

SERFF Tracking Number: MGOK-125539460 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 38631
Company Tracking Number: CTLR RP 15 11/07 REV
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Return of Premium Rider
Project Name/Number: Return of Premium Rider/CTLR RP 15 11/07 REV

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: Return of Premium Rider SERFF Tr Num: MGOK-125539460 State: ArkansasLH
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 38631
Sub-TOI: L08.000 Life - Other Co Tr Num: CTLR RP 15 11/07 State Status: Approved-Closed
REV
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Nicole Bradley Disposition Date: 04/22/2008
Date Submitted: 04/04/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Return of Premium Rider Status of Filing in Domicile: Authorized
Project Number: CTLR RP 15 11/07 REV Date Approved in Domicile: 02/11/2007
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: 04/22/2008
State Status Changed: 04/22/2008 Deemer Date:
Corresponding Filing Tracking Number: CTLR RP 15 11/07 REV

Filing Description:

Rider forms CTLR RP 15 11/07 REV, CTLR RP 20 11/07 REV and CTLR RP 30 11/07 are new forms and will not replace any forms currently on file with your office form. The Return of Premium Rider will be attached to policies issued after the approval date.

Rider form CTLR RP 15 11/07 REV is a return of premium rider, which provides for a return of a portion of the premiums paid for the policy and any riders with the policy terminates. There is a charge for this rider. This rider is for use with the 15 Initial Term Period Option of Form CTL 8/05 AR approved by your department on 9/16/2005 and other policies that

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may be filed later. The flesch score for this form is 52.0.

Rider form CTLR RP 20 11/07 REV is a return of premium rider, which provides for a return of a portion of the premiums paid for the policy and any riders with the policy terminates. There is a charge for this rider. This rider is for use with the 20 Initial Term Period Option of Form CTL 8/05 AR approved by your department on 9/16/2005 and other policies that may be filed later. The flesch score for this form is 52.0.

Rider form CTLR RP 30 11/07 REV is a return of premium rider, which provides for a return of a portion of the premiums paid for the policy and any riders with the policy terminates. There is a charge for this rider. This rider is for use with the 30 Initial Term Period Option of Form CTL 8/05 R approved by your department on 9/16/2005 and other policies that may be filed later. The flesch score for this form is 52.0.

Endorsement form CTLR RP END 11/07 REV is a new form with a flesch score of 40, and is being filed for the purpose of clarifying language on page 3 of the Return of Premium Rider form CTLR RP 5/03. Approved by your department on 6/09/2003 and will be sent to all policy owners with active polices with this Return of Premium Rider attached.

Company and Contact

Filing Contact Information

Nicole Bradley, nicole.bradley@lifeteamokc.com
Life Operations (405) 302-1419 [Phone]
Oklahoma City, OK 73114

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
Life Insurance Operations Group Code: 264 Company Type: Life
1331 W. Memorial Road, Suite 112
Oklahoma City, OK 73114 Group Name: State ID Number:
(405) 302-1419 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

SERFF Tracking Number: MGOK-125539460 State: Arkansas
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Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: 25 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$100.00	04/04/2008	19281364

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/22/2008	04/22/2008

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Disposition

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Actuarial Memorandum		No
Form	Return of Premium Rider		Yes
Form	Return of Premium Rider		Yes
Form	Return of Premium Rider		Yes
Form	Endorsement		Yes

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Form Schedule

Lead Form Number: CTLR RP 15 11/07 REV

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CTLR RP 15 11/07 REV	Policy/Cont	Return of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	CTLR RP 11-07 GENERIC15 REV.pdf
	CTLR RP 20 11/07 REV	Policy/Cont	Return of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	CTLR RP 11-07 GENERIC20 REV.pdf
	CTLR RP 30 11/07 REV	Policy/Cont	Return of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	CTLR RP 11-07 GENERIC30 REV.pdf
	CTLR RP END 11/07 REV	Policy/Cont	Endorsement ract/Fratern al Certificate: Amendmen	Initial		40	CTLR RP END 11-07 REV.pdf

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Page,
Endorseme
nt or Rider

The Chesapeake Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: P.O. Box 548801, Oklahoma City, Oklahoma 73154

Administrative Office: 3600 NW 138th Street, Suite 100, Oklahoma City, OK 73134

Customer Service: 1-800-725-7887

RETURN OF PREMIUM RIDER

This Rider, attached to and made part of the Policy, provides a Return of Premium Benefit as described below.

We will pay to the Owner a portion of the total premiums paid for the Policy and any Riders when the Policy terminates.

BENEFIT

The amount We will pay equals the benefit as defined in the Return of Premium Benefit Calculation provision on Page 3 of this Rider. The benefit will be reduced by any prior amount paid by Us under the Policy or any of its Riders.

TERMINATION

This Rider will terminate:

1. On surrender, termination, lapse or conversion of the Policy during the Initial Term Period;
2. When any Nonforfeiture Option goes into effect;
3. When the Insured dies; or
4. When the Rider Premium is not paid before the end of the Grace Period.

Our acceptance of a premium, for any period after the date of termination of this Rider, shall create no liability to Us, nor will it constitute a waiver of the termination. Any premium, which has been accepted by Us, will be refunded.

You may terminate this Rider by written request. If You elect to terminate the Rider prior to Policy termination, no benefit will be paid. If this Rider has terminated, You cannot reinstate it.

THE CONTRACT

In this Rider "Policy" means the Policy in which You have requested that this Rider be included.

This Rider is issued in consideration of the application and the payment of premiums as provided. The Insured is the person shown as the Insured on the Policy Specification Page of the Policy.

If premiums are being waived on the Policy, then the waiver also applies to this Rider.

This Rider is part of the Policy. Except as stated in this Rider, all other Policy provisions apply.

RIDER DATE

Rider months, years and anniversaries are measured from the Rider Date. The Rider Issue Date is the Policy Issue Date unless a different Rider Date is shown in an endorsement attached to this Rider.

PREMIUMS FOR THIS RIDER

The premiums for this Rider are payable for the Initial Term Period and will be included in the total premium as shown on the Policy Specification Page and must be paid with the Policy Premium. If this Rider is terminated during the Initial Term Period, the total premium for the Policy will be reduced by the amount of premium for this Rider.

NONFORFEITURE OPTIONS

If the Policy lapses as provided in the Policy's Grace Period provision, the Policy will have a cash value equal to the Return of Premium benefit. We will require Your written request and the return of the Policy if You select one of the two available options below:

1. Cash Surrender

The Policy may be surrendered for its cash value. The cash value is equal to the Return of Premium benefit.

2. Extended Level Term Insurance

If no option is selected, this option will be automatic. Under this option, You may continue the Policy as Extended Level Term Insurance. The term period will start on the due date of the unpaid premium. That period will be determined by applying the cash value as a net single premium for such insurance. At the end of that period, the insurance will terminate and there will be no cash value remaining.

Any insurance provided under the Extended Level Term Option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a Policy Anniversary, the value will not be less than the cash value on that anniversary.

Deferral of Cash Value Payment

We reserve the right to defer payment of the cash value for up to 6 months after We receive Your written request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

Basis Used for Calculations

Cash value amounts equal or exceed the values based on:

- 2001 CSO Nonsmoker and Smoker Tables with distinctions made for male and female;
- Age Last Birthday;
- Maximum Interest Rate permissible by the Standard Nonforfeiture Law;
- Death occurring at the end of the Policy year.

Extended Level Term Insurance Option is based on:

- 2001 CET Nonsmoker and Smoker Tables with distinctions made for male and female;
- Age Last Birthday;
- Maximum Interest Rate permissible by the Standard Nonforfeiture Law;
- Death occurring at the end of the Policy year.

Policy values equal or exceed those required by the state in which this Policy is delivered. A detailed statement of the method used to compute those values has been filed with the Insurance Department of that state.

RETURN OF PREMIUM BENEFIT CALCULATION

- 1) Multiply the amount for this Policy, which is the Annual Premium at Issue Date, as shown on the Policy Specification Page of the Policy
 TIMES 2) Factor (a) for the appropriate Policy Year as shown in the below table
 TIMES 3) Lesser of the Number of Years for the appropriate Policy Year (b) as shown in the below table or the Initial Term Period as shown on the Policy Specification Page.

The maximum benefit will never exceed the total premiums paid to date.

<u>End of Policy Year</u>	<u>*Factor (a)</u>	<u>Number of Years (b)</u>	<u>End of Policy Year</u>	<u>*Factor (a)</u>	<u>Number of Years (b)</u>
1	0%	1	41	165%	15
2	0%	2	42	168%	15
3	0%	3	43	171%	15
4	0%	4	44	174%	15
5	0%	5	45	177%	15
6	5%	6	46	181%	15
7	10%	7	47	185%	15
8	15%	8	48	189%	15
9	20%	9	49	193%	15
10	25%	10	50	197%	15
11	40%	11	51	201%	15
12	55%	12	52	205%	15
13	70%	13	53	209%	15
14	85%	14	54	213%	15
15	100%	15	55	217%	15
16	102%	15	56	221%	15
17	104%	15	57	225%	15
18	106%	15	58	230%	15
19	108%	15	59	235%	15
20	110%	15	60	240%	15
21	112%	15	61	245%	15
22	114%	15	62	250%	15
23	116%	15	63	255%	15
24	118%	15	64	260%	15
25	120%	15	65	265%	15
26	122%	15	66	270%	15
27	124%	15	67	275%	15
28	126%	15	68	281%	15
29	129%	15	69	287%	15
30	132%	15	70	293%	15
31	135%	15	71	299%	15
32	138%	15	72	305%	15
33	141%	15	73	311%	15
34	144%	15	74	317%	15
35	147%	15	75	323%	15
36	150%	15			
37	153%	15			
38	156%	15			
39	159%	15			
40	162%	15			

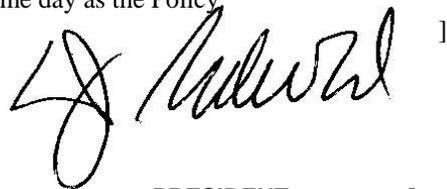
***The factor will increase proportionately from the end of a Policy Year to the next. We will provide You with this benefit amount upon Your request.**

Signed at the Home Office of the Company and effective on the same day as the Policy

[_____]

[_____]





[**SECRETARY**]

[**PRESIDENT**]

The Chesapeake Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: P.O. Box 548801, Oklahoma City, Oklahoma 73154

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1. On surrender, termination, lapse or conversion of the Policy during the Initial Term Period;
2. When any Nonforfeiture Option goes into effect;
3. When the Insured dies; or
4. When the Rider Premium is not paid before the end of the Grace Period.

Our acceptance of a premium, for any period after the date of termination of this Rider, shall create no liability to Us, nor will it constitute a waiver of the termination. Any premium, which has been accepted by Us, will be refunded.

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2. Extended Level Term Insurance

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Any insurance provided under the Extended Level Term Option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a Policy Anniversary, the value will not be less than the cash value on that anniversary.

Deferral of Cash Value Payment

We reserve the right to defer payment of the cash value for up to 6 months after We receive Your written request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

Basis Used for Calculations

Cash value amounts equal or exceed the values based on:

- 2001 CSO Nonsmoker and Smoker Tables with distinctions made for male and female;
- Age Last Birthday;
- Maximum Interest Rate permissible by the Standard Nonforfeiture Law;
- Death occurring at the end of the Policy year.

Extended Level Term Insurance Option is based on:

- 2001 CET Nonsmoker and Smoker Tables with distinctions made for male and female;
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Policy values equal or exceed those required by the state in which this Policy is delivered. A detailed statement of the method used to compute those values has been filed with the Insurance Department of that state.

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1	0%	1	41	150%	20
2	0%	2	42	153%	20
3	0%	3	43	156%	20
4	0%	4	44	159%	20
5	0%	5	45	162%	20
6	3%	6	46	165%	20
7	6%	7	47	168%	20
8	9%	8	48	171%	20
9	12%	9	49	174%	20
10	15%	10	50	177%	20
11	22%	11	51	181%	20
12	29%	12	52	185%	20
13	36%	13	53	189%	20
14	43%	14	54	193%	20
15	50%	15	55	197%	20
16	60%	16	56	201%	20
17	70%	17	57	205%	20
18	80%	18	58	209%	20
19	90%	19	59	213%	20
20	100%	20	60	217%	20
21	102%	20	61	221%	20
22	104%	20	62	225%	20
23	106%	20	63	230%	20
24	108%	20	64	235%	20
25	110%	20	65	240%	20
26	112%	20	66	245%	20
27	114%	20	67	250%	20
28	116%	20	68	255%	20
29	118%	20	69	260%	20
30	120%	20	70	265%	20
31	122%	20	71	270%	20
32	124%	20	72	275%	20
33	126%	20	73	281%	20
34	129%	20	74	287%	20
35	132%	20	75	293%	20
36	135%	20			
37	138%	20			
38	141%	20			
39	144%	20			
40	147%	20			

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Signed at the Home Office of the Company and effective on the same day as the Policy.


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Extended Level Term Insurance Option is based on:

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5	0%	5	45	132%	30
6	1%	6	46	135%	30
7	2%	7	47	138%	30
8	3%	8	48	141%	30
9	4%	9	49	144%	30
10	5%	10	50	147%	30
11	7%	11	51	150%	30
12	9%	12	52	153%	30
13	11%	13	53	156%	30
14	13%	14	54	159%	30
15	15%	15	55	162%	30
16	17%	16	56	165%	30
17	19%	17	57	168%	30
18	21%	18	58	171%	30
19	23%	19	59	174%	30
20	25%	20	60	177%	30
21	30%	21	61	181%	30
22	35%	22	62	185%	30
23	40%	23	63	189%	30
24	45%	24	64	193%	30
25	50%	25	65	197%	30
26	60%	26	66	201%	30
27	70%	27	67	205%	30
28	80%	28	68	209%	30
29	90%	29	69	213%	30
30	100%	30	70	217%	30
31	102%	30	71	221%	30
32	104%	30	72	225%	30
33	106%	30	73	230%	30
34	108%	30	74	235%	30
35	110%	30	75	240%	30
36	112%	30			
37	114%	30			
38	116%	30			
39	118%	30			
40	120%	30			

***The factor will increase proportionately from the end of a Policy Year to the next. We will provide You with this benefit amount upon Your request.**

Signed at the Home Office of the Company and effective on the same day as the Policy.


SECRETARY


PRESIDENT

**THE CHESAPEAKE LIFE INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA**

**ENDORSEMENT TO
Return of Premium Rider
FORM CTLR RP 5/03**

This endorsement amends the policy to which it is attached and is subject to all other provisions of the policy not amended by this endorsement.

The basis of this endorsement is to clarify method by which the return of premium rider benefit is calculated.

Page 3 of the Return of Premium Rider is amended to read as follows:

“RETURN OF PREMIUM BENEFIT CALCULATION

- 1) Multiply the amount for this Policy, which is the Annual Premium at Issue Date, as shown on the Policy Specification Page of the Policy
TIMES 2) Factor (a) for the appropriate Policy Year as shown in the below table
TIMES 3) Lesser of the Number of Years for the appropriate Policy Year (b) as shown in the below table or the Initial Term Period as shown on the Policy Specification Page.

The maximum benefit will never exceed the total premiums paid to date.”

All other information on page 3 of the Return of Premium Rider remains the same.

The effective date of this endorsement is the same as the policy to which it is attached. This endorsement will terminate on the same date as the policy to which it is attached.

**The Chesapeake Life Insurance Company
3600 NW 138th Street, Suite 100
Oklahoma City, Oklahoma 73134
[Telephone Number 1-800-725-7887 or 405-848-0179]**

SERFF Tracking Number: MGOK-125539460 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 38631
Company Tracking Number: CTLR RP 15 11/07 REV
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Return of Premium Rider
Project Name/Number: Return of Premium Rider/CTLR RP 15 11/07 REV

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MGOK-125539460 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 38631
Company Tracking Number: CTLR RP 15 11/07 REV
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Return of Premium Rider
Project Name/Number: Return of Premium Rider/CTLR RP 15 11/07 REV

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 03/12/2008
Comments:
Attachment:
AR CLICO CERT OF COMP.pdf

Review Status:
Bypassed -Name: Application 03/12/2008
Bypass Reason: n/a
Comments:

Review Status:
Satisfied -Name: Actuarial Memorandum 03/14/2008
Comments:
Attachment:
CL_Act_Memo_ROP_Rider_rev 1107.pdf

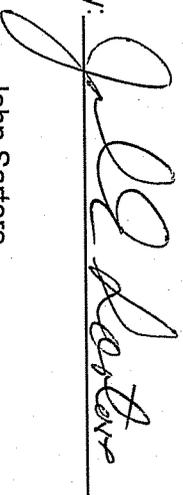
CERTIFICATION OF COMPLIANCE

The Chesapeake Life Insurance Company to the best of its knowledge and belief does hereby certify that the accompanying form(s) as identified by the listing attached hereto, does (do) comply with all sections of the Arkansas Code and Parts applicable to such insurance policies and related forms, and will be so construed, and agrees that when any provision in a policy subject to all Statutes and Regulations or any insurance part is in conflict with said title or part, said provision will be stricken and that the rights, duties, and obligations of the insurer, the insured and the beneficiary shall be governed by the applicable statutes and parts, and does further certify that:

1. This filing is in compliance with regulation 19
2. This filing is in compliance with regulation 49
3. ACA 23-80-206
4. ACA 23-79-138 and Bulletin 88

Dated 4/03/2008

by:



John Sartore

Printed or typed name of individual whose
signature appears above

Vice President

Title of individual whose signature appears
above

The Chesapeake Life Insurance Company

**Actuarial Memorandum for
Return of Premium Rider
Rider Form CTLR RP 11/07**

I. DESCRIPTION OF POLICY FORM

The Return of Premium benefit will equal the benefit as defined in the Return of Premium Benefit Calculation for the applicable initial term period (see attachments to this memorandum). The benefit will be reduced by any amount paid to the policyowner under any disability rider including waiver of premium or any critical condition accelerated benefit.

II. RESERVES

Mortality 2001 CSO ALB Sex and Smoker Distinct Mortality Tables

Interest Rate 4.0%

Method Reserves for this Rider will be calculated according to the Standard Valuation Law using the Commissioners Reserve Valuation Method. Reserves will be based on the combination of term insurance and the Return of Premium benefit. The Return of Premium benefit at Policy maturity will be treated as a pure endowment. A cash value floor equal to the Return of Premium benefit payable before Policy maturity will also apply.

RETURN OF PREMIUM BENEFIT CALCULATION – 15 Year Initial Term Period

- (1) Multiply the amount for this Policy, which is the Annual Premium at Issue Date, as shown on the Policy Specification Page of the Policy
- (2) Factor for the appropriate Policy Year as shown in the below table
- (3) Lesser of the Number of Years for the appropriate Policy Year as shown in the below table or years payable for this Rider as shown on the Policy Specification Page.

(Amount shown for the Rider on Policy Specification Page X (a) X (b) below for the appropriate Policy Year).

The maximum benefit will never exceed the total premiums paid to date.

End of Policy Year	*Factor (a)	Number of Years (b)	End of Policy Year	*Factor (a)	Number of Years (b)
1	0%	1	41	165%	15
2	0%	2	42	168%	15
3	0%	3	43	171%	15
4	0%	4	44	174%	15
5	0%	5	45	177%	15
6	5%	6	46	181%	15
7	10%	7	47	185%	15
8	15%	8	48	189%	15
9	20%	9	49	193%	15
10	25%	10	50	197%	15
11	40%	11	51	201%	15
12	55%	12	52	205%	15
13	70%	13	53	209%	15
14	85%	14	54	213%	15
15	100%	15	55	217%	15
16	102%	15	56	221%	15
17	104%	15	57	225%	15
18	106%	15	58	230%	15
19	108%	15	59	235%	15
20	110%	15	60	240%	15
21	112%	15	61	245%	15
22	114%	15	62	250%	15
23	116%	15	63	255%	15
24	118%	15	64	260%	15
25	120%	15	65	265%	15

26	122%	15	66	270%	15
27	124%	15	67	275%	15
28	126%	15	68	281%	15
29	129%	15	69	287%	15
30	132%	15	70	293%	15
31	135%	15	71	299%	15
32	138%	15	72	305%	15
33	141%	15	73	311%	15
34	144%	15	74	317%	15
35	147%	15	75	323%	15
36	150%	15			
37	153%	15			
38	156%	15			
39	159%	15			
40	162%	15			

*The factor will increase proportionately from the end of a Policy Year to the next. We will provide this benefit amount upon request.

RETURN OF PREMIUM BENEFIT CALCULATION – 20 Year Initial Term Period

- (1) Multiply the amount for this Policy, which is the Annual Premium at Issue Date, as shown on the Policy Specification Page of the Policy
- (2) Factor for the appropriate Policy Year as shown in the below table
- (3) Lesser of the Number of Years for the appropriate Policy Year as shown in the below table or years payable for this Rider as shown on the Policy Specification Page.

(Amount shown for the Rider on Policy Specification Page X (a) X (b) below for the appropriate Policy Year).

The maximum benefit will never exceed the total premiums paid to date.

End of Policy Year	*Factor (a)	Number of Years (b)	End of Policy Year	*Factor (a)	Number of Years (b)
1	0%	1	41	150%	20
2	0%	2	42	153%	20
3	0%	3	43	156%	20
4	0%	4	44	159%	20
5	0%	5	45	162%	20
6	3%	6	46	165%	20
7	6%	7	47	168%	20
8	9%	8	48	171%	20
9	12%	9	49	174%	20
10	15%	10	50	177%	20
11	22%	11	51	181%	20
12	29%	12	52	185%	20
13	36%	13	53	189%	20
14	43%	14	54	193%	20
15	50%	15	55	197%	20
16	60%	16	56	201%	20
17	70%	17	57	205%	20
18	80%	18	58	209%	20
19	90%	19	59	213%	20
20	100%	20	60	217%	20
21	102%	20	61	221%	20
22	104%	20	62	225%	20
23	106%	20	63	230%	20
24	108%	20	64	235%	20
25	110%	20	65	240%	20

26	112%	20	66	245%	20
27	114%	20	67	250%	20
28	116%	20	68	255%	20
29	118%	20	69	260%	20
30	120%	20	70	265%	20
31	122%	20	71	270%	20
32	124%	20	72	275%	20
33	126%	20	73	281%	20
34	129%	20	74	287%	20
35	132%	20	75	293%	20
36	135%	20			
37	138%	20			
38	141%	20			
39	144%	20			
40	147%	20			

*The factor will increase proportionately from the end of a Policy Year to the next. We will provide this benefit amount upon request.

RETURN OF PREMIUM BENEFIT CALCULATION – 30 Year Initial Term Period

- (1) Multiply the amount for this Policy, which is the Annual Premium at Issue Date, as shown on the Policy Specification Page of the Policy
- (2) Factor for the appropriate Policy Year as shown in the below table
- (3) Lesser of the Number of Years for the appropriate Policy Year as shown in the below table or years payable for this Rider as shown on the Policy Specification Page.

(Amount shown for the Rider on Policy Specification Page X (a) X (b) below for the appropriate Policy Year).

The maximum benefit will never exceed the total premiums paid to date.

End of Policy Year	*Factor (a)	Number of Years (b)	End of Policy Year	*Factor (a)	Number of Years (b)
1	0%	1	41	122%	30
2	0%	2	42	124%	30
3	0%	3	43	126%	30
4	0%	4	44	129%	30
5	0%	5	45	132%	30
6	1%	6	46	135%	30
7	2%	7	47	138%	30
8	3%	8	48	141%	30
9	4%	9	49	144%	30
10	5%	10	50	147%	30
11	7%	11	51	150%	30
12	9%	12	52	153%	30
13	11%	13	53	156%	30
14	13%	14	54	159%	30
15	15%	15	55	162%	30
16	17%	16	56	165%	30
17	19%	17	57	168%	30
18	21%	18	58	171%	30
19	23%	19	59	174%	30
20	25%	20	60	177%	30
21	30%	21	61	181%	30
22	35%	22	62	185%	30
23	40%	23	63	189%	30
24	45%	24	64	193%	30
25	50%	25	65	197%	30

26	60%	26	66	201%	30
27	70%	27	67	205%	30
28	80%	28	68	209%	30
29	90%	29	69	213%	30
30	100%	30	70	217%	30
31	102%	30	71	221%	30
32	104%	30	72	225%	30
33	106%	30	73	230%	30
34	108%	30	74	235%	30
35	110%	30	75	240%	30
36	112%	30			
37	114%	30			
38	116%	30			
39	118%	30			
40	120%	30			

*The factor will increase proportionately from the end of a Policy Year to the next. We will provide this benefit amount upon request.