 470,716.65 |
| 47 | 0.00286 | 9,562,657.23 | 27,349.20 | 0.15828 | 1,513,601.82 | 27,220,370.08 | 4,162.41 | 466,664.51 |
| 48 | 0.00301 | 9,535,308.03 | 28,701.28 | 0.15219 | 1,451,223.96 | 25,706,768.26 | 4,200.18 | 462,502.11 |
| 49 | 0.00320 | 9,506,606.75 | 30,421.14 | 0.14634 | 1,391,207.48 | 24,255,544.30 | 4,280.64 | 458,301.93 |
| 50 | 0.00345 | 9,476,185.61 | 32,692.84 | 0.14071 | 1,333,418.86 | 22,864,336.82 | 4,423.36 | 454,021.29 |
| 51 | 0.00377 | 9,443,492.77 | 35,601.97 | 0.13530 | 1,277,710.16 | 21,530,917.96 | 4,631.70 | 449,597.93 |
| 52 | 0.00416 | 9,407,890.80 | 39,136.83 | 0.13010 | 1,223,935.76 | 20,253,207.80 | 4,895.74 | 444,966.23 |
| 53 | 0.00461 | 9,368,753.98 | 43,189.96 | 0.12509 | 1,171,965.57 | 19,029,272.04 | 5,194.96 | 440,070.49 |
| 54 | 0.00518 | 9,325,564.02 | 48,306.42 | 0.12028 | 1,121,695.00 | 17,857,306.47 | 5,586.90 | 434,875.52 |
| 55 | 0.00582 | 9,277,257.60 | 53,993.64 | 0.11566 | 1,072,965.99 | 16,735,611.47 | 6,004.48 | 429,288.62 |
| 56 | 0.00648 | 9,223,263.96 | 59,766.75 | 0.11121 | 1,025,693.58 | 15,662,645.48 | 6,390.86 | 423,284.14 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 57 | 0.00712 | 9,163,497.21 | 65,244.10 | 0.10693 | 979,852.97 | 14,636,951.90 | 6,708.22 | 416,893.28 |
| 58 | 0.00776 | 9,098,253.11 | 70,602.44 | 0.10282 | 935,458.09 | 13,657,098.93 | 6,979.96 | 410,185.05 |
| 59 | 0.00851 | 9,027,650.66 | 76,825.31 | 0.09886 | 892,498.98 | 12,721,640.84 | 7,303.04 | 403,205.10 |
| 60 | 0.00942 | 8,950,825.36 | 84,316.77 | 0.09506 | 850,869.05 | 11,829,141.87 | 7,706.91 | 395,902.05 |
| 61 | 0.01053 | 8,866,508.58 | 93,364.34 | 0.09140 | 810,436.41 | 10,978,272.82 | 8,205.67 | 388,195.14 |
| 62 | 0.01182 | 8,773,144.25 | 103,698.57 | 0.08789 | 771,060.11 | 10,167,836.42 | 8,763.39 | 379,989.47 |
| 63 | 0.01323 | 8,669,445.68 | 114,696.77 | 0.08451 | 732,640.55 | 9,396,776.31 | 9,320.03 | 371,226.08 |
| 64 | 0.01470 | 8,554,748.92 | 125,754.81 | 0.08126 | 695,142.04 | 8,664,135.76 | 9,825.57 | 361,906.05 |
| 65 | 0.01623 | 8,428,994.11 | 136,802.57 | 0.07813 | 658,580.24 | 7,968,993.72 | 10,277.65 | 352,080.48 |
| 66 | 0.01778 | 8,292,191.53 | 147,435.17 | 0.07513 | 622,972.58 | 7,310,413.48 | 10,650.44 | 341,802.83 |
| 67 | 0.01940 | 8,144,756.37 | 158,008.27 | 0.07224 | 588,361.66 | 6,687,440.90 | 10,975.21 | 331,152.39 |
| 68 | 0.02111 | 7,986,748.09 | 168,600.25 | 0.06946 | 554,757.16 | 6,099,079.24 | 11,260.50 | 320,177.19 |
| 69 | 0.02303 | 7,818,147.84 | 180,051.94 | 0.06679 | 522,159.84 | 5,544,322.08 | 11,562.83 | 308,916.68 |
| 70 | 0.02527 | 7,638,095.90 | 193,014.68 | 0.06422 | 490,513.94 | 5,022,162.24 | 11,918.55 | 297,353.86 |
| 71 | 0.02799 | 7,445,081.21 | 208,387.82 | 0.06175 | 459,729.48 | 4,531,648.30 | 12,372.91 | 285,435.31 |
| 72 | 0.03117 | 7,236,693.39 | 225,567.73 | 0.05937 | 429,674.66 | 4,071,918.82 | 12,877.85 | 273,062.40 |
| 73 | 0.03452 | 7,011,125.66 | 242,024.06 | 0.05709 | 400,270.87 | 3,642,244.16 | 13,285.91 | 260,184.55 |
| 74 | 0.03812 | 6,769,101.60 | 258,038.15 | 0.05490 | 371,589.92 | 3,241,973.30 | 13,620.20 | 246,898.64 |
| 75 | 0.04204 | 6,511,063.45 | 273,725.11 | 0.05278 | 343,677.80 | 2,870,383.38 | 13,892.51 | 233,278.44 |
| 76 | 0.04646 | 6,237,338.34 | 289,786.74 | 0.05075 | 316,566.91 | 2,526,705.58 | 14,142.02 | 219,385.93 |
| 77 | 0.05160 | 5,947,551.60 | 306,893.66 | 0.04880 | 290,249.24 | 2,210,138.67 | 14,400.83 | 205,243.91 |
| 78 | 0.05757 | 5,640,657.94 | 324,732.68 | 0.04692 | 264,684.98 | 1,919,889.43 | 14,651.84 | 190,843.08 |
| 79 | 0.06426 | 5,315,925.26 | 341,601.36 | 0.04512 | 239,852.95 | 1,655,204.45 | 14,820.14 | 176,191.24 |
| 80 | 0.07172 | 4,974,323.90 | 356,758.51 | 0.04338 | 215,807.69 | 1,415,351.50 | 14,882.43 | 161,371.09 |
| 81 | 0.07983 | 4,617,565.39 | 368,620.25 | 0.04172 | 192,624.96 | 1,199,543.81 | 14,785.82 | 146,488.66 |
| 82 | 0.08842 | 4,248,945.15 | 375,691.73 | 0.04011 | 170,430.49 | 1,006,918.84 | 14,489.87 | 131,702.85 |
| 83 | 0.09780 | 3,873,253.42 | 378,804.18 | 0.03857 | 149,385.61 | 836,488.35 | 14,047.99 | 117,212.98 |
| 84 | 0.10823 | 3,494,449.23 | 378,204.24 | 0.03709 | 129,592.01 | 687,102.74 | 13,486.29 | 103,164.98 |
| 85 | 0.11983 | 3,116,244.99 | 373,419.64 | 0.03566 | 111,121.41 | 557,510.73 | 12,803.54 | 89,678.69 |
| 86 | 0.13259 | 2,742,825.36 | 363,671.21 | 0.03429 | 94,043.97 | 446,389.32 | 11,989.70 | 76,875.15 |
| 87 | 0.14638 | 2,379,154.14 | 348,260.58 | 0.03297 | 78,437.20 | 352,345.34 | 11,040.04 | 64,885.45 |
| 88 | 0.16104 | 2,030,893.56 | 327,055.10 | 0.03170 | 64,380.35 | 273,908.15 | 9,969.05 | 53,845.42 |
| 89 | 0.17642 | 1,703,838.46 | 300,591.18 | 0.03048 | 51,935.13 | 209,527.80 | 8,810.00 | 43,876.37 |
| 90 | 0.19174 | 1,403,247.28 | 269,058.63 | 0.02931 | 41,127.63 | 157,592.67 | 7,582.51 | 35,066.37 |
| 91 | 0.20682 | 1,134,188.65 | 234,572.90 | 0.02818 | 31,963.29 | 116,465.04 | 6,356.39 | 27,483.86 |
| 92 | 0.22262 | 899,615.75 | 200,272.46 | 0.02710 | 24,377.54 | 84,501.76 | 5,218.20 | 21,127.47 |
| 93 | 0.23928 | 699,343.29 | 167,338.86 | 0.02606 | 18,221.74 | 60,124.22 | 4,192.40 | 15,909.27 |
| 94 | 0.25683 | 532,004.43 | 136,634.70 | 0.02505 | 13,328.50 | 41,902.48 | 3,291.50 | 11,716.87 |
| 95 | 0.27421 | 395,369.73 | 108,414.33 | 0.02409 | 9,524.37 | 28,573.98 | 2,511.23 | 8,425.37 |
| 96 | 0.29118 | 286,955.40 | 83,555.67 | 0.02316 | 6,646.82 | 19,049.61 | 1,860.98 | 5,914.14 |
| 97 | 0.30926 | 203,399.72 | 62,903.40 | 0.02227 | 4,530.19 | 12,402.79 | 1,347.12 | 4,053.16 |
| 98 | 0.32854 | 140,496.33 | 46,158.66 | 0.02142 | 3,008.83 | 7,872.60 | 950.50 | 2,706.04 |
| 99 | 0.34911 | 94,337.66 | 32,934.22 | 0.02059 | 1,942.61 | 4,863.77 | 652.10 | 1,755.54 |
| 100 | 0.36876 | 61,403.44 | 22,643.13 | 0.01980 | 1,215.79 | 2,921.16 | 431.09 | 1,103.44 |
| 101 | 0.38619 | 38,760.31 | 14,968.84 | 0.01904 | 737.94 | 1,705.37 | 274.02 | 672.35 |
| 102 | 0.40473 | 23,791.46 | 9,629.12 | 0.01831 | 435.53 | 967.44 | 169.49 | 398.32 |
| 103 | 0.42444 | 14,162.35 | 6,011.07 | 0.01760 | 249.29 | 531.90 | 101.74 | 228.83 |
| 104 | 0.44527 | 8,151.28 | 3,629.52 | 0.01693 | 137.96 | 282.61 | 59.07 | 127.09 |
| 105 | 0.46721 | 4,521.76 | 2,112.61 | 0.01627 | 73.59 | 144.65 | 33.06 | 68.02 |
| 106 | 0.49050 | 2,409.15 | 1,181.69 | 0.01565 | 37.70 | 71.07 | 17.78 | 34.97 |
| 107 | 0.51521 | 1,227.46 | 632.40 | 0.01505 | 18.47 | 33.37 | 9.15 | 17.19 |
| 108 | 0.54143 | 595.06 | 322.18 | 0.01447 | 8.61 | 14.90 | 4.48 | 8.04 |
| 109 | 0.56922 | 272.88 | 155.33 | 0.01391 | 3.80 | 6.29 | 2.08 | 3.55 |
| 110 | 0.59865 | 117.55 | 70.37 | 0.01338 | 1.57 | 2.49 | 0.91 | 1.48 |
| 111 | 0.62983 | 47.18 | 29.71 | 0.01286 | 0.61 | 0.92 | 0.37 | 0.57 |
| 112 | 0.66283 | 17.46 | 11.58 | 0.01237 | 0.22 | 0.31 | 0.14 | 0.20 |
| 113 | 0.69775 | 5.89 | 4.11 | 0.01189 | 0.07 | 0.10 | 0.05 | 0.07 |
| 114 | 0.73465 | 1.78 | 1.31 | 0.01143 | 0.02 | 0.03 | 0.01 | 0.02 |
| 115 | 0.77363 | 0.47 | 0.37 | 0.01099 | 0.01 | 0.01 | 0.00 | 0.00 |
| 116 | 0.81476 | 0.11 | 0.09 | 0.01057 | 0.00 | 0.00 | 0.00 | 0.00 |
| 117 | 0.85813 | 0.02 | 0.02 | 0.01016 | 0.00 | 0.00 | 0.00 | 0.00 |
| 118 | 0.90380 | 0.00 | 0.00 | 0.00977 | 0.00 | 0.00 | 0.00 | 0.00 |
| 119 | 0.95167 | 0.00 | 0.00 | 0.00940 | 0.00 | 0.00 | 0.00 | 0.00 |
| 120 | 1.00000 | 0.00 | 0.00 | 0.00904 | 0.00 | 0.00 | 0.00 | 0.00 |

*Citizens Security Life Insurance Company*
*PO Box 436149, Louisville, KY 40253*

***Application for:***
***FINAL EXPENSE PROTECTION.***

| 1. **Proposed Insured Name (First, Middle, Last):** Johnny Z. Doe | ☑ Male. ☐ Female. | Date of Birth: 01/01/68 | Age Last Birthday: 40 | State of Birth: AR |
|---|---|---|---|---|
| Address: 123 Any Street City: Little Rock | State: AR | Zip: 72201 | Social Sec #: 123456789 | |

A. Do you currently have existing Life Insurance or Annuity contracts?..... ☐ Yes. ☑ No.
B. Is this insurance intended to replace existing Life Insurance or annuities?..... ☐ Yes. ☑ No.
C. During the past 12 months, have you smoked cigarettes?..... ☐ Yes. ☑ No.

**2. Owners Name if other than Proposed Insured** (First, Middle, Last): *(If not an immediate family member, furnish purpose of insurance).*
Johnny Z. Doe — Relationship To Insured: Self
Address of Owner: Same — Soc Sec #: 123456789

**3. Primary Beneficiary** (First, Middle, Last) *(Print as Mary A. Doe, not as Mrs. John Doe):*
Janie Z. Doe — Relationship To Insured: Spouse
Address of Beneficiary: 123 Any Street LittleRock, AR 72201 — Soc Sec #: 123459876

**4. Contingent Beneficiary** (First, Middle, Last):
Jimmy Z. Doe — Relationship To Insured: Son

**5. Plan of Insurance:** ☑ Level Benefit Whole Life. ☐ Graded Death Benefit.

**6. I accept the Graded Death Benefit plan if I do not qualify for the Level Benefit Whole Life for the same:** ☑ **Amount (Ultimate) of Insurance.** ☐ **Modal Premium.**

**7. Riders:** *(Optional)*
☐ $10,000 Additional Accidental Death Benefit Rider.
☐ Children's Term Insurance Rider _____Units - *Complete Supplemental Application AP 02 06 (6/06).*
☐ $5,000 Grandchildren's Term Insurance Rider - *Complete Supplemental Application AP 02 08.*

**8. Amount (Ultimate) of Insurance:** $ 10,000
**9. Initial Premium Collected with Application:** $ 288.00

**10. Premium Payable:** ☑ Annual. ☐ Semiannual. ☐ Quarterly. ☐ Monthly Bank Draft on the { } day of the month.
☐ *Draft EFT Account for the Initial Premium starting on the { }.* *Modal Premium: $*

**11. Health Questions (Section A):** *If any question is answered "Yes," do not submit the application.*

A. Are you currently bedridden or confined to a psychiatric, assisted living or nursing facility; receiving Hospice or Home Health Care; have you been hospitalized in the past 90 days; are you confined to a wheelchair due to stroke or other chronic illness; have you ever had heart valve surgery or used oxygen to assist in breathing (excluding a CPAP Machine used for Sleep Apnea); been diagnosed by a medical professional as having a terminal illness expected to result in death in the next 12 months or end stage renal disease?..... ☐ Yes. ☑ No.

B. Have you ever been diagnosed with, or received treatment from a medical professional or taken medication for, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV) or ALS (Lou Gehrig's Disease)?..... ☐ Yes. ☑ No.

C. Have you had or been recommended, by a medical professional, to have treatment or any diagnostic testing or surgery which has not been completed or for which the results have not been received?..... ☐ Yes. ☑ No.

**12. Height:** 6'0" **Weight:** 185. *If not within height and weight chart, Proposed Insured only qualifies for Graded Death Benefit.*

**13. Please list all prescribed medications you are currently taking; use additional sheet of paper if necessary:**

**14. Health Questions (Section B):** *If any question is answered "Yes," Proposed Insured only qualifies for Graded Death Benefit.*

A. Have you ever been diagnosed or treated by a medical professional, or taken prescribed medication for congestive heart failure, cardiomyopathy, paralysis, systemic lupus (SLE), kidney dialysis or failure, cirrhosis of the liver, mental retardation, Down's Syndrome, Parkinson's Disease, Multiple Sclerosis, Huntington's Disease, Alzheimer's disease, dementia; or have you ever had or been recommended to have an organ transplant or defibrillator?..... ☐ Yes. ☑ No.

B. Have you ever been diagnosed by a medical professional for diabetes prior to the age of 45; or have you ever been medically diagnosed with diabetes at any age and also have a history of stroke, TIA (mini-stroke), heart or circulatory disease?..... ☐ Yes. ☑ No.

C. Have you ever been diagnosed by a medical professional, taken medication or had surgery for any circulatory or coronary artery disease prior to the age of 45; or have you ever had coronary artery disease involving more than two vessels in your lifetime?..... ☐ Yes. ☑ No.

D. In the past 24 months, have you had or been diagnosed or treated, or recommended to have treatment, including prescription medication or surgery, by a medical professional for:

1. complications of diabetes including insulin shock, diabetic coma, amputation due to diabetes, retinopathy, neuropathy, or kidney (renal) disorder?..... ☐ Yes. ☑ No.
2. any form of internal cancer, leukemia, lymphoma, or melanoma; or had more than one occurrence of cancer in your lifetime?..... ☐ Yes. ☑ No.
3. major depression, bipolar disorder or schizophrenia?..... ☐ Yes. ☑ No.
4. stroke or TIA (mini-stroke); or have a history of multiple strokes or have ongoing impairment to speech, vision or paralysis due to stroke or TIA?..... ☐ Yes. ☑ No.
5. brain tumor, hepatitis, pancreatitis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, or other respiratory disorder (exclude mild or moderate asthma that does not require the use of an inhaler more than once a day)? ☐ Yes. ☑ No.
6. angina, heart attack, aneurysm or coronary artery disease; had an angioplasty or stent implant or any other procedure to improve circulation?..... ☐ Yes. ☑ No.
7. alcohol or drug abuse, received treatment or counseling for alcohol or drug use, or used an illegal, restricted or controlled substance except as prescribed by a medical professional?..... ☐ Yes. ☑ No.

**AP 01 08 AR**

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**IMPORTANT NOTICE - GIVE TO THE PROPOSED INSURED**

**Investigative Consumer Report:** As required by Public Law 91.508, Citizens Security Life Insurance Company wishes to advise that as part of its procedures for processing your application for insurance, an investigative consumer report may be prepared which will include information as to character, general reputation, and personal characteristics, whichever is applicable, of any person to be insured. No information collected concerning the sexual orientation of the proposed insured will be used to determine his or her eligibility for insurance. The information for this investigative consumer report will be obtained through personal interviews with your friends, neighbors and acquaintances. Upon written request, a complete and accurate disclosure of the nature and scope of the investigative consumer report will be provided to you.

**Medical Information Bureau:** Information regarding your insurability will be treated as confidential. Citizens Security Life Insurance Company or its reinsurer may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, and telephone number (617) 426-3660.

Citizens Security Life Insurance Company, or its reinsurer, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**IF THE PROPOSED INSURED IS ELIGIBLE FOR THE GRADED DEATH BENEFIT COVERAGE, DURING THE FIRST THREE YEARS, THE ULTIMATE AMOUNT (FACE AMOUNT) WILL BE PAID ONLY FOR ACCIDENTAL DEATH. FOR DEATH FROM ANY OTHER CAUSE, THE BENEFIT WILL BE 25% DURING THE FIRST YEAR, 50% DURING THE SECOND YEAR, 75% DURING THE THIRD YEAR AND 100% THEREAFTER.**

**Authorization Statement:** I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or my health, to give to the Citizens Security Life Insurance Company or its reinsurer, any such information. I understand the information obtained will be used by Citizens Security Life Insurance Company to determine eligibility for insurance. A photographic copy of this authorization shall be as valid as the original. I authorize any investigative consumer reporting agency to prepare a report and forward this to Citizens Security Life Insurance Company. I acknowledge receipt of the statement pertaining to the federal Fair Credit Reporting Act, and the Medical Information Bureau. I understand this Authorization is valid for two years.

**Acknowledgement and Agreement:** I have read the questions and answers in the Application and agree that they are complete and true to the best of my knowledge and belief. I understand and agree that no agent has the authority to waive an answer to any question in the Application, pass on insurability, make or change any contract, or waive any of the Company's rights or requirements. No policy applied for here will be in force until it is issued and accepted by the Applicant and the first full premium is paid, and unless since the date it was applied for there has been no change in the health or insurable status of the Applicant, as listed in the Application. **Insurance issued based on the application will take effect on the latest of (a) the date the application was approved in the home office; or (b) the date requested in the application; or (c) the date of the last of any medical examinations or tests required under the rules and practices of the Company.** The acceptance of the policy shall constitute acceptance and ratification by the applicant; any correction or amendment to this application made by the Company shall require written consent of the applicant.

Dated at City: Little Rock State: AR this 17th day of April, Year 2008.

| Signature of Proposed Insured: Johnny Z. Doe | Signature of Owner (Applicant), *if other than Proposed Insured:* |
|---|---|

**Agent's Statement:**

1. I certify that I have interviewed the proposed insured face-to-face and witnessed the signatures. *(If no, provide details)*..... ☑ Yes. ☐ No.
2. Do you have any knowledge or reason to believe that the insurance applied for will replace or change any existing insurance or annuity? (If "Yes" provide details)..... ☐ Yes. ☑ No.
3. If a replacement is involved, I certify that Sales Materials were ☑ not used. ☐ used in conjunction with this sale.
4. I left a copy of ☐ all sales materials ☐ individual sales materials used in the sale with the applicant. *(Attach Copies)*
5. Has the proposed insured been advised that someone from the Home Office may call to discuss the application?..... ☑ Yes. ☐ No.

Daytime Number: 501-555-6666. Evening Number: 501-444-7777. Best to call at: after 5pm

☐ Telephone Interview was completed on from the Proposed Insured's Home. Reference Number #.

| Date: | Signature of Agent: | Printed Agent's Name: | Agent No.: |
|---|---|---|---|
| 04/17/08 | David Jones | David Jones | 12345 |

**Mail Policy to:** ☐ **Agent.** ☑ **Applicant.** *(If not checked, policy is automatically mailed to the owner).*

**Electronic Funds Authorization Form** ***(Attach voided check or savings account verification form):***

Name of Financial Institution (Bank): _____.

Street: _____ City: _____ State: _____ Zip Code: _____.

Routing Number: _____. Account Number: _____. ☐ Checking Account. ☐ Savings Account.

**I hereby authorize** and direct you to honor and charge to my account checks drawn on my account by and payable to Citizens Security Life Insurance Company. The signatures on such checks may either be typed or printed. You shall have no liability for the return unpaid of any such check if the balance in my account is insufficient to pay the same upon presentation. This authorization shall continue in force until revoked by me in writing, a copy of which revocation shall be sent to Citizens Security Life Insurance Company.

Signature EXACTLY as it appears on bank records: _____.

Social Security Number: _____. Date Signed: _____.

**AP 01 08 AR**

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To the Proposed Insured and/or Applicant:

Detach and keep this information notice with your insurance papers. If you have not been contacted by your agent or received your policy within the next sixty days, please contact our office at 1-800-843-7752 and ask for the Underwriting Department.

Thank you,

Citizens Security Life Insurance Company

**CITIZENS SECURITY LIFE INSURANCE COMPANY**
**12910 SHELBYVILLE ROAD, LOUISVILLE, KY 40243**
**TOLL FREE NUMBER 800-843-7752**

If you have any questions or need information concerning this policy, please call the number listed above.

CITIZENS SECURITY LIFE INSURANCE COMPANY (hereafter referred to as "the Company") agrees to pay benefits according to the provisions of this policy. This policy is a legal contract between the Owner and the Company.

This contract is signed for the Company at Louisville, Kentucky.

SECRETARY PRESIDENT

## READ YOUR POLICY CAREFULLY
## Cancellation during first 10 days

Within 10 days from receipt of this policy, the Owner may return it for any reason. If returned, this policy is void. Any premium or policy fee paid on this policy shall be refunded within 10 days from receipt of this policy by the Home Office. The policy may be returned to the Company or to the agent who sold this policy or to any other Agent of the Company.

**WHOLE LIFE POLICY**
**FACE AMOUNT PAYABLE AT DEATH**
**NON-PARTICIPATING**

CITIZENS SECURITY
Life Insurance Company

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**A COPY OF THE APPLICATION AND ANY ENDORSEMENTS OR RIDERS FOLLOW PAGE 10.**

## INSURANCE BENEFIT

The Company shall pay the face amount of this policy to the beneficiary upon receiving proof that the Insured's death occurred, as long as premiums have been paid as shown in the Premiums section. The proceeds shall include the policy's Amount of Insurance and any other benefits provided by riders payable because of the Insured's death. Regardless of when death occurs, a refund of premiums paid beyond the month in which death occurred shall be included in the settlement. The proceeds settlement shall be made within 30 days after receipt of due proof of death and receipt of all necessary claim documents needed to pay the claim or at maturity of the policy.

## POLICY OWNERSHIP

**Owner.** The Owner has all rights in this policy while the Insured is living. These rights can be used without the consent of any contingent owner or beneficiary, except a living irrevocable beneficiary. Unless otherwise shown in the application, the Insured shall be the Owner.

**Contingent Owner.** The Owner can name a contingent owner by a signed notice giving the necessary information to the Company. A contingent owner becomes the new owner when the Owner dies. This designation ends automatically if ownership is transferred, if a new contingent owner is named, or if the contingent owner dies before the Owner. The Owner's estate shall become the new owner if no contingent owner survives the Owner.

**Change of Ownership.** The owner can change the ownership of this policy by a signed notice giving the necessary information to the Company. A change of ownership does not change the beneficiary.

When the Company records a change of ownership or a designation of a contingent owner, the change or designation shall take effect as of the date the notice was signed, subject to any payment made or other action taken by the Company before recording. The Company may require the policy for endorsement.

## BENEFICIARY

**Beneficiary Designation.** One or more beneficiaries and their shares in any proceeds can be named. Beneficiaries may be ranked as first, second, and so on. The specified shares of proceeds shall be paid to any living first beneficiaries. If no first beneficiary survives the Insured, payment shall be made to any living second beneficiaries, and so on. Surviving beneficiaries in the same classification shall share equally in the insurance proceeds unless otherwise specified.

**Death of Beneficiary.** If no beneficiary for a specific share of any insurance proceeds survives the Insured, these proceeds shall be paid to the Owner. If the Owner was the Insured, these proceeds shall be paid to the Insured's estate. If any beneficiary dies at the same time as the Insured, or within 15 days after the Insured, but before proof of the Insured's death is received by the Company, the proceeds shall be paid as though that beneficiary died before the Insured.

**Change of Beneficiary.** The Owner can change any beneficiary designation, while the Insured is living, by a signed notice giving the necessary information to the Company. When the Company records the change, it shall take effect as of the date the notice was signed. However, the Company shall not suffer loss as a result of any payment made or other action taken by the Company before recording.

## PREMIUMS

**Payment of Premiums.** Premiums are to be paid at the Home Office on or before the first day of each premium interval measured from the date of issue. Premiums are payable for the maximum number of years stated in the Schedule of Benefits and Annual Premiums section of the contract during the lifetime of the insured.

The premium for this policy can be paid at the intervals shown at the Company's premium rate listed for that interval. The mode can be changed only on the policy anniversary date or a date approved by the Company and by paying the correct premium for the new interval. On request, the Company shall give the Owner a signed receipt for premium collected.

**Grace Period.** A grace period of 31 days after the due date is allowed for payment of any premium except the first. During this time, the insurance provided by the policy continues.

**Nonpayment of Premium.** If a premium is not paid by the end of the grace period, this policy shall lapse. All insurance shall end at the time of lapse if the policy has no cash value. If the policy has cash value, insurance shall continue only as provided in the Options Upon Lapse provision.

**PREMIUMS Continued-**

**Options Upon Lapse.** At the time of lapse, the following options are available if the policy has cash value:

**1. Extended Term Insurance.** The policy shall automatically continue as extended term insurance, unless paid-up insurance is elected or the policy is surrendered for cash. The Owner may request extended term insurance by written notice to the Company no later than 60 days after the due date of the overdue premium. If the table of Guaranteed Values shows that extended term insurance is not applicable, the Paid-up Insurance option shall automatically apply instead.

Extended term insurance is term insurance which is payable when the Company receives proof that the Insured died after the end of the grace period and before the end of the term period. The amount of this insurance shall be the Amount of Insurance of this policy, less any loan. The length of the term period shall be determined, as of the due date of the overdue premium, by applying the sum of the policy's cash value, less any loan, at the single premium rate for the Insured's sex and age on that date. The term period shall be measured from the due date of the overdue premium.

Extended term insurance requires no further premium payment, and can be surrendered at any time for its cash value. Extended term insurance has no loan value.

**2. Paid-up Insurance.** The Owner can have this policy continued as reduced paid-up insurance, instead of extended term insurance, by written notice to the Company not later than 60 days after the due date of the overdue premium. Paid-up insurance is effective as of the due date of the overdue premium.

Paid-up insurance is payable when the Company receives proof that the Insured's death occurred during the Policy Period. The Amount of this insurance shall be determined, as of the due date of the overdue premium, by applying the sum of the policy's cash value, less any loan, at the single premium rate for the Insured's sex and age on that date.

Paid-up insurance requires no further premium payment, and can be surrendered at any time. Paid-up insurance has cash value and loan value.

**Surrender for Cash.** Instead of having any insurance continue after lapse, the Owner can surrender this policy for its cash value, less any loan, as provided in the Cash Value provision by written notice to the Company no later than 60 days after the due date of the overdue premium.

If paid-up and extended term insurance is surrendered within 31 days after a policy's anniversary date, the cash value available shall not be less than the cash value on the anniversary date.

**Reinstatement.** If the policy has not been surrendered, the Owner may apply for reinstatement within 5 years after lapse. Evidence of insurability satisfactory to the Company is required. In addition, all overdue premiums must be paid, with compound interest at the rate shown on page 3 of the policy. Any loans, including an unpaid loan deducted in determining extended term or paid-up insurance, must also be repaid. All or part of these required payments can be charged as a new loan if there is sufficient loan value.

However, evidence of insurability is not required if the reinstatement payment is received by the Company within 31 days after the end of the grace period, but the Insured must be living when that payment is received.

**Premium Adjustment at Death.** Any premium paid beyond the month in which death occurred shall be refunded and included in the insurance benefit proceeds.

If the Insured dies during a grace period, the part of the overdue premium for one policy month shall be deducted from the insurance benefit proceeds.

## CASH VALUE AND LOANS

**Cash Value.** The cash values, extended term insurance and amounts of paid-up insurance for this policy at the end of the first 20 policy years are shown in the table of Guaranteed Values. The cash value at any other time depends on the date to which premiums have been paid, and on the length of time since the preceding policy anniversary. Upon request, the Company shall furnish information about the amount of cash value available.

The cash value within 31 days after the policy anniversary shall not be less than the present value of future guaranteed benefits on that anniversary.

If a premium is not paid, the cash value shall not decrease during the 60 days after the due date of that premium. During the 31 days after a policy anniversary, the cash value of any paid-up insurance shall not decrease.

**Basis of Computation.** All cash values and single premium rates referred to in this policy are based on age last birthday, the Mortality Table and interest rate indicated on Page 3. The basis of the cash value of the policy at the end of any year not shown in the Table of Guaranteed Values is the non-forfeiture factor shown. The amount of any extended term or paid-up insurance is based on the corresponding cash value and sex and attained age of the Insured.

The Company has filed a statement of the method used to determine these values with the insurance supervisory official of the jurisdiction in which this policy is delivered. All of these values are equal to or greater than those required by law.

At any time after cash values are first shown, the Owner can surrender this policy for its cash value, less any loan. All insurance shall end when the Owner submits a written request for the cash value. If the Owner cancels or cash surrenders the policy prior to a date on which the next premium is due, any premium paid beyond the end of the policy month in which the cancellation or surrender occurs shall be refunded.

The Company may defer payment of the cash value up to 6 months after the date of surrender.

| | |
|---|---|
| **West Virginia Citizens ONLY** | We reserve the right to defer payment of any cash surrender value, including partial surrender thereof, for a period of thirty days after demand therefore. If the entire cash surrender value is to be paid, demand shall include surrender of the policy. |

**Loan Value.** The Owner can borrow against the sole security of this policy for any amount up to the loan value. The loan value is the cash value as of the paid to date less any existing loan with interest due. The loan value will be equal to the loan value as defined, reduced by the amount of the interest to the end of the current policy year.

The Owner shall be required to sign a loan agreement. The Company may defer a loan, except to pay a premium due the Company, up to 6 months from the date the request for the loan was received.

**Loan Interest.** Interest on the loan is due at the end of each policy year at the rate specified on Page 3, unless a lower interest rate for this policy is set for any period by the Company. Interest is due on each policy anniversary, or on the date of reinstatement. Interest not paid when due becomes part of the loan and shall also bear interest.

**Automatic Premium Loan (APL).** When a current modal premium is not paid by the end of the grace period, a loan shall be charged to this policy to pay the current modal premium and the policy shall remain in force. However, the loan value must be sufficient to pay that premium. The APL provision must be elected in the application or by the Owner's written notice received by the Company before the end of the grace period. The Owner may cancel this election by written notice to the Company.

If the loan value is not enough to cover the current modal premium, a loan may be made for an installment of the current modal premium, but for no less than a monthly premium. If the loan value is not enough to cover the current modal premium or an installment of the current modal premium, the policy shall lapse to extended term or paid-up insurance as applicable. The current modal premium is the payment mode last billed.

**Loan Repayment.** All or part of a loan can be repaid at any time before the Insured's death or the surrender of this policy. An unpaid loan shall be deducted from any policy proceeds prior to being continued as extended term or paid-up insurance. An unpaid loan deducted in determining extended term or paid-up insurance may not be repaid unless the policy is reinstated. However, that loan shall not be deducted again in determining any policy proceeds payable before reinstatement.

If the unpaid loan, including interest due, exceeds the policy's cash value, all insurance shall terminate 31 days after the date the Company mails a notice of termination to the last known address of the Owner and of any assignee of record.

## SETTLEMENT OPTIONS PROVISIONS

**Election of Option.** All rights of the Owner provided in the Owner and Beneficiary provision apply to any election or change of election of a Settlement Option. If the Beneficiary is not an individual receiving payment in his or her own right, the Company must consent to any option other than a single sum payment. A change of beneficiary revokes a prior election option. The beneficiary has no right to change or revoke an election unless this right was given by the Owner and agreed to by the Company in writing. If the Owner does not elect an Option, the Beneficiary shall have the right at the time of settlement.

**SETTLEMENT OPTIONS PROVISIONS – Continued**

If all named beneficiaries die prior to the death of the Insured, the Company shall pay the proceeds in one sum to the executors or administrators of the Insured's estate.

**Proceeds.** All or part of the policy proceeds may be paid to the payee in one sum or under one or more of the Settlement Options. The amount which may be applied under an option must be at least $2,000 or provide for periodic payments of at least $10. If not, the proceeds shall be paid in a single sum. If the policy matures, the policy proceeds shall be at least equal to the Amount of Insurance, less any indebtedness plus interest or any premiums due.

**Supplementary Contract.** A Supplementary Contract shall be issued in exchange for this policy when settlement is made by any of the options. If settlement is a result of the Insured's death, the effective date of that contract shall be the date when proof of death and receipt of all necessary claim documents needed to pay the claim are received by the Company. If settlement is a result of policy maturity as an endowment or cash value surrender, the effective date of the contract shall be the date of maturity or surrender.

Interest under Option 1 shall be earned from the effective date of the contract. The first installment under Options 2, 3, 4 and 5 shall be paid on the effective date of the contract unless a written election provides otherwise.

**Interest Rate.** The interest rate for these options may vary, but shall not be less than the rate shown on page 3 under "Settlement Options." The interest rate may be changed by the Board of Directors. If so, the Company shall determine the amount and the method of payment of such earnings.

**Death of the Payee.** If the payee dies after the option goes into effect, the then present or commuted value of any guaranteed amount unpaid shall be paid in one sum to the executors or administrators of the payee's estate, unless otherwise provided.

## SETTLEMENT OPTIONS

**Option 1. Interest.** The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds shall be paid to the payee. If the payee dies before the end of this period, the proceeds shall be paid as previously agreed upon.

**Option 2. Installments for a Guaranteed Period.** The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi-annual, quarterly or monthly basis. The amount of each installment for each $1,000 of proceeds is shown in the following table:

| Number of Years Guaranteed | Amount of Installments | | | | Number of Years Guaranteed | Amount of Installments | | | | Number of Years Guaranteed | Amount of Installments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ann. | S.A. | Quar. | Mo. | | Ann. | S.A. | Quar. | Mo. | | Ann. | S.A. | Quar. | Mo. |
| 1 | $1000.00 | $503.69 | $252.78 | $84.47 | 11 | $104.93 | $52.85 | $26.52 | $8.86 | 21 | $62.98 | $31.72 | $15.92 | $5.32 |
| 2 | 507.39 | 255.57 | 128.26 | 42.86 | 12 | 97.54 | 49.13 | 24.66 | 8.24 | 22 | 60.92 | 30.69 | 15.40 | 5.12 |
| 3 | 343.23 | 172.88 | 86.76 | 28.99 | 13 | 91.29 | 45.98 | 23.08 | 7.71 | 23 | 59.04 | 29.74 | 14.92 | 4.99 |
| 4 | 261.19 | 131.56 | 66.02 | 22.06 | 14 | 85.95 | 43.29 | 21.73 | 7.26 | 24 | 57.33 | 28.88 | 14.49 | 4.84 |
| 5 | 211.99 | 106.78 | 53.59 | 17.91 | 15 | 81.33 | 40.97 | 20.56 | 6.87 | 25 | 55.76 | 28.09 | 14.09 | 4.71 |
| 6 | 179.22 | 90.27 | 45.30 | 15.14 | 16 | 77.29 | 38.93 | 19.54 | 6.53 | 26 | 54.31 | 27.36 | 13.73 | 4.59 |
| 7 | 155.83 | 78.49 | 39.39 | 13.16 | 17 | 73.74 | 37.14 | 18.64 | 6.23 | 27 | 52.97 | 26.68 | 13.39 | 4.47 |
| 8 | 138.31 | 69.67 | 34.96 | 11.68 | 18 | 70.59 | 35.56 | 17.84 | 5.96 | 28 | 51.74 | 26.06 | 13.08 | 4.37 |
| 9 | 124.69 | 62.81 | 31.52 | 10.53 | 19 | 67.78 | 34.14 | 17.13 | 5.73 | 29 | 50.60 | 25.49 | 12.79 | 4.27 |
| 10 | 113.82 | 57.33 | 28.77 | 9.61 | 20 | 65.26 | 32.87 | 16.50 | 5.51 | 30 | 49.53 | 24.95 | 12.52 | 4.18 |

**Option 3. Special Settlement.** The proceeds may be paid in installments of equal or varied amounts. This option must be agreed to by the Company. Such installments shall be paid until the proceeds plus interest credited on unpaid balances are paid in full.

**Option 4. Life Income with a Guaranteed Period.** The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. This guaranteed period may be 10, 15 or 20 years. It may also be the time it takes for the total installments paid to equal the proceeds (Installment Refund). The Company can require satisfactory evidence of the payee's age before making any payment under this option. The amount of the monthly installment is determined by: (a) the guaranteed period chosen, and (b) the payee's sex and attained age on the date the first installment would be paid. The monthly amounts in the following table equal or surpass those calculated with the 1983 basic male/female annuity mortality tables assuming interest at 3%. The amount for each $1,000 of proceeds is shown in the following table:

**SETTLEMENT OPTIONS Continued-**

| Age Last Birthday | | Monthly Income with Installments Certain | | | Intall-ment Refund | Age Last Birthday | | Monthly Income with Installments Certain | | | Install-ment Refund | Age Last Birthday | | Monthly Income with Installments Certain | | | Install-ment Refund |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | F | 120Mo. Certain | 190Mo. Certain | 240Mo. Certain | Annuity | M | F | 120Mo. Certain | 190Mo. Certain | 240Mo. Certain | Annuity | M | F | 120Mo. Certain | 190Mo. Certain | 240Mo. Certain | Annuity |
| 26* | 30* | $3.55 | $3.54 | $3.53 | $3.53 | 46 | 50 | $4.44 | $4.38 | $4.30 | $4.31 | 66 | 70 | $6.58 | $6.06 | $5.46 | $6.26 |
| 27 | 31 | 3.57 | 3.57 | 3.56 | 3.55 | 47 | 51 | 4.50 | 4.44 | 4.35 | 4.37 | 67 | 71 | 6.75 | 6.16 | 5.51 | 6.44 |
| 28 | 32 | 3.60 | 3.60 | 3.59 | 3.58 | 48 | 32 | 4.58 | 4.50 | 4.40 | 4.44 | 68 | 72 | 6.92 | 6.26 | 5.55 | 6.61 |
| 29 | 33 | 3.63 | 3.63 | 3.61 | 3.60 | 49 | 53 | 4.65 | 4.57 | 4.46 | 4.50 | 69 | 73 | 7.10 | 6.35 | 5.59 | 6.79 |
| 30 | 34 | 3.66 | 3.66 | 3.64 | 3.63 | 50 | 54 | 4.73 | 4.64 | 4.51 | 4.56 | 70 | 74 | 7.28 | 6.44 | 5.63 | 6.96 |
| 31 | 35 | 3.70 | 3.69 | 3.68 | 3.66 | 51 | 55 | 4.81 | 4.71 | 4.57 | 4.64 | 71 | 75 | 7.46 | 6.53 | 5.65 | 7.20 |
| 32 | 36 | 3.73 | 3.72 | 3.71 | 3.70 | 52 | 56 | 4.89 | 4.78 | 4.63 | 4.72 | 72 | 76 | 7.65 | 6.62 | 5.68 | 7.43 |
| 33 | 37 | 3.77 | 3.76 | 3.74 | 3.73 | 53 | 57 | 4.98 | 4.86 | 4.69 | 4.79 | 73 | 77 | 7.84 | 6.69 | 5.70 | 7.67 |
| 34 | 38 | 3.81 | 3.80 | 3.77 | 3.77 | 54 | 58 | 5.07 | 4.94 | 4.75 | 4.87 | 74 | 78 | 8.03 | 6.77 | 5.72 | 7.90 |
| 35 | 39 | 3.85 | 3.83 | 3.81 | 3.80 | 55 | 59 | 5.17 | 5.02 | 4.81 | 4.95 | 75 | 79 | 8.21 | 6.83 | 5.73 | 8.14 |
| 36 | 40 | 3.89 | 3.87 | 3.85 | 3.84 | 56 | 60 | 5.27 | 5.10 | 4.88 | 5.05 | 76 | 80 | 8.40 | 6.89 | 5.74 | 8.47 |
| 37 | 41 | 3.93 | 3.92 | 3.89 | 3.88 | 57 | 61 | 5.38 | 5.19 | 4.94 | 5.15 | 77 | 81 | 8.58 | 6.94 | 5.74 | 8.80 |
| 38 | 42 | 3.98 | 3.96 | 3.93 | 3.92 | 58 | 62 | 5.49 | 5.27 | 5.00 | 5.24 | 78 | 82 | 8.75 | 6.98 | 5.75 | 9.14 |
| 39 | 43 | 4.03 | 4.00 | 3.97 | 3.96 | 59 | 63 | 5.60 | 5.37 | 5.07 | 5.34 | 79 | 83 | 8.91 | 7.01 | 5.75 | 9.47 |
| 40 | 44 | 4.08 | 4.05 | 4.01 | 4.00 | 60 | 64 | 5.72 | 5.46 | 5.13 | 5.44 | 80 | 84 | 9.07 | 7.04 | 5.75 | 9.80 |
| 41 | 45 | 4.13 | 4.10 | 4.05 | 4.05 | 61 | 65 | 5.85 | 5.56 | 5.19 | 5.57 | 81 | 85 | 9.21 | 7.06 | 5.75 | 10.29 |
| 42 | 46 | 4.19 | 4.15 | 4.10 | 4.10 | 62 | 66 | 5.99 | 5.65 | 5.25 | 5.70 | 82 | 86 | 9.33 | 7.07 | 5.75 | 10.78 |
| 43 | 47 | 4.25 | 4.21 | 4.15 | 4.15 | 63 | 67 | 6.13 | 5.75 | 5.31 | 5.83 | 83 | 87 | 9.44 | 7.08 | 5.75 | 11.26 |
| 44 | 48 | 4.31 | 4.26 | 4.19 | 4.20 | 64 | 68 | 6.27 | 5.85 | 5.36 | 5.96 | 84 | 88 | 9.54 | 7.09 | 5.75 | 11.75 |
| 45 | 49 | 4.37 | 4.32 | 4.24 | 4.25 | 65 | 69 | 6.43 | 5.96 | 5.41 | 6.09 | 85** | 89** | 9.62 | 7.10 | 5.75 | 12.24 |

* Not available under these ages

** and over

The settlement option modal factors are 11.813 for annual, 5.658 for semi-annual and 2.996 for quarterly.

**Option 5. Joint Life Income with Full Benefit to Survivor.** The proceeds may be used to provide equal monthly installments during the joint lifetime of two payees. When one of the payees dies, the payments shall continue during the lifetime of the survivor. The Company can require satisfactory evidence of the age of each payee before making any payment under this option. The amount of monthly installment is determined by the sex and attained age of each payee on the date the first installment would be paid. The amount for each $1,000 of proceeds for certain combinations of ages and sexes is shown in the following table. Figures for combinations of ages not shown in this table are calculated on a basis consistent with those shown. They shall be furnished by the Company on request.

| **Age of Payee** | | M51 | M52 | M53 | M54 | M55 | M56 | M57 | M58 | M59 | M60 | M61 | M62 | M63 | M64 | M65 | M66 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Male** | **Female** | F55 | F56 | F57 | F58 | F59 | F60 | F61 | F62 | F63 | F64 | F65 | F66 | F67 | F68 | F69 | F70 |
| 50 | 54 | 4.29 | 4.32 | 4.35 | 4.38 | 4.41 | 4.44 | 4.47 | 4.49 | 4.52 | 4.54 | 4.57 | 4.59 | 4.61 | 4.63 | 4.65 | 4.67 |
| 51 | 55 | 4.32 | 4.35 | 4.38 | 4.42 | 4.45 | 4.48 | 4.51 | 4.54 | 4.57 | 4.60 | 4.63 | 4.65 | 4.67 | 4.70 | 4.72 | 4.74 |
| 52 | 56 | 4.35 | 4.39 | 4.42 | 4.46 | 4.49 | 4.53 | 4.56 | 4.59 | 4.62 | 4.65 | 4.68 | 4.71 | 4.73 | 4.76 | 4.78 | 4.81 |
| 53 | 57 | 4.39 | 4.43 | 4.46 | 4.50 | 4.53 | 4.57 | 4.60 | 4.64 | 4.67 | 4.71 | 4.74 | 4.77 | 4.80 | 4.83 | 4.86 | 4.89 |
| 54 | 58 | 4.42 | 4.46 | 4.50 | 4.54 | 4.58 | 4.62 | 4.65 | 4.69 | 4.72 | 4.76 | 4.79 | 4.82 | 4.86 | 4.89 | 4.93 | 4.96 |
| 55 | 59 | 4.45 | 4.49 | 4.53 | 4.58 | 4.62 | 4.66 | 4.70 | 4.74 | 4.77 | 4.81 | 4.85 | 4.89 | 4.92 | 4.96 | 4.99 | 5.03 |
| 56 | 60 | 4.48 | 4.52 | 4.57 | 4.61 | 4.66 | 4.70 | 4.74 | 4.78 | 4.83 | 4.87 | 4.91 | 4.95 | 4.99 | 5.03 | 5.07 | 5.11 |
| 57 | 61 | 4.51 | 4.56 | 4.60 | 4.65 | 4.69 | 4.74 | 4.79 | 4.83 | 4.88 | 4.92 | 4.97 | 5.01 | 5.06 | 5.10 | 5.15 | 5.19 |
| 58 | 62 | 4.54 | 4.59 | 4.64 | 4.69 | 4.74 | 4.79 | 4.84 | 4.89 | 4.93 | 4.98 | 5.03 | 5.08 | 5.12 | 5.17 | 5.21 | 5.26 |
| 59 | 63 | 4.57 | 4.62 | 4.67 | 4.73 | 4.78 | 4.83 | 4.88 | 4.93 | 4.99 | 5.04 | 5.09 | 5.14 | 5.19 | 5.24 | 5.29 | 5.34 |
| 60 | 64 | 4.60 | 4.65 | 4.71 | 4.76 | 4.82 | 4.87 | 4.93 | 4.98 | 5.04 | 5.09 | 5.15 | 5.20 | 5.26 | 5.31 | 5.37 | 5.42 |
| 61 | 65 | 4.62 | 4.68 | 4.74 | 4.79 | 4.85 | 4.91 | 4.97 | 5.03 | 5.09 | 5.15 | 5.21 | 5.27 | 5.33 | 5.38 | 5.44 | 5.50 |
| 62 | 66 | 4.65 | 4.71 | 4.77 | 4.83 | 4.89 | 4.95 | 5.01 | 5.08 | 5.14 | 5.21 | 5.27 | 5.33 | 5.39 | 5.46 | 5.52 | 5.58 |
| 63 | 67 | 4.67 | 4.73 | 4.80 | 4.86 | 4.93 | 4.99 | 5.06 | 5.12 | 5.19 | 5.25 | 5.32 | 5.39 | 5.46 | 5.53 | 5.60 | 5.67 |
| 64 | 68 | 4.70 | 4.77 | 4.83 | 4.90 | 4.96 | 5.03 | 5.10 | 5.17 | 5.24 | 5.31 | 5.38 | 5.45 | 5.53 | 5.60 | 5.68 | 5.75 |
| 65 | 69 | 4.72 | 4.79 | 4.86 | 4.93 | 5.00 | 5.07 | 5.14 | 5.22 | 5.29 | 5.37 | 5.44 | 5.52 | 5.60 | 5.67 | 5.75 | 5.83 |
| 66 | 70 | 4.74 | 4.81 | 4.88 | 4.96 | 5.03 | 5.10 | 5.18 | 5.26 | 5.33 | 5.41 | 5.49 | 5.57 | 5.66 | 5.74 | 5.83 | 5.91 |
| 67 | 71 | 4.76 | 4.83 | 4.91 | 4.98 | 5.06 | 5.13 | 5.21 | 5.29 | 5.38 | 5.46 | 5.54 | 5.63 | 5.72 | 5.81 | 5.90 | 5.99 |
| 68 | 72 | 4.78 | 4.86 | 4.94 | 5.01 | 5.09 | 5.17 | 5.26 | 5.34 | 5.43 | 5.51 | 5.60 | 5.70 | 5.79 | 5.89 | 5.98 | 6.08 |
| 69 | 73 | 4.80 | 4.88 | 4.96 | 5.04 | 5.12 | 5.20 | 5.29 | 5.38 | 5.47 | 5.56 | 5.65 | 5.75 | 5.85 | 5.96 | 6.06 | 6.16 |
| 70 | 74 | 4.82 | 4.90 | 4.98 | 5.07 | 5.15 | 5.23 | 5.32 | 5.42 | 5.51 | 5.61 | 5.70 | 5.81 | 5.92 | 6.02 | 6.13 | 6.24 |

The settlement option modal factors are 11.813 for annual, 5.658 for semi-annual and 2.996 for quarterly.

**Alternate Life Income Option.** If Option 4 or 5 is elected, the proceeds may be used to provide a monthly life income which is at least equal to a monthly annuity based on the rates of the Company then in use for new single premium annuities.

## GENERAL PROVISIONS

**Entire Contract.** The entire contract consists of this policy, any attached papers and the attached copy of the application. Only the President, Secretary, a Vice-President, or Assistant Secretary of the Company can change or waive any part of the contract, and then only in writing. Any change in the contract can be made only with the written consent of the Owner.

All statements made by the insured, in the absence of fraud, are representations and not warranties.

**Application.** In issuing this policy, the Company has relied upon the application. The statements in the application are assumed to be true and complete to the best of the knowledge and belief of the persons making them. No statement made by the Insured or on his behalf shall be used by the Company to void the policy or to deny a claim unless that statement is part of the application and unless the Company would not have issued this policy for as large an amount or at the same premium rate if it had known the truth.

**Incontestability.** The Company shall not contest this policy after it has been in force during the lifetime of the Insured for two years from the date of issue, except for failure to pay premiums. This policy shall be incontestable as to the statements made in the application after two years from its date of issue. Any rider attached to this policy shall be incontestable as to statements made in the application for that rider, after two years from the date of said application. The two year period starts over on the date of any reinstatement.

**Dates.** Policy years, policy months, and policy anniversaries are measured from the date of issue.

**Sex and Age.** If the sex or age of the Insured is incorrectly stated in the application, any amount payable under this policy shall be the amount that the premiums paid would have purchased at the correct sex and age.

**Suicide Exclusion.** Suicide of the Insured, while sane, or insane, within two years of the date of issue, is not covered by this policy. In that event, the only amount payable shall be the premiums paid for the policy, less any loan.

**Missouri Citizens ONLY** Suicide of the Insured, while sane, or insane, within one year of the date of issue, is not covered by this policy. In that event, the only amount payable shall be the premiums paid for the policy, less any loan.

**Assignment.** While the Insured is living, the Owner can assign this policy or any interest in it. The interest of the Owner, beneficiary, or contingent owner is subject to the interest of the assignee.

An assignment is not a change of ownership, and an assignee cannot change the ownership or beneficiary, or choose or change an optional method of payment. Any policy proceeds payable to the assignee shall be paid in one sum.

A copy of any assignment must be submitted to the Company. Any assignment is subject to any payment made or other action taken by the Company before the assignment was recorded at the Home Office. The Company is not responsible for the validity of any assignment.

If there is more than one assignment filed or recorded with the company, assignments will be honored according to the dates the assignments were filed and recorded with the company.

**Protection Against Creditors.** Except as provided in the Assignment provision, any payments under the policy are, to the extent permitted by law, exempt from the claims, attachments, or levies of any creditors.

**Payments to Company.** Any check or money order making a payment to the Company must be made payable to Citizens Security Life Insurance Company. On request, a receipt shall be furnished for any premium payment.

**Non-Participating.** This policy does not share in the profits or surplus of the Company. No dividends shall be paid.

**Policy Maturity.** The policy anniversary next following the Insured's 121st birthday where the Amount of Insurance, less any policy loans or unpaid premiums, shall be paid to the owner of the policy.

## DEFINITIONS

**Age:** means the Insured's age as of last birthday.

**Amount of Insurance or Face Amount:** means the dollar amount payable upon the death of the Insured.

**Beneficiary:** means a person or entity, named in the application or named on a beneficiary change form received by us, who is to receive insurance benefits.

**Cash Value:** means the amount of money, before adjustments, if any, the owner shall receive from the insurance policy if it does not remain in force until the insured's death.

**Company or "the Company":** means Citizens Security Life Insurance Company.

**Contract or Policy:** means the legal written agreement between the Company and the Owner of the policy.

**Grace Period:** means a specified period of time after a premium due date, except the first premium for the policy, in which the premium can be paid and the policy shall remain in force.

**Home Office:** means the Home Office of Citizens Security Life Insurance Company located at 12910 Shelbyville Road, Louisville, KY 40243.

**Insured:** means the person named in the application and stated on page 2 of the policy whose life is insured under the policy.

**Lapse:** means the termination of the policy because a premium, except the first premium, was not paid within the grace period.

**Maturity Date or Policy Maturity:** means the date on which the policy's Amount of Insurance, less adjustments, if applicable, shall be paid if the Insured is still living.

**Owner:** means the person, named in the application or named on an ownership change form received by us, who has all legal rights that exist under the policy.

**Paid Up Policy:** means the policy no longer requires premium payments.

**Policy Anniversary:** means the month and day of the Policy Effective Date specified in the Schedule of Benefits and Premiums, and the corresponding date in each year thereafter.

**Policy Effective Date or Issue Date or Date of Issue:** means the effective date of this Policy as shown in the Schedule of Benefits and Premiums.

**Policy Year:** means the 12 months following the Date of Issue of the policy.

**Reinstatement:** means the process in which the Company shall put back in force the policy after it has terminated for nonpayment of premium.

**Written Notice:** means a written or signed notification or written or signed request received by the Company.

**CITIZENS SECURITY LIFE INSURANCE COMPANY**
**12910 SHELBYVILLE ROAD, LOUISVILLE, KY 40243**
**TOLL FREE NUMBER 800-843-7752**

# WHOLE LIFE POLICY
# FACE AMOUNT PAYABLE AT DEATH
# NON-PARTICIPATING

**CITIZENS SECURITY LIFE INSURANCE COMPANY**
**12910 SHELBYVILLE ROAD, LOUISVILLE, KY 40243**
**TOLL FREE NUMBER 800-843-7752**

If you have any questions or need information concerning this policy, please call the number listed above.

CITIZENS SECURITY LIFE INSURANCE COMPANY (hereafter referred to as "the Company") agrees to pay benefits according to the provisions of this policy. This policy is a legal contract between the Owner and the Company.

This contract is signed for the Company at Louisville, Kentucky.

SECRETARY PRESIDENT

## READ YOUR POLICY CAREFULLY
## Cancellation during first 30 days

Within 30 days from receipt of this policy, the Owner may return it for any reason. If returned, this policy is void. Any premium or policy fee paid on this policy shall be refunded within 10 days from receipt of this policy by the Home Office. The policy may be returned to the Company or to the agent who sold this policy or to any other Agent of the Company.

**WHOLE LIFE POLICY**
**PREMIUMS PAYABLE FOR THE LIFETIME OF THE INSURED**
**GRADED DEATH BENEFIT FOR THE FIRST 3 POLICY YEARS**
**NON-PARTICIPATING**

CITIZENS SECURITY
Life Insurance Company

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**A COPY OF THE APPLICATION AND ANY ENDORSEMENTS OR RIDERS FOLLOW PAGE 11.**

**DEATH BENEFIT – (1) During the first policy year, 25 % of the ultimate amount of insurance.**
**(2) During the second policy year, 50 % of the ultimate amount of insurance.**
**(3) During the third policy year, 75 % of the ultimate amount of insurance.**
**(4) Thereafter, the ultimate amount of insurance.**

## INSURANCE BENEFIT

If the Insured dies during the first policy year while this policy is in force and death is due to natural causes, the Company shall pay, as the proceeds settlement, 25% of the Ultimate Amount shown in the Schedule of Benefits and Annual Premiums. If death occurs in the second policy year and death is due to natural causes, and this policy is then in force, the Company shall pay, as the proceeds settlement, 50% of the specified Ultimate Amount. If death occurs in the third policy year and death is due to natural causes, and this policy is then in force, the Company shall pay, as the proceeds settlement, 75% of the specified Ultimate Amount. If death occurs after three policy years, and this policy is then in force, the Company shall pay the Ultimate Amount shown in the Schedule of Benefits and Annual Premiums. Regardless of the year in which death occurs, a refund of premiums paid beyond the month in which death occurred shall be included in the proceeds settlement. The proceeds settlement shall be made within 30 days after receipt of due proof of death and receipt of all necessary claim documents needed to pay the claim or at maturity of the policy. If proceeds settlement is not made within 30 days, as previously stated, interest at the rate of 8% annually will be paid from the date due proof of death is received and receipt of all necessary claim documents needed to pay the claim to the date of settlement.

## POLICY OWNERSHIP

**Owner.** The Owner has all rights in this policy while the Insured is living. These rights can be used without the consent of any contingent owner or beneficiary, except a living irrevocable beneficiary. Unless otherwise shown in the application, the Insured shall be the Owner.

**Contingent Owner.** The Owner can name a contingent owner by a signed notice giving the necessary information to the Company. A contingent owner becomes the new owner when the Owner dies. This designation ends automatically if ownership is transferred, if a new contingent owner is named, or if the contingent owner dies before the Owner. The Owner's estate shall become the new owner if no contingent owner survives the Owner.

**Change of Ownership.** The owner can change the ownership of this policy by a signed notice giving the necessary information to the Company. A change of ownership does not change the beneficiary.

When the Company records a change of ownership or a designation of a contingent owner, the change or designation shall take effect as of the date the notice was signed, subject to any payment made or other action taken by the Company before recording. The Company may require the policy for endorsement.

## BENEFICIARY

**Beneficiary Designation.** One or more beneficiaries and their shares in any proceeds can be named. Beneficiaries may be ranked as first, second, and so on. The specified shares of proceeds shall be paid to any living first beneficiaries. If no first beneficiary survives the Insured, payment shall be made to any living second beneficiaries, and so on. Surviving beneficiaries in the same classification shall share equally in the insurance proceeds unless otherwise specified.

**Death of Beneficiary.** If no beneficiary for a specific share of any insurance proceeds survives the Insured, these proceeds shall be paid to the Owner. If the Owner was the Insured, these proceeds shall be paid to the Insured's estate. If any beneficiary dies at the same time as the Insured, or within 15 days after the Insured, but before proof of the Insured's death is received by the Company, the proceeds shall be paid as though that beneficiary died before the Insured.

**Change of Beneficiary.** The Owner can change any beneficiary designation, while the Insured is living, by a signed notice giving the necessary information to the Company. When the Company records the change, it shall take effect as of the date the notice was signed. However, the Company shall not suffer loss as a result of any payment made or other action taken by the Company before recording.

## PREMIUMS

**Payment of Premiums.** Premiums are to be paid at the Home Office on or before the first day of each premium interval measured from the date of issue. Premiums are payable for the maximum number of years stated in the Schedule of Benefits and Annual Premiums section of the contract.

The premium for this policy can be paid at the intervals shown at the Company's premium rate listed for that interval. The mode can be changed only on the policy anniversary date or a date approved by the Company and by paying the correct premium for the new interval. On request, the Company shall give the Owner a signed receipt for premium collected.

**Grace Period.** A grace period of 31 days after the due date is allowed for payment of any premium except the first. During this time, the insurance provided by the policy continues.

**PREMIUMS Continued -**

**Nonpayment of Premium.** If a premium is not paid by the end of the grace period, this policy shall lapse. All insurance shall end at the time of lapse if the policy has no cash value. If the policy has cash value, insurance shall continue only as provided in the Option Upon Lapse provision.

**Option Upon Lapse.** At the time of lapse, the following shall be the automatic option if the policy has cash value:

**1. Paid-up Insurance.** The Owner can have this policy continued as reduced paid-up insurance. This paid-up insurance is effective as of the due date of the overdue premium.

Paid-up insurance is payable when the Company receives proof that the Insured's death occurred during the policy period. The amount of Paid-up insurance shall be determined, as of the due date of the overdue premium, by applying the sum of the policy's cash value, less any loan, at the single premium rate for the Insured's sex and age on that date.

Paid-up insurance requires no further premium payment, and can be surrendered at any time. Paid-up insurance has cash value and loan value.

**2. Surrender for Cash.** Instead of having any insurance continue after lapse, the Owner can surrender this policy for its cash value, less any loan, as provided in the Cash Value provision by written notice to the Company no later than 60 days after the due date of the overdue premium.

If paid-up insurance is surrendered within 31 days after a policy's anniversary date, the cash value available shall not be less than the cash value on the anniversary date.

**Reinstatement.** If the policy has not been surrendered, the Owner may apply for reinstatement within 5 years after lapse. Evidence of insurability satisfactory to the Company is required. In addition, all overdue premiums must be paid, with compound interest at the rate shown on page 3 of the policy. Any loans, including an unpaid loan deducted in determining paid-up insurance, must also be repaid. All or part of these required payments can be charged as a new loan if there is sufficient loan value.

However, evidence of insurability is not required if the reinstatement payment is received by the Company within 31 days after the end of the grace period, but the Insured must be living when that payment is received.

**Premium Adjustment at Death.** Any premium paid beyond the month in which death occurred shall be refunded and included in the insurance benefit proceeds.

If the Insured dies during a grace period, the part of the overdue premium for one policy month shall be deducted from the insurance proceeds.

## CASH VALUE AND LOANS

**Cash Value.** The cash values and amounts of paid-up insurance for this policy at the end of the first 20 policy years are shown in the table of Guaranteed Values. The cash value at any other time depends on the date to which premiums have been paid, and on the length of time since the preceding policy anniversary. Upon request, the Company shall furnish information about the amount of cash value available.

The cash value within 31 days after the policy anniversary shall not be less than the present value of future guaranteed benefits on that anniversary.

If a premium is not paid, the cash value shall not decrease during the 60 days after the due date of that premium. During the 31 days after a policy anniversary, the cash value of any paid-up insurance shall not decrease.

**Basis of Computation.** All cash values and single premium rates referred to in this policy are based on age last birthday, the Mortality Table and the interest rate indicated on Page 3. The basis of the cash value of the policy at the end of any year not shown in the Table of Guaranteed Values is the non-forfeiture factor shown. The amount of any paid-up insurance is based on the corresponding cash value and sex and attained age of the Insured.

The Company has filed a statement of the method used to determine these values with the insurance supervisory official of the jurisdiction in which this policy is delivered. All of these values are equal to or greater than those required by law.

**CASH VALUE AND LOANS Continued-**

At any time after cash values are first shown, the Owner can surrender this policy for its cash value, less any loan. All insurance shall end when the Owner submits a written request for the cash value. If the Owner cancels or cash surrenders the policy prior to a date on which the next premium is due, any premium paid beyond the end of the policy month in which the cancellation or surrender occurs shall be refunded.

The Company may defer payment of the cash value up to 6 months after the date of surrender.

**Loan Value.** The Owner can borrow against the sole security of this policy for any amount up to the loan value. The loan value is the cash value as of the paid to date less any existing loan with interest due. The loan value will be equal to the loan value as defined, reduced by the amount of interest to the end of the current policy year.

The Owner shall be required to sign a loan agreement. The Company may defer a loan, except to pay a premium due the Company, up to 6 months from the date the request for the loan was received.

**Loan Interest.** Interest on the loan is due at the end of each policy year at the rate specified on Page 3, unless a lower interest rate for this policy is set for any period by the Company. Interest is due on each policy anniversary, or on the date of reinstatement. Interest not paid when due becomes part of the loan and shall also bear interest.

**Automatic Premium Loan (APL).** When a current modal premium is not paid by the end of the grace period, a loan shall be charged to this policy to pay the current modal premium and the policy shall remain in force. However, the loan value must be sufficient to pay that premium. The APL provision must be elected in the application or by the Owner's written notice received by the Company before the end of the grace period. The Owner may cancel this election by written notice to the Company.

If the loan value is not enough to cover the current modal premium, a loan may be made for an installment of the current modal premium, but for no less than a monthly premium. If the loan value is not enough to cover the current modal premium or an installment of the current modal premium, the policy shall lapse to paid-up insurance. The current modal premium is the payment mode last billed.

**Loan Repayment.** All or part of a loan can be repaid at any time before the Insured's death or the surrender of this policy. An unpaid loan shall be deducted from any policy proceeds prior to being continued as paid-up insurance. An unpaid loan deducted in determining paid-up insurance may not be repaid unless the policy is reinstated. However, that loan shall not be deducted again in determining any policy proceeds payable before reinstatement.

If the unpaid loan, including interest due, exceeds the policy's cash value, all insurance shall terminate 31 days after the date the Company mails a notice of termination to the last known address of the Owner and of any assignee of record.

## SETTLEMENT OPTIONS PROVISIONS

**Election of Option.** All rights of the Owner provided in the Owner and Beneficiary provision apply to any election or change of election of a Settlement Option. If the Beneficiary is not an individual receiving payment in his or her own right, the Company must consent to any option other than a single sum payment. A change of beneficiary revokes a prior election option. The beneficiary has no right to change or revoke an election unless this right was given by the Owner and agreed to by the Company in writing. If the Owner does not elect an Option, the Beneficiary shall have the right at the time of settlement.

If all named beneficiaries die prior to the death of the Insured, the Company shall pay the proceeds in one sum to the executors or administrators of the Insured's estate.

**Proceeds.** All or part of the policy proceeds may be paid to the payee in one sum or under one or more of the Settlement Options. The amount which may be applied under an option must be at least $2,000 or provide for periodic payments of at least $10. If not, the proceeds shall be paid in a single sum. If the policy matures, the policy proceeds shall be at least equal to the Ultimate Amount, less indebtedness plus interest and any premiums due.

**Supplementary Contract.** A Supplementary Contract shall be issued in exchange for this policy when settlement is made by any of the options. If settlement is a result of the Insured's death, the effective date of that contract shall be the date when proof of death and receipt of all necessary claim documents needed to pay the claim are received by the Company. If applicable and if settlement is a result of policy maturity as an endowment or cash value surrender, the effective date of the contract shall be the date of maturity or surrender.

**SETTLEMENT OPTIONS PROVISIONS Continued.**

Interest under Option 1 shall be earned from the effective date of the contract. The first installment under Options 2, 3, 4 and 5 shall be paid on the effective date of the contract unless a written election provides otherwise.

**Interest Rate.** The interest rate for these options may vary, but shall not be less than the rate shown on page 3 under "Settlement Options." The interest rate may be changed by the Board of Directors. If so, the Company shall determine the amount and the method of payment of such earnings.

**Death of the Payee.** If the payee dies after the option goes into effect, the then present or commuted value of any guaranteed amount unpaid shall be paid in one sum to the executors or administrators of the payee's estate, unless otherwise provided.

## SETTLEMENT OPTIONS

**Option 1. Interest.** The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds shall be paid to the payee. If the payee dies before the end of this period, the proceeds shall be paid as previously agreed upon.

**Option 2. Installments for a Guaranteed Period.** The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi-annual, quarterly or monthly basis. The amount of each installment for each $1,000 of proceeds is shown in the following table:

| Number of Years Guaranteed | Amount of Installments | | | | Number of Years Guaranteed | Amount of Installments | | | | Number of Years Guaranteed | Amount of Installments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ann. | S.A. | Quar. | Mo. | | Ann. | S.A. | Quar. | Mo. | | Ann. | S.A. | Quar. | Mo. |
| 1 | $1000.00 | $503.69 | $252.78 | $84.47 | 11 | $104.93 | $52.85 | $26.52 | $8.86 | 21 | $62.98 | $31.72 | $15.92 | $5.32 |
| 2 | 507.39 | 255.57 | 128.26 | 42.86 | 12 | 97.54 | 49.13 | 24.66 | 8.24 | 22 | 60.92 | 30.69 | 15.40 | 5.12 |
| 3 | 343.23 | 172.88 | 86.76 | 28.99 | 13 | 91.29 | 45.98 | 23.08 | 7.71 | 23 | 59.04 | 29.74 | 14.92 | 4.99 |
| 4 | 261.19 | 131.56 | 66.02 | 22.06 | 14 | 85.95 | 43.29 | 21.73 | 7.26 | 24 | 57.33 | 28.88 | 14.49 | 4.84 |
| 5 | 211.99 | 106.78 | 53.59 | 17.91 | 15 | 81.33 | 40.97 | 20.56 | 6.87 | 25 | 55.76 | 28.09 | 14.09 | 4.71 |
| 6 | 179.22 | 90.27 | 45.30 | 15.14 | 16 | 77.29 | 38.93 | 19.54 | 6.53 | 26 | 54.31 | 27.36 | 13.73 | 4.59 |
| 7 | 155.83 | 78.49 | 39.39 | 13.16 | 17 | 73.74 | 37.14 | 18.64 | 6.23 | 27 | 52.97 | 26.68 | 13.39 | 4.47 |
| 8 | 138.31 | 69.67 | 34.96 | 11.68 | 18 | 70.59 | 35.56 | 17.84 | 5.96 | 28 | 51.74 | 26.06 | 13.08 | 4.37 |
| 9 | 124.69 | 62.81 | 31.52 | 10.53 | 19 | 67.78 | 34.14 | 17.13 | 5.73 | 29 | 50.60 | 25.49 | 12.79 | 4.27 |
| 10 | 113.82 | 57.33 | 28.77 | 9.61 | 20 | 65.26 | 32.87 | 16.50 | 5.51 | 30 | 49.53 | 24.95 | 12.52 | 4.18 |

The settlement option modal factors are 11.813 for annual, 5.658 for semi-annual and 2.996 for quarterly.

**Option 3. Special Settlement.** The proceeds may be paid in installments of equal or varied amounts. This option must be agreed to by the Company. Such installments shall be paid until the proceeds plus interest credited on unpaid balances are paid in full.

**Option 4. Life Income with a Guaranteed Period.** The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. This guaranteed period may be 10, 15 or 20 years. It may also be the time it takes for the total installments paid to equal the proceeds (Installment Refund). The Company can require satisfactory evidence of the payee's age before making any payment under this option. The amount of the monthly installment is determined by: (a) the guaranteed period chosen, and (b) the payee's sex and attained age on the date the first installment would be paid. The monthly amounts in the following table equal or surpass those calculated with the 1983 basic male/female annuity mortality tables assuming interest at 3%. The amount for each $1,000 of proceeds is shown in the following table:

**SETTLEMENT OPTIONS Continued-**

| Age Last Birthday | | Monthly Income with Installments Certain | | | Intall-ment Refund | Age Last Birthday | | Monthly Income with Installments Certain | | | Install-ment Refund | Age Last Birthday | | Monthly Income with Installments Certain | | | Install-ment Refund |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | F | 120Mo. Certain | 190Mo. Certain | 240Mo. Certain | Annuity | M | F | 120Mo. Certain | 190Mo. Certain | 240Mo. Certain | Annuity | M | F | 120Mo. Certain | 190Mo. Certain | 240Mo. Certain | Annuity |
| 26* | 30* | $3.55 | $3.54 | $3.53 | $3.53 | 46 | 50 | $4.44 | $4.38 | $4.30 | $4.31 | 66 | 70 | $6.58 | $6.06 | $5.46 | $6.26 |
| 27 | 31 | 3.57 | 3.57 | 3.56 | 3.55 | 47 | 51 | 4.50 | 4.44 | 4.35 | 4.37 | 67 | 71 | 6.75 | 6.16 | 5.51 | 6.44 |
| 28 | 32 | 3.60 | 3.60 | 3.59 | 3.58 | 48 | 32 | 4.58 | 4.50 | 4.40 | 4.44 | 68 | 72 | 6.92 | 6.26 | 5.55 | 6.61 |
| 29 | 33 | 3.63 | 3.63 | 3.61 | 3.60 | 49 | 53 | 4.65 | 4.57 | 4.46 | 4.50 | 69 | 73 | 7.10 | 6.35 | 5.59 | 6.79 |
| 30 | 34 | 3.66 | 3.66 | 3.64 | 3.63 | 50 | 54 | 4.73 | 4.64 | 4.51 | 4.56 | 70 | 74 | 7.28 | 6.44 | 5.63 | 6.96 |
| 31 | 35 | 3.70 | 3.69 | 3.68 | 3.66 | 51 | 55 | 4.81 | 4.71 | 4.57 | 4.64 | 71 | 75 | 7.46 | 6.53 | 5.65 | 7.20 |
| 32 | 36 | 3.73 | 3.72 | 3.71 | 3.70 | 52 | 56 | 4.89 | 4.78 | 4.63 | 4.72 | 72 | 76 | 7.65 | 6.62 | 5.68 | 7.43 |
| 33 | 37 | 3.77 | 3.76 | 3.74 | 3.73 | 53 | 57 | 4.98 | 4.86 | 4.69 | 4.79 | 73 | 77 | 7.84 | 6.69 | 5.70 | 7.67 |
| 34 | 38 | 3.81 | 3.80 | 3.77 | 3.77 | 54 | 58 | 5.07 | 4.94 | 4.75 | 4.87 | 74 | 78 | 8.03 | 6.77 | 5.72 | 7.90 |
| 35 | 39 | 3.85 | 3.83 | 3.81 | 3.80 | 55 | 59 | 5.17 | 5.02 | 4.81 | 4.95 | 75 | 79 | 8.21 | 6.83 | 5.73 | 8.14 |
| 36 | 40 | 3.89 | 3.87 | 3.85 | 3.84 | 56 | 60 | 5.27 | 5.10 | 4.88 | 5.05 | 76 | 80 | 8.40 | 6.89 | 5.74 | 8.47 |
| 37 | 41 | 3.93 | 3.92 | 3.89 | 3.88 | 57 | 61 | 5.38 | 5.19 | 4.94 | 5.15 | 77 | 81 | 8.58 | 6.94 | 5.74 | 8.80 |
| 38 | 42 | 3.98 | 3.96 | 3.93 | 3.92 | 58 | 62 | 5.49 | 5.27 | 5.00 | 5.24 | 78 | 82 | 8.75 | 6.98 | 5.75 | 9.14 |
| 39 | 43 | 4.03 | 4.00 | 3.97 | 3.96 | 59 | 63 | 5.60 | 5.37 | 5.07 | 5.34 | 79 | 83 | 8.91 | 7.01 | 5.75 | 9.47 |
| 40 | 44 | 4.08 | 4.05 | 4.01 | 4.00 | 60 | 64 | 5.72 | 5.46 | 5.13 | 5.44 | 80 | 84 | 9.07 | 7.04 | 5.75 | 9.80 |
| 41 | 45 | 4.13 | 4.10 | 4.05 | 4.05 | 61 | 65 | 5.85 | 5.56 | 5.19 | 5.57 | 81 | 85 | 9.21 | 7.06 | 5.75 | 10.29 |
| 42 | 46 | 4.19 | 4.15 | 4.10 | 4.10 | 62 | 66 | 5.99 | 5.65 | 5.25 | 5.70 | 82 | 86 | 9.33 | 7.07 | 5.75 | 10.78 |
| 43 | 47 | 4.25 | 4.21 | 4.15 | 4.15 | 63 | 67 | 6.13 | 5.75 | 5.31 | 5.83 | 83 | 87 | 9.44 | 7.08 | 5.75 | 11.26 |
| 44 | 48 | 4.31 | 4.26 | 4.19 | 4.20 | 64 | 68 | 6.27 | 5.85 | 5.36 | 5.96 | 84 | 88 | 9.54 | 7.09 | 5.75 | 11.75 |
| 45 | 49 | 4.37 | 4.32 | 4.24 | 4.25 | 65 | 69 | 6.43 | 5.96 | 5.41 | 6.09 | 85** | 89** | 9.62 | 7.10 | 5.75 | 12.24 |

* Not available under these ages ** and over

The settlement option modal factors are 11.813 for annual, 5.658 for semi-annual and 2.996 for quarterly.

**Option 5. Joint Life Income with Full Benefit to Survivor.** The proceeds may be used to provide equal monthly installments during the joint lifetime of two payees. When one of the payees dies, the payments shall continue during the lifetime of the survivor. The Company can require satisfactory evidence of the age of each payee before making any payment under this option. The amount of monthly installment is determined by the sex and attained age of each payee on the date the first installment would be paid. The amount for each $1,000 of proceeds for certain combinations of ages and sexes is shown in the following table. Figures for combinations of ages not shown in this table are calculated on a basis consistent with those shown. They shall be furnished by the Company on request.

| **Age of Payee** | | M51 | M52 | M53 | M54 | M55 | M56 | M57 | M58 | M59 | M60 | M61 | M62 | M63 | M64 | M65 | M66 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Male** | **Female** | F55 | F56 | F57 | F58 | F59 | F60 | F61 | F62 | F63 | F64 | F65 | F66 | F67 | F68 | F69 | F70 |
| 50 | 54 | 4.29 | 4.32 | 4.35 | 4.38 | 4.41 | 4.44 | 4.47 | 4.49 | 4.52 | 4.54 | 4.57 | 4.59 | 4.61 | 4.63 | 4.65 | 4.67 |
| 51 | 55 | 4.32 | 4.35 | 4.38 | 4.42 | 4.45 | 4.48 | 4.51 | 4.54 | 4.57 | 4.60 | 4.63 | 4.65 | 4.67 | 4.70 | 4.72 | 4.74 |
| 52 | 56 | 4.35 | 4.39 | 4.42 | 4.46 | 4.49 | 4.53 | 4.56 | 4.59 | 4.62 | 4.65 | 4.68 | 4.71 | 4.73 | 4.76 | 4.78 | 4.81 |
| 53 | 57 | 4.39 | 4.43 | 4.46 | 4.50 | 4.53 | 4.57 | 4.60 | 4.64 | 4.67 | 4.71 | 4.74 | 4.77 | 4.80 | 4.83 | 4.86 | 4.89 |
| 54 | 58 | 4.42 | 4.46 | 4.50 | 4.54 | 4.58 | 4.62 | 4.65 | 4.69 | 4.72 | 4.76 | 4.79 | 4.82 | 4.86 | 4.89 | 4.93 | 4.96 |
| 55 | 59 | 4.45 | 4.49 | 4.53 | 4.58 | 4.62 | 4.66 | 4.70 | 4.74 | 4.77 | 4.81 | 4.85 | 4.89 | 4.92 | 4.96 | 4.99 | 5.03 |
| 56 | 60 | 4.48 | 4.52 | 4.57 | 4.61 | 4.66 | 4.70 | 4.74 | 4.78 | 4.83 | 4.87 | 4.91 | 4.95 | 4.99 | 5.03 | 5.07 | 5.11 |
| 57 | 61 | 4.51 | 4.56 | 4.60 | 4.65 | 4.69 | 4.74 | 4.79 | 4.83 | 4.88 | 4.92 | 4.97 | 5.01 | 5.06 | 5.10 | 5.15 | 5.19 |
| 58 | 62 | 4.54 | 4.59 | 4.64 | 4.69 | 4.74 | 4.79 | 4.84 | 4.89 | 4.93 | 4.98 | 5.03 | 5.08 | 5.12 | 5.17 | 5.21 | 5.26 |
| 59 | 63 | 4.57 | 4.62 | 4.67 | 4.73 | 4.78 | 4.83 | 4.88 | 4.93 | 4.99 | 5.04 | 5.09 | 5.14 | 5.19 | 5.24 | 5.29 | 5.34 |
| 60 | 64 | 4.60 | 4.65 | 4.71 | 4.76 | 4.82 | 4.87 | 4.93 | 4.98 | 5.04 | 5.09 | 5.15 | 5.20 | 5.26 | 5.31 | 5.37 | 5.42 |
| 61 | 65 | 4.62 | 4.68 | 4.74 | 4.79 | 4.85 | 4.91 | 4.97 | 5.03 | 5.09 | 5.15 | 5.21 | 5.27 | 5.33 | 5.38 | 5.44 | 5.50 |
| 62 | 66 | 4.65 | 4.71 | 4.77 | 4.83 | 4.89 | 4.95 | 5.01 | 5.08 | 5.14 | 5.21 | 5.27 | 5.33 | 5.39 | 5.46 | 5.52 | 5.58 |
| 63 | 67 | 4.67 | 4.73 | 4.80 | 4.86 | 4.93 | 4.99 | 5.06 | 5.12 | 5.19 | 5.25 | 5.32 | 5.39 | 5.46 | 5.53 | 5.60 | 5.67 |
| 64 | 68 | 4.70 | 4.77 | 4.83 | 4.90 | 4.96 | 5.03 | 5.10 | 5.17 | 5.24 | 5.31 | 5.38 | 5.45 | 5.53 | 5.60 | 5.68 | 5.75 |
| 65 | 69 | 4.72 | 4.79 | 4.86 | 4.93 | 5.00 | 5.07 | 5.14 | 5.22 | 5.29 | 5.37 | 5.44 | 5.52 | 5.60 | 5.67 | 5.75 | 5.83 |
| 66 | 70 | 4.74 | 4.81 | 4.88 | 4.96 | 5.03 | 5.10 | 5.18 | 5.26 | 5.33 | 5.41 | 5.49 | 5.57 | 5.66 | 5.74 | 5.83 | 5.91 |
| 67 | 71 | 4.76 | 4.83 | 4.91 | 4.98 | 5.06 | 5.13 | 5.21 | 5.29 | 5.38 | 5.46 | 5.54 | 5.63 | 5.72 | 5.81 | 5.90 | 5.99 |
| 68 | 72 | 4.78 | 4.86 | 4.94 | 5.01 | 5.09 | 5.17 | 5.26 | 5.34 | 5.43 | 5.51 | 5.60 | 5.70 | 5.79 | 5.89 | 5.98 | 6.08 |
| 69 | 73 | 4.80 | 4.88 | 4.96 | 5.04 | 5.12 | 5.20 | 5.29 | 5.38 | 5.47 | 5.56 | 5.65 | 5.75 | 5.85 | 5.96 | 6.06 | 6.16 |
| 70 | 74 | 4.82 | 4.90 | 4.98 | 5.07 | 5.15 | 5.23 | 5.32 | 5.42 | 5.51 | 5.61 | 5.70 | 5.81 | 5.92 | 6.02 | 6.13 | 6.24 |

The settlement option modal factors are 11.813 for annual, 5.658 for semi-annual and 2.996 for quarterly.

**Alternate Life Income Option.** If Option 4 or 5 is elected, the proceeds may be used to provide a monthly life income which is at least equal to a monthly annuity based on the rates of the Company then in use for new single premium annuities.

## GENERAL PROVISIONS

**Entire Contract.** The entire contract consists of this policy, any attached papers and the attached copy of the application. Only the President, Secretary, a Vice-President, or Assistant Secretary of the Company can change or waive any part of the contract, and then only in writing. Any change in the contract can be made only with the written consent of the Owner.

All statements made by the insured, in the absence of fraud, are representations and not warranties.

**Application.** In issuing this policy, the Company has relied upon the application. The statements in the application are assumed to be true and complete to the best of the knowledge and belief of the persons making them. No statement made by the Insured or on his behalf shall be used by the Company to void the policy or to deny a claim unless that statement is part of the application and unless the Company would not have issued this policy for as large an amount or at the same premium rate if it had known the truth.

**Incontestability.** The Company shall not contest this policy after it has been in force during the lifetime of the Insured for two years from the date of issue or policy date, except for failure to pay premiums. This policy shall be incontestable as to the statements made in the application after two years from its date of issue. Any rider attached to this policy shall be incontestable as to statements made in the application for that rider, after two years from the date of said application. The two year period starts over on the date of any reinstatement.

**Dates.** Policy years, policy months, and policy anniversaries are measured from the date of issue.

**Sex and Age.** If the sex or age of the Insured is incorrectly stated, any amount payable under this policy shall be the amount that the premiums paid would have purchased at the correct sex and age.

**Suicide Exclusion.** Suicide of the Insured, while sane, or insane, within two years of the date of issue, is not covered by this policy. In that event, the only amount payable shall be the premiums paid for the policy, less any loan.

**Assignment.** While the Insured is living, the Owner can assign this policy or any interest in it. The interest of the Owner, beneficiary, or contingent owner is subject to the interest of the assignee.

An assignment is not a change of ownership, and an assignee cannot change the ownership or beneficiary, or choose or change an optional method of payment. Any policy proceeds payable to the assignee shall be paid in one sum.

A copy of any assignment must be submitted to the Company. Any assignment is subject to any payment made or other action taken by the Company before the assignment was recorded at the Home Office. The Company is not responsible for the validity of any assignment.

If there is more than one assignment filed or recorded with the company, assignments will be honored according to the dates the assignments were filed and recorded with the company.

**Protection Against Creditors.** Except as provided in the Assignment provision, any payments under the policy are, to the extent permitted by law, exempt from the claims, attachments, or levies of any creditors.

**Payments to Company.** Any check or money order making a payment to the Company must be made payable to Citizens Security Life Insurance Company. On request, a receipt shall be furnished for any premium payment.

**Non-Participating.** This policy does not share in the profits or surplus of the Company. No dividends shall be paid.

**Policy Maturity.** The policy anniversary next following the Insured's 121st birthday where the Ultimate Amount, less any policy loans or unpaid premiums, shall be paid to the owner of the policy.

## DEFINITIONS

**Age:** means the Insured's age as of last birthday.

**Beneficiary:** means a person or entity, named in the application or named on a beneficiary change form received by us, who is to receive insurance benefits.

**Cash Value:** means the amount of money, before adjustments, if any, the owner shall receive from the insurance policy if it does not remain in force until the insured's death.

**Company or "the Company":** means Citizens Security Life Insurance Company.

**Contract or Policy:** means the legal written agreement between the Company and the owner of the policy.

**Grace Period:** means a specified period of time after a premium due date, except the first premium for the policy, in which the premium can be paid and the policy shall remain in force.

**Home Office:** means the Home Office of Citizens Security Life Insurance Company located at 12910 Shelbyville Road, Louisville, KY 40243.

**Insured:** means the person named in the application and stated on page 2 of the policy whose life is insured under the policy.

**Lapse:** means the termination of the policy because a premium, except the first premium, was not paid within the grace period.

**Maturity Date or Policy Maturity:** means the date on which the policy's Ultimate Amount of Insurance, less adjustments, if applicable, shall be paid if the Insured is still living.

**Owner:** means the person, named in the application or named on an ownership change form received by us, who has all legal rights that exist under the policy.

**Paid Up Policy:** means the policy no longer requires premium payments.

**Policy Anniversary:** means the month and day of the Policy Effective Date specified in the Schedule of Benefits and Premiums, and the corresponding date in each year thereafter.

**Policy Effective Date or Issue Date or Date of Issue:** means the effective date of this Policy as shown in the Schedule of Benefits and Premiums.

**Policy Year:** means the 12 months following the Date of Issue of the policy.

**Reinstatement:** means the process in which the Company shall put back in force the policy after it has terminated for nonpayment of premium.

**Ultimate Amount of Insurance:** means the dollar amount payable upon the death of the Insured once the policy has been in force for three full years.

**Written Notice:** means a written or signed notification or written or signed request received by the Company.

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**CITIZENS SECURITY LIFE INSURANCE COMPANY**
**12910 SHELBYVILLE ROAD, LOUISVILLE, KY 40243**
**TOLL FREE NUMBER 800-843-7752**

# WHOLE LIFE POLICY
## PREMIUMS PAYABLE FOR THE LIFETIME OF THE INSURED
## GRADED DEATH BENEFIT FOR THE FIRST 3 POLICY YEARS
## NON-PARTICIPATING

CITIZENS SECURITY
Life Insurance Company

# Superseded Attachments

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

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|---|---|---|---|---|
| No original date | Form | FE M/F-SM/NS Life Application | 04/17/2008 | Form AP 01 08 AR.pdf |
| No original date | Supporting Document | Cover Letter | 04/17/2008 | Cover Letter.pdf |

***Citizens Security Life Insurance Company***
***PO Box 436149, Louisville, KY 40253***

***Application for:***
***FINAL EXPENSE PROTECTION.***

| **1. Proposed Insured Name (First, Middle, Last):** | ☐ Male. ☐ Female. | Date of Birth: | Age Last Birthday: | State of Birth: |
|---|---|---|---|---|
| Address: City: State: Zip: | | | Social Sec #: | |

| A. Do you currently have existing Life Insurance or Annuity contracts?..... ☐ Yes. ☐ No. | B. Is this insurance intended to replace existing Life Insurance or annuities?.....☐ Yes. ☐ No. | C. During the past 12 months, have you smoked cigarettes?.....☐ Yes. ☐ No. |
|---|---|---|

**2. Owners Name if other than Proposed Insured** (First, Middle, Last): *(If not an immediate family member, furnish purpose of insurance).*
Relationship To Insured:
Address of Owner: Soc Sec #:

**3. Primary Beneficiary** (First, Middle, Last) *(Print as Mary A. Doe, not as Mrs. John Doe):*
Relationship To Insured:
Address of Beneficiary: Soc Sec #:

**4. Contingent Beneficiary** (First, Middle, Last):
Relationship To Insured:

**5. Plan of Insurance:** ☐ Level Benefit Whole Life. ☐ Graded Death Benefit.

**6. I accept the Graded Death Benefit plan if I do not qualify for the Level Benefit Whole Life for the same:** ☐ **Amount (Ultimate) of Insurance.** ☐ **Modal Premium.**

**7. Riders:** *(Optional)*
☐ $10,000 Additional Accidental Death Benefit Rider.
☐ Children's Term Insurance Rider _____Units - *Complete Supplemental Application AP 02 06 (6/06).*
☐ $5,000 Grandchildren's Term Insurance Rider - *Complete Supplemental Application AP 02 08.*

**8. Amount (Ultimate) of Insurance:** $

**9. Initial Premium Collected with Application:** $

**10. Premium Payable:** ☐ Annual. ☐ Semiannual. ☐ Quarterly. ☐ Monthly Bank Draft on the { } day of the month.
☐ *Draft EFT Account for the Initial Premium starting on the { }.* *Modal Premium: $*

**11. Health Questions (Section A):** *If any question is answered "Yes," do not submit the application.*

A. Are you currently bedridden or confined to a psychiatric, assisted living or nursing facility; receiving Hospice or Home Health Care; have you been hospitalized in the past 90 days; are you confined to a wheelchair due to stroke or other chronic illness; have you ever had heart valve surgery or used oxygen to assist in breathing (excluding a CPAP Machine used for Sleep Apnea); been diagnosed by a medical professional as having a terminal illness expected to result in death in the next 12 months or end stage renal disease?..... ☐ Yes. ☐ No.

B. Have you ever been diagnosed with, or received treatment from a medical professional or taken medication for, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV) or ALS (Lou Gehrig's Disease)?..... ☐ Yes. ☐ No.

C. Have you had or been recommended, by a medical professional, to have treatment or any diagnostic testing or surgery which has not been completed or for which the results have not been received?..... ☐ Yes. ☐ No.

**12. Height:_____. Weight:_____.** *If not within height and weight chart, Proposed Insured only qualifies for Graded Death Benefit.*

**13. Please list all prescribed medications you are currently taking; use additional sheet of paper if necessary:**

**14. Health Questions (Section B):** *If any question is answered "Yes," Proposed Insured only qualifies for Graded Death Benefit.*

A. Have you ever been diagnosed or treated by a medical professional, or taken prescribed medication for congestive heart failure, cardiomyopathy, paralysis, systemic lupus (SLE), kidney dialysis or failure, cirrhosis of the liver, mental retardation, Down's Syndrome, Parkinson's Disease, Multiple Sclerosis, Huntington's Disease, Alzheimer's disease, dementia; or have you ever had or been recommended to have an organ transplant or defibrillator?..... ☐ Yes. ☐ No.

B. Have you ever been diagnosed by a medical professional for diabetes prior to the age of 45; or have you ever been medically diagnosed with diabetes at any age and also have a history of stroke, TIA (mini-stroke), heart or circulatory disease?..... ☐ Yes. ☐ No.

C. Have you ever been diagnosed by a medical professional, taken medication or had surgery for any circulatory or coronary artery disease prior to the age of 45; or have you ever had coronary artery disease involving more than two vessels in your lifetime?..... ☐ Yes. ☐ No.

D. In the past 24 months, have you had or been diagnosed or treated, or recommended to have treatment, including prescription medication or surgery, by a medical professional for:

1. complications of diabetes including insulin shock, diabetic coma, amputation due to diabetes, retinopathy, neuropathy, or kidney (renal) disorder?..... ☐ Yes. ☐ No.
2. any form of internal cancer, leukemia, lymphoma, or melanoma; or had more than one occurrence of cancer in your lifetime?..... ☐ Yes. ☐ No.
3. major depression, bipolar disorder or schizophrenia?..... ☐ Yes. ☐ No.
4. stroke or TIA (mini-stroke); or have a history of multiple strokes or have ongoing impairment to speech, vision or paralysis due to stroke or TIA?..... ☐ Yes. ☐ No.
5. brain tumor, hepatitis, pancreatitis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, or other respiratory disorder (exclude mild or moderate asthma that does not require the use of an inhaler more than once a day)? ☐ Yes. ☐ No.
6. angina, heart attack, aneurysm or coronary artery disease; had an angioplasty or stent implant or any other procedure to improve circulation?..... ☐ Yes. ☐ No.
7. alcohol or drug abuse, received treatment or counseling for alcohol or drug use, or used an illegal, restricted or controlled substance except as prescribed by a medical professional?..... ☐ Yes. ☐ No.

**AP 01 08 AR**

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**IMPORTANT NOTICE - GIVE TO THE PROPOSED INSURED**

**Investigative Consumer Report:** As required by Public Law 91.508, Citizens Security Life Insurance Company wishes to advise that as part of its procedures for processing your application for insurance, an investigative consumer report may be prepared which will include information as to character, general reputation, and personal characteristics, whichever is applicable, of any person to be insured. No information collected concerning the sexual orientation of the proposed insured will be used to determine his or her eligibility for insurance. The information for this investigative consumer report will be obtained through personal interviews with your friends, neighbors and acquaintances. Upon written request, a complete and accurate disclosure of the nature and scope of the investigative consumer report will be provided to you.

**Medical Information Bureau:** Information regarding your insurability will be treated as confidential. Citizens Security Life Insurance Company or its reinsurer may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, and telephone number (617) 426-3660.

Citizens Security Life Insurance Company, or its reinsurer, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**IF THE PROPOSED INSURED IS ELIGIBLE FOR THE GRADED DEATH BENEFIT COVERAGE, DURING THE FIRST THREE YEARS, THE ULTIMATE AMOUNT (FACE AMOUNT) WILL BE PAID ONLY FOR ACCIDENTAL DEATH. FOR DEATH FROM ANY OTHER CAUSE, THE BENEFIT WILL BE 25% DURING THE FIRST YEAR, 50% DURING THE SECOND YEAR, 75% DURING THE THIRD YEAR AND 100% THEREAFTER.**

**Authorization Statement:** I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or my health, to give to the Citizens Security Life Insurance Company or its reinsurer, any such information. I understand the information obtained will be used by Citizens Security Life Insurance Company to determine eligibility for insurance. A photographic copy of this authorization shall be as valid as the original. I authorize any investigative consumer reporting agency to prepare a report and forward this to Citizens Security Life Insurance Company. I acknowledge receipt of the statement pertaining to the federal Fair Credit Reporting Act, and the Medical Information Bureau. I understand this Authorization is valid for two years.

**Acknowledgement and Agreement:** I have read the questions and answers in the Application and agree that they are complete and true to the best of my knowledge and belief. I understand and agree that no agent has the authority to waive an answer to any question in the Application, pass on insurability, make or change any contract, or waive any of the Company's rights or requirements. No policy applied for here will be in force until it is issued and accepted by the Applicant and the first full premium is paid, and unless since the date it was applied for there has been no change in the health or insurable status of the Applicant, as listed in the Application. **Insurance issued based on the application will take effect on the latest of (a) the date the application was approved in the home office; or (b) the date requested in the application; or (c) the date of the last of any medical examinations or tests required under the rules and practices of the Company.** The acceptance of the policy shall constitute acceptance and ratification by the applicant; any correction or amendment to this application made by the Company shall require written consent of the applicant.

Dated at City:_____State:_____this_____day of _____, Year_____.

| **Signature of Proposed Insured:** | **Signature of Owner (Applicant), *if other than Proposed Insured:*** |
|---|---|

**Agent's Statement:**

1. I certify that I have interviewed the proposed insured face-to-face and witnessed the signatures. *(If no, provide details)*..... ☐ Yes. ☐ No.
2. Do you have any knowledge or reason to believe that the insurance applied for will replace or change any existing insurance or annuity? (If "Yes" provide details)..... ☐ Yes. ☐ No.
3. If a replacement is involved, I certify that Sales Materials were ☐ not used. ☐ used in conjunction with this sale.
4. I left a copy of ☐ all sales materials ☐ individual sales materials used in the sale with the applicant. *(Attach Copies)*
5. Has the proposed insured been advised that someone from the Home Office may call to discuss the application?..... ☐ Yes. ☐ No.
   Daytime Number:_____. Evening Number:_____. Best to call at:_____.
   ☐ Telephone Interview was completed on from the Proposed Insured's Home. Reference Number #.

| **Date:** | **Signature of Agent:** | **Printed Agent's Name:** | **Agent No.:** |
|---|---|---|---|
| | | | |

**Mail Policy to:** ☐ **Agent.** ☐ **Applicant.** *(If not checked, policy is automatically mailed to the owner).*

**Electronic Funds Authorization Form** ***(Attach voided check or savings account verification form):***

Name of Financial Institution (Bank):_____.

Street:_____City:_____State:_____Zip Code:_____.

Routing Number:_____.Account Number:_____. ☐ Checking Account. ☐ Savings Account.

**I hereby authorize** and direct you to honor and charge to my account checks drawn on my account by and payable to Citizens Security Life Insurance Company. The signatures on such checks may either be typed or printed. You shall have no liability for the return unpaid of any such check if the balance in my account is insufficient to pay the same upon presentation. This authorization shall continue in force until revoked by me in writing, a copy of which revocation shall be sent to Citizens Security Life Insurance Company.

Signature EXACTLY as it appears on bank records: _____.

Social Security Number: _____. Date Signed: _____.

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To the Proposed Insured and/or Applicant:

Detach and keep this information notice with your insurance papers. If you have not been contacted by your agent or received your policy within the next sixty days, please contact our office at 1-800-843-7752 and ask for the Underwriting Department.

Thank you,

Citizens Security Life Insurance Company

April 17, 2008

Arkansas Department of Insurance
Life Division, Forms and Rates
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Citizens Security Life Insurance Company - **New Submission**
NAIC # 61921 FEIN # 61-0648389
Form Number: Plan of Insurance Variation for Form PL 01 07; and
AP 01 08 AR; Final Expense Life Application

Dear Sir/Madam:

Enclosed please find a new "Plan of Insurance" variation for our Whole Life Policy, Form PL 01 07, for your review and approval. The actual policy form PL 01 07 was previously approved on 01/10/08, SERFF # CSLI-125390761(AR DOI #37671), with several varying plans of insurance depending on market. This new plan of insurance will be available in our Final Expense Market. It will not be illustrated.

The Whole Life Policy form is a typical whole life contract. The valuation basis is 2001 CSO Mortality. This variation allows for Male/Female, Smoker/Nonsmoker issuance. The only Supplemental Benefit that will be allowed in conjunction with this plan of insurance is an Accidental Death Benefit Rider, Form # AD 89, which was approved 08/05/88.

An Accelerated Benefit Rider, form #ACCB 8/04, approved 10/19/04, will be available.

The application that proposed insured's will have to complete for consideration in conjunction with this plan of insurance is AP 01 08 AR. The application is included in this filing for review and approval. The Graded Death Benefit plan of insurance stated on the application is Policy Form PL 03 07 STEP AR, approved 02/29/08, SERFF #CSLI-125450907 (AR DOI #37952).

Also, please note, we will offer a Grandchildren's Level Term Life Insurance Rider with this variation. The form number for the rider is RL 01 08, which is being filed concurrently with this filing under a SEPARATE SERFF TRACKING NUMBER.

If you should have any questions or need additional information regarding this filing, please feel free to contact me at (800) 843-7752 ext. #536 or via e-mail rbolduc@cslico.com. Your prompt attention to this filing is greatly appreciated.

Sincerely,

Rickie Ellen Bolduc

Mrs. Rickie Ellen Bolduc, FLMI, AIRC, ACS
Actuarial Associate

reb
encl./attachments