

SERFF Tracking Number: CSLI-125613817 State: Arkansas  
Filing Company: Citizens Security Life Insurance Company State Tracking Number: 38736  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Grandchildren's Level Term Rider  
Project Name/Number: New FE Program/

## Filing at a Glance

Company: Citizens Security Life Insurance Company

Product Name: Grandchildren's Level Term Rider SERFF Tr Num: CSLI-125613817 State: ArkansasLH

Rider

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 38736

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

Disposition Date: 04/30/2008

Head

Date Submitted: 04/17/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: New FE Program

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/21/2008

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: 04/30/2008

State Status Changed: 04/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find our Grandchildren's Level Term Life Insurance Rider and Grandchildren Rider Application for your review and approval. The rider will be issued with our Whole Life policy form PL 0107, which was approved for use in the State of Arkansas on 01/10/08, SERFF # 125390761 (AR DOI #37671). The whole life policy form was filed with several variations. The variation that this rider will be issued in conjunction with is being filed concurrently with this filing under a separate SERFF tracking number.

This rider will be offered to grandparents who wish to insure their grandchildren as a rider on their new or established

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whole life policy. Issue ages for the grandchildren are 15 days through 15 years old. Each grandchild who will be insured under the rider will need to be named in the Grandchildren's Rider Application. The rider's coverage is \$5000 for each grandchild listed on that application. Cash values do not develop for this rider. The rider provides for Paid Up insurance on each insured grandchild rider if the primary insured (grandparent) dies. Also, there is a Conversion privilege. This rider will be marketed through independent agents. It will not be illustrated.

## Company and Contact

### Filing Contact Information

Rickie Bolduc, Actarial Associate rbolduc@cslico.com  
 PO Box 436149 (502) 244-2431 [Phone]  
 Louisville, KY 40253-6149 (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 State ID Number:  
 Group  
 (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

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/30/2008	04/30/2008

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## Disposition

Disposition Date: 04/30/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	Actuarial Memorandum		No
<b>Supporting Document</b>	Specimen Policy Pages		Yes
<b>Supporting Document</b>	John Doe'd Application		Yes
<b>Form</b>	Grandchildren's Term Rider		Yes
<b>Form</b>	Grandchildren's Application		Yes

SERFF Tracking Number: CSLI-125613817 State: Arkansas  
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## Form Schedule

Lead Form Number: RL 01 08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	RL 01 08	Policy/Cont Grandchildren's ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	Form RL 01 08.pdf
	AP 02 08	Application/Grandchildren's Enrollment Application Form	Initial		53	Form AP 02 08.pdf

**CITIZENS SECURITY LIFE INSURANCE COMPANY  
LOUISVILLE, KENTUCKY  
GRANDCHILDREN'S LEVEL TERM LIFE INSURANCE RIDER**

This Rider is made a part of the policy to which it is attached in consideration of the application and payment of the first premium for this Rider.

**DEFINITIONS**

**Grandchild:** means the natural children, adopted children, step-children of your children or your spouse's children.

**Insured Grandchild:** means any unmarried grandchild who is between the ages of 15 days and 15 years who is Your natural grandchild, legally adopted grandchild, or step-grandchild.

Insurance coverage for an Insured Grandchild terminates on the Rider Anniversary on or next following his 21<sup>st</sup> birthday.

**Schedule:** means the Schedule of Benefits and Annual Premiums in the policy to which this Rider is attached.

**Rider Anniversary:** means the month and day of the Rider Issue Date specified in the Schedule, and the corresponding date in each year thereafter.

**Personal Pronoun:** used in the masculine gender will be deemed to include the feminine gender.

**We, Our, Us, or Company:** means Citizens Security Life Insurance Company.

**You or Your:** means the person named as the "Insured" in the Schedule in the policy to which this Rider is attached.

**PREMIUMS**

The annual premium for this Rider is shown in the Schedule of this Policy. The premium for this Rider is payable for the number of years shown in the Schedule or until the prior death of the Insured. The premium for this Rider is due and payable at the same time and frequency as the premium for the policy to which this Rider is attached.

**BENEFITS**

We will pay a death benefit of \$5,000 if an Insured Grandchild dies while this policy and Rider are in force. All death benefits will be paid to You, if living, otherwise benefits will be paid in accordance with the beneficiary provision of the policy.

**PAID-UP TERM INSURANCE**

If the Insured named in the Schedule of the policy dies, except by suicide, while this policy and this Rider are in force, the insurance on each Insured Grandchild will become paid-up.

The paid-up term insurance will be subject to the following conditions:

1. The Sum Insured will be the same as the Death Benefit of this Rider.
2. The paid-up term insurance will have the same conversion privilege as this Rider.

Each Insured Grandchild's paid-up insurance will remain in force until the earlier of:

1. The policy anniversary on or next following the Insured Grandchild's 21<sup>st</sup> birthday.
2. Conversion of the paid-up insurance to a Whole Life insurance policy.

Each Insured Grandchild will be the owner of the insurance on his own life. If an Insured Grandchild dies while the paid-up insurance is in force, the amount of insurance payable will be paid to his estate.

## GENERAL PROVISIONS

**Effective Date:** unless otherwise specified in the Schedule page of this Policy, the effective date of this Rider shall be the Issue Date of the Policy.

**Incontestability.** With respect to the insurance on each Insured Grandchild named in the application for this Rider, We cannot contest this Rider after it has been in force during that Insured Grandchild's lifetime for two years from the Rider's issue date, except for nonpayment of premiums.

**Misstatement of Age.** If, at the time of application, the age of the Insured Grandchild is misstated, the amount of coverage provided shall be such as the premium paid would have purchased at the correct age according to the Company's published rate at the date of issue of the policy.

**Policy Provisions.** All provisions and conditions of the policy apply to this Rider except as explained herein. This Rider has no cash or loan values.

**Reinstatement.** If the policy has lapsed and it is reinstated, this Rider may also be reinstated if:

1. The Insured named in the Schedule of the policy is living on the date of application for reinstatement; and
2. The Policy Owner provides evidence that each Insured Grandchild is still insurable according to Our rules; and
3. The Policy Owner remits all overdue premiums and interest at the reinstatement interest rate of 6% with the application for reinstatement.

**Suicide.** We will not pay the death benefit for this Rider if the Insured or an Insured Grandchild commits suicide while sane or insane within two years after the Effective Date of this Rider. The only amount payable will be the amount of premiums paid for this Rider.

**Termination.** Except as provided by the Paid-up Term Insurance provision, this Rider will cease without value on the first to occur of:

1. The lapse, surrender or termination of the policy to which this Rider is attached.
2. The Policy Owner's written notice to terminate this Rider. We may request the Policy be sent to Us for endorsement.
3. The date when the last Insured Grandchild insured under this Rider converts his insurance to a Whole Life insurance policy.

## CONVERSION

You may convert this Rider, without evidence of insurability, to a nonparticipating Whole Life insurance policy on the life of each Insured Grandchild. You may elect to do this at any time prior to 31 days after the Rider's Anniversary date on or next following the Insured Grandchild's 21<sup>st</sup> birthday.

The Sum Insured of the policy may not be greater than five times the amount of this Rider shown in the Schedule page of this policy. If you elect this conversion for an Insured Grandchild, the term insurance on that grandchild under this Rider will terminate on the Date of Issue of the policy.

Signed for the Company at its Home Office.

## CITIZENS SECURITY LIFE INSURANCE COMPANY



**John Cornett, President**

<b>A. Supplement to Application on:</b>		
<b>Proposed Insured.</b>	<b>Application Date.</b>	<b>Policy Number.</b>

<b>Address.</b>	<b>City.</b>	<b>State.</b>	<b>Zip Code.</b>
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**B. Grandchildren Proposed for Insurance. (Please Print)**  
*Only Grandchildren of the Proposed Insured, who are between the attained ages of 15 days and 15 years old, and who are listed on this application, are eligible for coverage. Additional grandchildren may apply on a separate application and be added to this policy. The Grandchild Rider provides \$5,000 of coverage per insured grandchild.*

Full Name of Proposed Insured Grandchild.	Sex.	Date of Birth.	Height.	Weight.	Full Name of Proposed Insured Grandchild.	Sex.	Date of Birth.	Height.	Weight.

- C. Health Information.**
1. Has any Proposed Insured Grandchild ever had, been diagnosed or treated for cancer, diabetes, heart or circulatory disorder, mental or nervous disorder, mental retardation, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, un-operated heart defects, epilepsy, asthma, disorder of the muscles or bones, anemia or other disorder of the blood, bladder, kidneys, liver or lungs?.....  Yes  No
  2. Has any Proposed Insured Grandchild ever had, been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)?.....  Yes  No
  3. Has any Proposed Insured Grandchild ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?.....  Yes  No

**Please provide details to any "Yes" answer to questions 1-3 (Attach another sheet if necessary).**

Proposed Insured Grandchild.	Condition & Treatment.	Date.	Name and Address of Physician or Hospital.

**Beneficiary Designation:**  
*Any proceeds payable under this rider will be paid to the Owner, if living, otherwise to the Owner's Estate.*

**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.**

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application.

Dated at (City): \_\_\_\_\_ (State): \_\_\_\_\_ this (Day): \_\_\_\_\_ of (Month): \_\_\_\_\_, Year \_\_\_\_\_.

Signature of Owner: \_\_\_\_\_.

Signature of Agent: \_\_\_\_\_ Agent Number: \_\_\_\_\_.

*SERFF Tracking Number:*      *CSLI-125613817*                      *State:*                      *Arkansas*  
*Filing Company:*              *Citizens Security Life Insurance Company*      *State Tracking Number:*      *38736*  
*Company Tracking Number:*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Grandchildren's Level Term Rider*  
*Project Name/Number:*      *New FE Program/*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:** 04/17/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachments:**  
Readability Cert.pdf  
Readability Cert.pdf

**Review Status:** 04/17/2008  
**Bypassed -Name:** Application  
**Bypass Reason:** This filing consist of an application.  
**Comments:**

**Review Status:** 04/17/2008  
**Satisfied -Name:** Cover Letter  
**Comments:**  
**Attachment:**  
Cover Letter.pdf

**Review Status:** 04/17/2008  
**Satisfied -Name:** Actuarial Memorandum  
**Comments:**  
**Attachment:**  
Actuarial Memorandum.pdf

**Review Status:** 04/17/2008  
**Satisfied -Name:** Specimen Policy Pages  
**Comments:**  
**Attachment:**  
Specimen Policy Pages.pdf

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

*SERFF Tracking Number:*      *CSLI-125613817*                      *State:*                      *Arkansas*  
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*Product Name:*              *Grandchildren's Level Term Rider*  
*Project Name/Number:*      *New FE Program/*

**Comments:**

**Attachment:**

John Doe'd Application.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 02 08 has a Flesch Scale readability score of 53.

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:** March 5, 2008

**By:** 

**Title:** Vice President, Underwriting

**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. RL 01 08 has a Flesch Scale readability score of 53.

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:** March 5, 2008

**By:** 

**Title:** Vice President, Underwriting



April 17, 2008

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

Re: Citizens Security Life Insurance Company - **New Submission**  
NAIC # 61921 FEIN # 61-0648389  
Form Number: RL 01 08; Grandchildren's Level Term Life Insurance Rider  
AP 02 08; Grandchildren Rider Application

Dear Sir/Madam:

Enclosed please find our Grandchildren's Level Term Life Insurance Rider and Grandchildren Rider Application for your review and approval. The rider will be issued with our Whole Life policy form PL 0107, which was approved for use in the State of Arkansas on 01/10/08, SERFF # 125390761 (AR DOI #37671). The whole life policy form was filed with several variations. The variation that this rider will be issued in conjunction with is being filed concurrently with this filing under a separate SERFF tracking number.

This rider will be offered to grandparents who wish to insure their grandchildren as a rider on their new or established whole life policy. Issue ages for the grandchildren are 15 days through 15 years old. Each grandchild who will be insured under the rider will need to be named in the Grandchildren's Rider Application. The rider's coverage is \$5000 for each grandchild listed on that application. Cash values do not develop for this rider. The rider provides for Paid Up insurance on each insured grandchild rider if the primary insured (grandparent) dies. Also, there is a Conversion privilege.

This rider will be marketed through independent agents. It will not be illustrated.

If you should have any questions concerning this filing, please contact me at (800) 843-7752 or e-mail [rbolduc@cslico.com](mailto:rbolduc@cslico.com). Your prompt attention to this filing is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads 'Rickie Ellen Bolduc'.

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

reb

**CITIZENS SECURITY LIFE INSURANCE COMPANY**

**Actuarial Memorandum**

**Grandchildren's Level Term Life Insurance Rider**

**Policy Form RL 01 08**

**I. Policy Description**

This is a level term insurance rider for an Insured's unmarried grandchildren between ages 15 days and 15 years. Coverage will continue until each child reaches the anniversary on or next following his 21st birthday. One unit of coverage represents \$5,000 of term insurance for a child. Only one unit of coverage is available for any child. If multiple grandchildren are to be covered, a separate rider will be issued for each.

If the Insured dies, except by suicide, while the rider is in force, coverage on each child will continue with no further premiums due.

This term insurance is convertible to a permanent life insurance policy within 31 days of the date when the coverage would terminate on a child. The maximum amount available is five times the amount of coverage for the rider, or \$25,000.

Premium rates for the rider are attached.

**II. Reserves**

The reserve basis is the 2001 CSO ultimate table, for males and females, with interest at 4.00%, in compliance with the Standard Valuation Law. A demonstration is attached.

**III. Nonforfeiture values**

These benefits do not develop nonforfeiture values at any age.

**IV. Actuarial Certification**

To the best of my knowledge and belief, this policy rate filing is in compliance with the applicable laws and administrative regulations of the state in which it is being filed. In addition, all benefits are reasonable in relation to the premiums.

February 29, 2008



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

**CITIZENS SECURITY LIFE INSURANCE COMPANY**

**Children's Level Term Life Insurance Rider**

**Policy Form RL 01 08**

**Premium Rates**

The annual premium rate for this rider is \$12.00 per unit of insurance coverage, for all issue ages.

## Formulae and Sample Calculations for Policy Form RL 01 08

### A. Formulae for Statutory Reserves

#### 1. Present Value of Benefits

$$PVB = 1000 * (i / \delta) A_{x:\overline{21-x}|}^1$$

#### 2. Valuation Net Premiums

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

$$\beta_x = (PVB - \alpha_x) / (\ddot{a}_{x:\overline{21-x}|} - 1)$$

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

#### 3. Terminal Reserves

$${}_tV_x = (1000 * (i / \delta) A_{x+t:\overline{21-x-t}|}^1) - \beta_x * \ddot{a}_{x+t:\overline{21-x-t}|}$$

Negative terminal reserves are set to zero.

#### 4. Mean Reserves

$${}_tMV_x = \frac{1}{2} * ({}_{t-1}V_x + {}_tV_x + {}_tP_x)$$

### B. Sample Calculations for Issue Age 5, Male

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

#### 1. Present Value of Benefits

$$PVB = 1000 * (i / \delta) A_{5:\overline{16}|}^1$$

$$PVB = 1000 * (.04/.0392207) * (M_5 - M_{21}) / D_5$$

$$PVB = 1000 * (.04/.0392207) * (613,297.20 - 569,653.31) / 8,203,173.21$$

$$PVB = 5.4261$$

#### 2. Valuation Net Premiums

$$\alpha_5 = 1000 * \overline{c}_5 = 1000 * (i / \delta) c_5$$

$$\alpha_5 = 1000 * (.04/.0392207) * C_5 / D_5$$

$$\alpha_5 = 1000 * (.04/.0392207) * 1,656.41 / 8,203,173.21$$

$$\alpha_5 = 0.2059$$

$$\beta_5 = (PVB - \alpha_5) / (\ddot{a}_{5:\overline{16}|} - 1)$$

$$\beta_5 = (5.4261 - 0.2059) / ((N_5 - N_{21}) / D_5 - 1)$$

$$\beta_5 = (5.2202) / (197,336,776.26 - 98,138,802.56) / 8,203,173.21 - 1$$

$$\beta_5 = (5.2202) / 11.0926$$

$$\beta_5 = 0.4706$$

#### 3. Terminal Reserves

$${}_1V_5 = 1000 * (i / \delta) A_{6:\overline{15}}^{\overline{1}} - \beta_5 * \ddot{a}_{6:\overline{15}}^{\overline{1}}$$

$${}_1V_5 = 1000 * (.04/.0392207) * (M_6 - M_{21}) / D_6 - 0.4706 * (N_6 - N_{21}) / D_6$$

$${}_1V_5 = 1000 * (.04/.0392207) * (611,640.79 - 569,653.31) / 7,886,010.14 - 0.4706 * (189,133,603.04 - 98,138,802.56) / 7,886,010.14$$

$${}_1V_5 = 5.4301 - 5.4301 = 0.00$$

$${}_9V_5 = 1000 * (i / \delta) A_{14:\overline{7}}^{\overline{1}} - \beta_5 * \ddot{a}_{14:\overline{7}}^{\overline{1}}$$

$${}_9V_5 = 1000 * (.04/.0392207) * (M_{14} - M_{21}) / D_{14} - 0.4706 * (N_{14} - N_{21}) / D_{14}$$

$${}_9V_5 = 1000 * (.04/.0392207) * (597,645.00 - 569,653.31) / 5,749,853.13 - 0.4706 * (133,957,411.34 - 98,138,802.56) / 5,749,853.13$$

$${}_9V_5 = 4.9650 - 2.9316 = 2.0334, \text{ or } 2.03 \text{ to the near cent.}$$

$${}_{10}V_5 = 1000 * (i / \delta) A_{15:\overline{6}}^{\overline{1}} - \beta_5 * \ddot{a}_{15:\overline{6}}^{\overline{1}}$$

$${}_{10}V_5 = 1000 * (.04/.0392207) * (M_{15} - M_{21}) / D_{15} - 0.4706 * (N_{15} - N_{21}) / D_{15}$$

$${}_{10}V_5 = 1000 * (.04/.0392207) * (594,770.07 - 569,653.31) / 5,525,830.00 - 0.4706 * (128,207,558.21 - 98,138,802.56) / 5,525,830.00$$

$${}_{10}V_5 = 4.6356 - 2.5607 = 2.0749, \text{ or } 2.07 \text{ to the near cent.}$$

#### 4. Mean Reserves

$${}_1MV_5 = \frac{1}{2} * ({}_0V_5 + {}_1V_5 + {}_1P_5)$$

$${}_1MV_5 = \frac{1}{2} * (0.00 + 0.00 + 0.21) = 0.11$$

$${}_{10}MV_5 = \frac{1}{2} * ({}_9V_5 + {}_{10}V_5 + {}_{10}P_5)$$

$${}_{10}MV_5 = \frac{1}{2} * (2.03 + 2.07 + 0.47) = 2.29$$

## 2001 CSO, Male

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	243,589,531.46	6,923.08	631,171.0
1	0.00046	9,992,800.00	4,596.69	0.96154	9,608,461.54	233,589,531.46	4,249.90	624,248.0
2	0.00033	9,988,203.31	3,296.11	0.92456	9,234,655.43	223,981,069.93	2,930.23	619,998.0
3	0.00024	9,984,907.20	2,396.38	0.88900	8,876,546.15	214,746,414.50	2,048.43	617,068.0
4	0.00021	9,982,510.83	2,096.33	0.85480	8,533,092.09	205,869,868.35	1,723.03	615,020.0
5	0.00021	9,980,414.50	2,095.89	0.82193	8,203,173.21	197,336,776.26	1,656.41	613,297.0
6	0.00022	9,978,318.61	2,195.23	0.79031	7,886,010.14	189,133,603.04	1,668.19	611,640.0
7	0.00022	9,976,123.38	2,194.75	0.75992	7,581,033.87	181,247,592.90	1,603.68	609,972.0
8	0.00022	9,973,928.64	2,194.26	0.73069	7,287,851.96	173,666,559.04	1,541.66	608,368.0
9	0.00023	9,971,734.37	2,293.50	0.70259	7,006,008.30	166,378,707.08	1,549.41	606,827.0
10	0.00024	9,969,440.87	2,392.67	0.67556	6,734,997.04	159,372,698.78	1,554.23	605,277.0
11	0.00028	9,967,048.21	2,790.77	0.64958	6,474,404.46	152,637,701.74	1,743.11	603,723.0
12	0.00034	9,964,257.43	3,387.85	0.62460	6,223,645.79	146,163,297.28	2,034.65	601,980.0
13	0.00040	9,960,869.59	3,984.35	0.60057	5,982,240.15	139,939,651.49	2,300.86	599,945.0
14	0.00052	9,956,885.24	5,177.58	0.57748	5,749,853.13	133,957,411.34	2,874.93	597,645.0
15	0.00066	9,951,707.66	6,568.13	0.55526	5,525,830.00	128,207,558.21	3,506.78	594,770.0
16	0.00078	9,945,139.53	7,757.21	0.53391	5,309,791.30	122,681,728.21	3,982.34	591,263.0
17	0.00089	9,937,382.32	8,844.27	0.51337	5,101,586.22	117,371,936.90	4,365.78	587,280.0
18	0.00095	9,928,538.05	9,432.11	0.49363	4,901,005.58	112,270,350.69	4,476.88	582,915.0
19	0.00098	9,919,105.94	9,720.72	0.47464	4,708,028.49	107,369,345.10	4,436.41	578,438.0
20	0.00100	9,909,385.22	9,909.39	0.45639	4,522,514.06	102,661,316.62	4,348.57	574,001.0
21	0.00101	9,899,475.83	9,998.47	0.43883	4,344,222.64	98,138,802.56	4,218.91	569,653.0
22	0.00102	9,889,477.36	10,087.27	0.42196	4,172,918.24	93,794,579.92	4,092.67	565,434.0
23	0.00104	9,879,390.09	10,274.57	0.40573	4,008,328.72	89,621,661.68	4,008.33	561,341.0
24	0.00106	9,869,115.53	10,461.26	0.39012	3,850,153.90	85,613,332.96	3,924.20	557,333.0
25	0.00109	9,858,654.27	10,745.93	0.37512	3,698,146.86	81,763,179.06	3,875.94	553,409.0
26	0.00114	9,847,908.33	11,226.62	0.36069	3,552,034.50	78,065,032.20	3,893.58	549,533.0
27	0.00117	9,836,681.72	11,508.92	0.34682	3,411,524.21	74,512,997.69	3,837.96	545,639.0
28	0.00116	9,825,172.80	11,397.20	0.33348	3,276,473.78	71,101,473.48	3,654.53	541,801.0
29	0.00115	9,813,775.60	11,285.84	0.32065	3,146,801.03	67,824,999.70	3,479.64	538,147.0
30	0.00114	9,802,489.76	11,174.84	0.30832	3,022,290.58	64,678,198.67	3,312.90	534,667.0
31	0.00113	9,791,314.92	11,064.19	0.29646	2,902,735.74	61,655,908.09	3,153.93	531,354.0
32	0.00114	9,780,250.73	11,149.49	0.28506	2,787,938.13	58,753,172.34	3,056.01	528,200.0
33	0.00116	9,769,101.25	11,332.16	0.27409	2,677,653.73	55,965,234.21	2,986.61	525,144.0
34	0.00119	9,757,769.09	11,611.75	0.26355	2,571,680.43	53,287,580.49	2,942.60	522,158.0
35	0.00124	9,746,157.34	12,085.24	0.25342	2,469,827.05	50,715,900.05	2,944.79	519,215.0
36	0.00131	9,734,072.11	12,751.63	0.24367	2,371,888.91	48,246,073.00	2,987.67	516,270.0
37	0.00139	9,721,320.47	13,512.64	0.23430	2,277,674.74	45,874,184.09	3,044.20	513,283.0
38	0.00149	9,707,807.84	14,464.63	0.22529	2,187,027.67	43,596,509.35	3,133.34	510,238.0
39	0.00159	9,693,343.21	15,412.42	0.21662	2,099,777.88	41,409,481.68	3,210.24	507,105.0
40	0.00172	9,677,930.79	16,646.04	0.20829	2,015,806.96	39,309,703.79	3,333.83	503,895.0
41	0.00187	9,661,284.75	18,066.60	0.20028	1,934,942.09	37,293,896.84	3,479.17	500,561.0
42	0.00205	9,643,218.15	19,768.60	0.19257	1,857,042.06	35,358,954.75	3,660.52	497,082.0
43	0.00227	9,623,449.55	21,845.23	0.18517	1,781,956.85	33,501,912.69	3,889.46	493,421.0
44	0.00252	9,601,604.32	24,196.04	0.17805	1,709,530.59	31,719,955.83	4,142.32	489,532.0
45	0.00277	9,577,408.28	26,529.42	0.17120	1,639,637.09	30,010,425.25	4,367.11	485,389.0
46	0.00303	9,550,878.85	28,939.16	0.16461	1,572,207.01	28,370,788.16	4,580.56	481,022.0
47	0.00325	9,521,939.69	30,946.30	0.15828	1,507,156.95	26,798,581.15	4,709.87	476,442.0
48	0.00342	9,490,993.39	32,459.20	0.15219	1,444,479.51	25,291,424.20	4,750.12	471,732.0
49	0.00364	9,458,534.19	34,429.06	0.14634	1,384,172.49	23,846,944.70	4,844.60	466,982.0
50	0.00391	9,424,105.13	36,848.25	0.14071	1,326,090.48	22,462,772.21	4,985.59	462,137.0
51	0.00426	9,387,256.87	39,989.71	0.13530	1,270,101.41	21,136,681.73	5,202.53	457,152.0
52	0.00470	9,347,267.16	43,932.16	0.13010	1,216,048.82	19,866,580.32	5,495.61	451,949.0
53	0.00521	9,303,335.01	48,470.38	0.12509	1,163,782.11	18,650,531.50	5,830.10	446,453.0
54	0.00583	9,254,864.63	53,955.86	0.12028	1,113,191.16	17,486,749.39	6,240.29	440,623.0
55	0.00652	9,200,908.77	59,989.93	0.11566	1,064,135.82	16,373,558.23	6,671.31	434,383.0

56	0.00726	9,140,918.84	66,363.07	0.11121	1,016,536.21	15,309,422.40	7,096.20	427,712.
57	0.00795	9,074,555.77	72,142.72	0.10693	970,342.46	14,292,886.20	7,417.52	420,616.06
58	0.00863	9,002,413.05	77,690.82	0.10282	925,604.07	13,322,543.74	7,680.73	413,198.5
59	0.00942	8,924,722.23	84,070.88	0.09886	882,323.18	12,396,939.67	7,991.81	405,517.8
60	0.01040	8,840,651.35	91,942.77	0.09506	840,395.86	11,514,616.49	8,403.96	397,526.0
61	0.01159	8,748,708.57	101,397.53	0.09140	799,668.99	10,674,220.63	8,911.70	389,122.0
62	0.01298	8,647,311.04	112,242.10	0.08789	760,000.79	9,874,551.64	9,485.39	380,210.3
63	0.01447	8,535,068.94	123,502.45	0.08451	721,284.60	9,114,550.85	10,035.57	370,724.9
64	0.01604	8,411,566.50	134,921.53	0.08126	683,507.32	8,393,266.25	10,541.79	360,689.3
65	0.01765	8,276,644.97	146,082.78	0.07813	646,676.79	7,709,758.94	10,974.85	350,147.6
66	0.01927	8,130,562.18	156,675.93	0.07513	610,829.75	7,063,082.15	11,317.97	339,172.7
67	0.02096	7,973,886.25	167,132.66	0.07224	576,018.33	6,452,252.40	11,608.98	327,854.7
68	0.02274	7,806,753.60	177,525.58	0.06946	542,254.79	5,876,234.07	11,856.61	316,245.7
69	0.02469	7,629,228.02	188,365.64	0.06679	509,542.23	5,333,979.27	12,096.73	304,389.1
70	0.02694	7,440,862.38	200,456.83	0.06422	477,847.72	4,824,437.04	12,378.09	292,292.4
71	0.02971	7,240,405.55	215,112.45	0.06175	447,090.87	4,346,589.32	12,772.18	279,914.3
72	0.03294	7,025,293.10	231,413.15	0.05937	417,122.89	3,899,498.45	13,211.57	267,142.1
73	0.03632	6,793,879.94	246,753.72	0.05709	387,868.13	3,482,375.56	13,545.55	253,930.6
74	0.03996	6,547,126.22	261,623.16	0.05490	359,404.58	3,094,507.43	13,809.43	240,385.0
75	0.04395	6,285,503.06	276,247.86	0.05278	331,771.90	2,735,102.85	14,020.55	226,575.6
76	0.04844	6,009,255.20	291,088.32	0.05075	304,990.89	2,403,330.96	14,205.54	212,555.0
77	0.05367	5,718,166.88	306,894.02	0.04880	279,054.93	2,098,340.07	14,400.84	198,349.5
78	0.05972	5,411,272.86	323,161.22	0.04692	253,921.20	1,819,285.14	14,580.94	183,948.7
79	0.06648	5,088,111.65	338,257.66	0.04512	229,574.07	1,565,363.94	14,675.08	169,367.7
80	0.07402	4,749,853.98	351,584.19	0.04338	206,069.21	1,335,789.87	14,666.58	154,692.6
81	0.08220	4,398,269.79	361,537.78	0.04172	183,476.90	1,129,720.66	14,501.73	140,026.1
82	0.09082	4,036,732.02	366,616.00	0.04011	161,918.36	946,243.76	14,139.83	125,524.3
83	0.10022	3,670,116.01	367,819.03	0.03857	141,550.90	784,325.40	13,640.61	111,384.5
84	0.11069	3,302,296.99	365,531.25	0.03709	122,466.03	642,774.50	13,034.39	97,743.9
85	0.12236	2,936,765.73	359,342.66	0.03566	104,721.41	520,308.48	12,320.88	84,709.5
86	0.13517	2,577,423.08	348,390.28	0.03429	88,372.78	415,587.07	11,485.91	72,388.6
87	0.14899	2,229,032.80	332,103.60	0.03297	73,487.92	327,214.29	10,527.85	60,902.7
88	0.16366	1,896,929.20	310,451.43	0.03170	60,133.61	253,726.37	9,462.95	50,374.9
89	0.17903	1,586,477.77	284,027.12	0.03048	48,357.83	193,592.76	8,324.52	40,911.9
90	0.19428	1,302,450.66	253,040.11	0.02931	38,173.39	145,234.93	7,131.08	32,587.4
91	0.20927	1,049,410.54	219,610.14	0.02818	29,574.10	107,061.54	5,950.93	25,456.3
92	0.22494	829,800.40	186,655.30	0.02710	22,485.70	77,487.44	4,863.40	19,505.4
93	0.24146	643,145.10	155,293.81	0.02606	16,757.47	55,001.74	3,890.63	14,642.0
94	0.25886	487,851.28	126,285.18	0.02505	12,222.32	38,244.27	3,042.18	10,751.3
95	0.27612	361,566.10	99,835.63	0.02409	8,710.05	26,021.95	2,312.52	7,709.2
96	0.29295	261,730.47	76,673.94	0.02316	6,062.53	17,311.91	1,707.71	5,396.6
97	0.31086	185,056.53	57,526.67	0.02227	4,121.64	11,249.38	1,231.98	3,688.9
98	0.32995	127,529.86	42,078.48	0.02142	2,731.14	7,127.74	866.48	2,457.0
99	0.35032	85,451.38	29,935.33	0.02059	1,759.62	4,396.59	592.72	1,590.5
100	0.36976	55,516.05	20,527.62	0.01980	1,099.22	2,636.97	390.82	997.8
101	0.38696	34,988.44	13,539.13	0.01904	666.13	1,537.75	247.85	606.9
102	0.40525	21,449.31	8,692.33	0.01831	392.66	871.63	153.00	359.1
103	0.42470	12,756.98	5,417.89	0.01760	224.55	478.97	91.70	206.1
104	0.44535	7,339.09	3,268.46	0.01693	124.22	254.42	53.19	114.4
105	0.46729	4,070.63	1,902.16	0.01627	66.25	130.20	29.77	61.2
106	0.49057	2,168.46	1,063.78	0.01565	33.93	63.96	16.01	31.4
107	0.51528	1,104.68	569.22	0.01505	16.62	30.03	8.24	15.4
108	0.54149	535.46	289.95	0.01447	7.75	13.40	4.03	7.2
109	0.56927	245.51	139.76	0.01391	3.42	5.66	1.87	3.2
110	0.59870	105.75	63.31	0.01338	1.41	2.24	0.81	1.3
111	0.62988	42.44	26.73	0.01286	0.55	0.83	0.33	0.5
112	0.66287	15.71	10.41	0.01237	0.19	0.28	0.12	0.1
113	0.69778	5.30	3.69	0.01189	0.06	0.09	0.04	0.0
114	0.73468	1.60	1.18	0.01143	0.02	0.02	0.01	0.0

115	0.77366	0.42	0.33	0.01099	0.00	0.01	0.00	0.00
116	0.81478	0.10	0.08	0.01057	0.00	0.00	0.00	0.00
117	0.85815	0.02	0.02	0.01016	0.00	0.00	0.00	0.00
118	0.90381	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

**SPECIMEN**

**SCHEDULE OF BENEFITS AND ANNUAL PREMIUMS**

<b>FORM NUMBER</b>	<b>PLAN CODE</b>	<b>BENEFITS</b>	<b>ANNUAL PREMIUM</b>	<b>MAXIMUM YEARS PAYABLE</b>
PL 01 07	FE1000	WHOLE LIFE	\$202.00	80
RL 01 08	FE849A	GRANDCHILDREN'S LEVEL TERM RIDER	\$48.00	18
		See Attached Page 2A		
		POLICY FEE	35.00	
		ACCELERATED DEATH BENEFIT		

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TOTAL ANNUAL PREMIUM \$285.00

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

	<b>ANNUALLY</b>	<b>SEMI ANNUALLY</b>	<b>QUARTERLY</b>	<b>MONTHLY</b>
<b>INITIAL PREMIUMS</b>	\$285.00	\$149.63	\$75.53	\$24.70

THIS POLICY IS DELIVERED IN THE STATE OF: Arkansas

**POLICY SPECIFICATIONS**

**POLICY NUMBER:** 9999999009      **INSURED:** John Q. Doe

**FACE AMOUNT:** \$10,000      **AGE & SEX:** 41 MALE

**ISSUE DATE:** APR 1, 2008      **PREMIUM CLASS:** NON-SMOKER

**INITIAL PREMIUM:** \$285.00      **PAYABLE:** ANNUALLY

**OWNER:** John Q. Doe

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

SCHEDULE OF BENEFITS AND ANNUAL PREMIUMS  
Grandchildren's Level Term Life Insurance Rider

**SPECIMEN**

FORM NUMBER	PLAN CODE	INSURED GRANDCHILDREN	ANNUAL PREMIUM	MAXIMUM YEARS PAYABLE
RL 01 08	FE849A	Billy Smith	\$12.00	11
RL 01 08	FE849A	Sally Smith	\$12.00	13
RL 01 08	FE849A	Bobby Smith	\$12.00	14
RL 01 08	FE849A	Susie Doe	\$12.00	18

TOTAL GRANDCHILDREN'S ANNUAL PREMIUM: \$48.00

BENEFIT FOR EACH INSURED GRANDCHILD LISTED: \$5,000

THIS RIDER IS PART OF THE POLICY TO WHICH IT IS ATTACHED.  
THE POLICY IS DELIVERED IN THE STATE OF: Arkansas

POLICYOWNER: John Q. Doe

BENEFICIARY: Any proceeds payable under this rider will be paid to the Owner,  
if living, otherwise the Owner's Estate.

INSURED: John Q. Doe

POLICY NUMBER: 9999999009

**TABLE OF GUARANTEED VALUES**

END OF POLICY YEAR	ATTAINED AGE OF INSURED	CASH OR LOAN VALUE	PAID UP LIFE INSURANCE	EXTENDED INSURANCE YEARS	INSURANCE DAYS
1	42	0	0		
2	43	0	0		
3	44	76	360	3	155
4	45	188	854	7	199
5	46	303	1,321	10	189
<hr/>					
6	47	422	1,767	12	259
7	48	545	2,192	14	139
8	49	673	2,600	15	223
9	50	807	2,995	16	211
10	51	945	3,369	17	129
11	52	1,088	3,728	17	364
12	53	1,235	4,069	18	181
13	54	1,387	4,396	18	320
14	55	1,541	4,700	19	47
15	56	1,699	4,991	19	109
16	57	1,861	5,268	19	146
17	58	2,026	5,530	19	155
18	59	2,196	5,781	19	143
19	60	2,370	6,019	19	109
20	61	2,548	6,247	19	57
21	62	2,728	6,462	18	353
24	65	3,279	7,038	18	77

**NON-FORFEITURE FACTOR** 12.31055

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%

**A. Supplement to Application on:**

Proposed Insured. <u>John Doe</u>	Application Date. <u>04/01/08</u>	Policy Number. <u>123456</u>
Address. <u>123 Any Street</u>	City. <u>Little Rock</u>	State. <u>AR</u>
		Zip Code. <u>72201</u>

**B. Grandchildren Proposed for Insurance. (Please Print)**

Only Grandchildren of the Proposed Insured, who are between the attained ages of 15 days and 15 years old, and who are listed on this application, are eligible for coverage. Additional grandchildren may apply on a separate application and be added to this policy. The Grandchild Rider provides \$5,000 of coverage per insured grandchild.

Full Name of Proposed Insured Grandchild.	Sex.	Date of Birth.	Height.	Weight.	Full Name of Proposed Insured Grandchild.	Sex.	Date of Birth.	Height.	Weight.
<u>Billy Smith</u>	<u>M</u>	<u>01/02/98</u>	<u>5'0"</u>	<u>90 lb</u>					
<u>Sally Smith</u>	<u>F</u>	<u>06/16/99</u>	<u>4'10"</u>	<u>80 lb</u>					
<u>Bobby Smith</u>	<u>M</u>	<u>02/08/2001</u>	<u>4'8"</u>	<u>51 lb</u>					
<u>Susie Doe</u>	<u>F</u>	<u>05/16/2004</u>	<u>3'11"</u>	<u>40 lb</u>					

**C. Health Information.**

- Has any Proposed Insured Grandchild ever had, been diagnosed or treated for cancer, diabetes, heart or circulatory disorder, mental or nervous disorder, mental retardation, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, un-operated heart defects, epilepsy, asthma, disorder of the muscles or bones, anemia or other disorder of the blood, bladder, kidneys, liver or lungs?.....  Yes  No
- Has any Proposed Insured Grandchild ever had, been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)?.....  Yes  No
- Has any Proposed Insured Grandchild ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?.....  Yes  No

Please provide details to any "Yes" answer to questions 1-3 (Attach another sheet if necessary).

Proposed Insured Grandchild.	Condition & Treatment.	Date.	Name and Address of Physician or Hospital.

**Beneficiary Designation:**

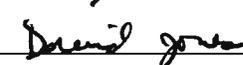
Any proceeds payable under this rider will be paid to the Owner, if living, otherwise to the Owner's Estate.

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.

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application.

Dated at (City): Little Rock (State): AR this (Day): 17<sup>th</sup> of (Month): April, Year 2008

Signature of Owner: 

Signature of Agent:  . Agent Number: 12345