

SERFF Tracking Number: MNNL-125353810 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 38506
Company Tracking Number: SRH-522
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.006 Truncated
Product Name: AUL Credit Life and Disability Insurance
Project Name/Number: AUL Credit Life and Disability Insurance /SRH-522

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: AUL Credit Life and Disability Insurance SERFF Tr Num: MNNL-125353810 State: ArkansasLH

TOI: CR04G Group Credit - Life

SERFF Status: Closed

State Tr Num: 38506

Sub-TOI: CR04G.006 Truncated

Co Tr Num: SRH-522

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Jeanine Berfeldt, Paula Moris, Steve Halverson, Teresa Guindon

Disposition Date: 04/09/2008

Date Submitted: 03/25/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AUL Credit Life and Disability Insurance

Status of Filing in Domicile: Authorized

Project Number: SRH-522

Date Approved in Domicile: 11/30/2007

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 04/09/2008

State Status Changed: 04/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see attached Cover Letter for filing description.

Company and Contact

Filing Contact Information

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Jeanine Berfeldt, Product Compliance Analyst jeanine.berfeldt@securian.com
400 Robert Street North (651) 665-4460 [Phone]
St. Paul, MN 55101-2098 (651) 665-5424[FAX]

Filing Company Information

Minnesota Life Insurance Company CoCode: 66168 State of Domicile: Minnesota
400 Robert Street North Group Code: 869 Company Type:
Law Department
St. Paul, MN 55101-2098 Group Name: State ID Number:
(651) 665-3500 ext. [Phone] FEIN Number: 41-0417830

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Filing fee is \$50.00 per policy filing and \$50.00 per rate filing. We are submitting a policy form filing and rate filing for review and approval. Our filing fee submission will be \$100.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$100.00	03/25/2008	18926222

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/09/2008	04/09/2008

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	04/08/2008	04/08/2008	Paula Moris	04/08/2008	04/08/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Group Credit Life/Disability Single Premium Application/Certificate	Form	Paula Moris	04/08/2008	04/08/2008
Group Credit Life/Disability Outstanding Balance Application/Certificate	Form	Paula Moris	04/08/2008	04/08/2008
Group Credit Life/Disability Single Premium Evidence	Form	Paula Moris	04/08/2008	04/08/2008

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Application

Group Credit Form	Paula Moris	04/08/2008	04/08/2008
Life/Disability			
Outstanding			
Balance			
Evidence			
Application			

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Disposition

Disposition Date: 04/09/2008

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	Life & Annuity - Actuarial Memo		No
Supporting Document	Filing Fee Documentation		Yes
Supporting Document	Cover Letter		Yes
Form	Group Credit Life Insurance Policy		Yes
Form	Group Credit Disability Insurance Policy		Yes
Form (revised)	Group Credit Life/Disability Single Premium Application/Certificate		Yes
Form	Group Credit Life/Disability Single Premium Application/Certificate		Yes
Form	Group Credit Life/Disability Single Premium Application/Certificate		Yes
Form (revised)	Group Credit Life/Disability Outstanding Balance Application/Certificate		Yes
Form	Group Credit Life/Disability Outstanding Balance Application/Certificate		Yes
Form	Group Credit Life/Disability Outstanding Balance Application/Certificate		Yes
Form (revised)	Group Credit Life/Disability Single Premium Evidence Application		Yes
Form	Group Credit Life/Disability Single Premium Evidence Application		Yes
Form	Group Credit Life/Disability Single Premium Evidence Application		Yes
Form (revised)	Group Credit Life/Disability Outstanding Balance Evidence Application		Yes
Form	Group Credit Life/Disability Outstanding Balance Evidence Application		Yes
Form	Group Credit Life/Disability Outstanding Balance Evidence Application		Yes
Form	Group Policyholder Credit Insurance Application		Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/08/2008

Submitted Date 04/08/2008

Respond By Date

Dear Jeanine Berfeldt,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Credit Life/Disability Outstanding Balance Application/Certificate (Form)
- Group Credit Life/Disability Outstanding Balance Evidence Application (Form)

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/08/2008

Submitted Date 04/08/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird:

Pursuant to your objection letter earlier today, we have added the following bold print fraud warning statement to the forms 06-60228.3 and 06-60230.3, as well as to forms 06-60227.3 and 06-60229.3: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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May we have approval of the above-referenced forms and rates for use in Arkansas?

Related Objection 1

Applies To:

- Group Credit Life/Disability Outstanding Balance Application/Certificate (Form)
- Group Credit Life/Disability Outstanding Balance Evidence Application (Form)

Comment:

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Group Credit Life/Disability Single Premium Application/Certificate</i>	06-60227.3		<i>Application/Enrollment Form</i>	<i>Initial</i>			LA066022 7.17A&Bs pappcertMar242008.pdf
Previous Version							
<i>Group Credit Life/Disability Single Premium Application/Certificate</i>	06-60227.3		<i>Application/Enrollment Form</i>	<i>Initial</i>			AR066022 7.3A&Bsp appcertMar192008.pdf
<i>Group Credit Life/Disability Outstanding Balance Application/Certificate</i>	06-60228.3		<i>Application/Enrollment Form</i>	<i>Initial</i>			LA066022 8.17A&Bo bappcertMar242008.pdf
Previous Version							
<i>Group Credit</i>	06-		<i>Application/Enrollment</i>	<i>Initial</i>			AR066022

<i>SERFF Tracking Number:</i>	<i>MNNL-125353810</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Minnesota Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38506</i>
<i>Company Tracking Number:</i>	<i>SRH-522</i>		
<i>TOI:</i>	<i>CR04G Group Credit - Life</i>	<i>Sub-TOI:</i>	<i>CR04G.006 Truncated</i>
<i>Product Name:</i>	<i>AUL Credit Life and Disability Insurance</i>		
<i>Project Name/Number:</i>	<i>AUL Credit Life and Disability Insurance /SRH-522</i>		
<i>Life/Disability</i>	<i>60228.3</i>	<i>Form</i>	<i>8.3A&Bob</i>
<i>Outstanding Balance</i>			<i>appcertMa</i>
<i>Application/Certificate</i>			<i>r202008.p</i>
			<i>df</i>
<i>Group Credit</i>	<i>06-</i>	<i>Application/Enrollment</i>	<i>Initial</i>
<i>Life/Disability Single</i>	<i>60229.3</i>	<i>Form</i>	<i>LA066022</i>
<i>Premium Evidence</i>			<i>9.17A&Bs</i>
<i>Application</i>			<i>pevidapp</i>
			<i>Mar25200</i>
			<i>8.pdf</i>
<i>Previous Version</i>			
<i>Group Credit</i>	<i>06-</i>	<i>Application/Enrollment</i>	<i>Initial</i>
<i>Life/Disability Single</i>	<i>60229.3</i>	<i>Form</i>	<i>AR066022</i>
<i>Premium Evidence</i>			<i>9.3A&Bsp</i>
<i>Application</i>			<i>pevidappM</i>
			<i>ar202008.</i>
			<i>pdf</i>
<i>Group Credit</i>	<i>06-</i>	<i>Application/Enrollment</i>	<i>Initial</i>
<i>Life/Disability</i>	<i>60230.3</i>	<i>Form</i>	<i>LA066023</i>
<i>Outstanding Balance</i>			<i>0.17A&Bo</i>
<i>Evidence Application</i>			<i>bevidapp</i>
			<i>Mar25200</i>
			<i>8.pdf</i>
<i>Previous Version</i>			
<i>Group Credit</i>	<i>06-</i>	<i>Application/Enrollment</i>	<i>Initial</i>
<i>Life/Disability</i>	<i>60230.3</i>	<i>Form</i>	<i>AR066023</i>
<i>Outstanding Balance</i>			<i>0.3A&Bob</i>
<i>Evidence Application</i>			<i>pevidappM</i>
			<i>ar202008.</i>
			<i>pdf</i>

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No Rate/Rule Schedule items changed.

Sincerely,
Jeanine Berfeldt, Paula Moris, Steve Halverson, Teresa Guindon

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Amendment Letter

Amendment Date:
 Submitted Date: 04/08/2008

Comments:

In error the incorrect forms were submitted in response to your objection.(those with the form number ending with a .17), They have been removed and correct forms are now attached. I apologize for any confusion this may have caused.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
06-60227.3	Application/EGroup Credit Initial nrollment Form	Life/Disability Single Premium Application/Certificate						AR0660227.3 A&Bspappcert April82008.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
06-60228.3	Application/EGroup Credit Initial nrollment Form	Life/Disability Outstanding Balance Application/Certificate						AR0660228.3 A&Bobappcert tApril82008.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
06-60229.3	Application/EGroup Credit Initial nrollment	Life/Disability						AR0660229.3 A&Bspevidap

SERFF Tracking Number: MNNL-125353810 State: Arkansas
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 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.006 Truncated
 Product Name: AUL Credit Life and Disability Insurance
 Project Name/Number: AUL Credit Life and Disability Insurance /SRH-522
 Form y Single pApril82008.p
 Premium df
 Evidence
 Application

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
06-60230.3	Application/EGroup Credit Initial nrollment Form	Life/Disability Outstanding Balance Evidence Application						AR0660230.3 A&Bobevidap pApril82008.p df

SERFF Tracking Number: MNNL-125353810 State: Arkansas
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Form Schedule

Lead Form Number: 06-60225.3

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	06-60225.3	Policy/Cont	Group Credit Life ract/Fratern Insurance Policy al Certificate	Initial			AR0660225.3 grplifepolicyM ar192008.pdf
	06-60226.3	Policy/Cont	Group Credit ract/Fratern Disability Insurance al Policy Certificate	Initial			AR0660226.3 grpdisabilityp olicyMar1920 08.pdf
	06-60227.3	Application/	Group Credit Enrollment Life/Disability Single Form Premium Application/Certificat e	Initial			AR0660227.3 A&Bspappcer tApril82008.p df
	06-60228.3	Application/	Group Credit Enrollment Life/Disability Form Outstanding Balance Application/Certificat e	Initial			AR0660228.3 A&Bobappcer tApril82008.p df
	06-60229.3	Application/	Group Credit Enrollment Life/Disability Single Form Premium Evidence Application	Initial			AR0660229.3 A&Bspevidap pApril82008.p df
	06-60230.3	Application/	Group Credit Enrollment Life/Disability Form Outstanding Balance Evidence Application	Initial			AR0660230.3 A&Bobavidap pApril82008.p df
	06-60213	Application/	Group Policyholder Enrollment Credit Insurance Form Application	Initial			0660213GrpP olicyholderAp pApril2007.pd f

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

POLICY INFORMATION

Policyholder:

Policy Number:

Policy Date:

First Policy Anniversary:

This policy was issued to the policyholder on the date shown above. We promise to pay the benefits provided by this policy, subject to the conditions, limitations and exceptions of this policy. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums. This policy may be continued by the policyholder on each policy anniversary for a period of one year, subject to the other provisions of this policy.

Notice of your right to examine this policy for 30 days.

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return this policy to us or to your insurance representative within 30 days of its receipt, and you will receive a full refund of any premium you have paid within 30 days after we receive your notice of cancellation.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder is a member of Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the policy date.



Secretary



President

Registrar

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GROUP CREDIT LIFE INSURANCE POLICY • A NON-PARTICIPATING POLICY • ANNUALLY RENEWABLE

Definitions

When we use the following words this is what we mean:

you, your

The policyholder shown in the policy information section of this policy.

we, our, us

Minnesota Life Insurance Company.

policy date

The date coverage under this policy becomes effective. The policy date is shown in the policy information section of this policy.

policy anniversary

The same day and month in each succeeding year as the first policy anniversary date shown in the policy information section of this policy.

application

Your application for this policy and any endorsement or subsequent amendment of that application.

eligible debtor

A natural person who becomes indebted to you under an eligible loan, is under age [66] (for the single premium payment plan - under age [67] on the termination date of insurance) [and has answered "no" to the eligibility question, if required, upon applying for insurance hereunder].

Persons are not eligible hereunder in connection with the indebtedness of a corporation or partnership.

eligible joint debtors

If you have elected in your application to offer joint life insurance, two debtors who become indebted to you under an eligible loan are eligible for joint life insurance provided the older debtor is under age [66] (for the single premium payment plan - under age [67] on the termination date of insurance) [and both debtors have answered "no" to the eligibility question, if required, upon applying for insurance hereunder]. The debtors must be jointly and individually liable and joint signers of the instrument of indebtedness.

Persons who are co-signers or guarantors on an indebtedness are not eligible hereunder nor are persons eligible in connection with the indebtedness of a corporation or partnership.

[eligibility question

To determine if a debtor or joint debtor is eligible for insurance under this policy, we shall require that he or she answer "no" to the following question upon applying for insurance:

During the last [two years], have you been advised or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?]

effective date

The date insurance becomes effective under this policy for an insured debtor.

insured debtor

An eligible debtor who becomes insured under this policy and who agrees to pay the required premium contributions.

single premium payment plan

If you have elected in your application to calculate premiums on a single premium basis, an eligible loan must have a fixed repayment period determined upon disbursement by the loan note. Also, the loan must be payable within a period of time that does not exceed the maximum loan duration on your application.

outstanding balance premium payment plan

If you have elected in your application to calculate premiums on an outstanding balance basis, an eligible loan may be either a closed-end or an open-end loan. An eligible closed-end loan must have a fixed repayment period determined upon disbursement by the loan note. Also, the loan must be payable within a period of time that does not exceed the maximum loan duration in your application.

An eligible open-end loan must be evidenced by a loan agreement that permits an eligible debtor to receive advances from time to time and requires the eligible debtor to make a minimum monthly repayment based on a formula applied to the total outstanding loan balance on the date of the last advance.

[If he or she is already insured under this policy in connection with an open-end loan, a debtor need not reapply or reanswer the eligibility question to increase his or her insurance because of an advance made on the open-end loan. However, the debtor must meet all other eligibility requirements of this policy on the date the advance is disbursed.]

eligible loan

The following is a list of eligible loans which may be insured under this policy depending upon the election you made in your application:

- (1) A loan requiring substantially equal installments payable monthly or more frequently with a repayment period fixed on the date the loan is disbursed.
- (2) A loan requiring the entire amount of principal and interest to be repaid in one single payment. This type of loan is commonly referred to as a "single payment loan."
- (3) A loan requiring a specified number of substantially equal installments payable monthly or more frequently with the remaining balance due as the final installment. This type of loan is commonly referred to as a "balloon loan."
- (4) A loan providing that either the amount of the installment payment or the number of installment payments may be adjusted periodically to reflect changes in prevailing loan interest rates. Adjustments are made

according to a specified procedure stated in the loan note. This type of loan is commonly referred to as a "variable interest loan."

- (2) For loans disbursed on or after the policy date, the effective date of insurance shall be the later of: 1) the date the eligible debtor signs the note evidencing the eligible loan; or 2) the date of the eligible debtor's application for insurance; or 3) the date the eligible loan is disbursed.

truncated term insurance coverage

The term of the insurance is less than the term of the loan. Truncated term insurance coverage may only be provided in conjunction with single premium and closed-end outstanding balance insurance plans.

age

The insured debtor's age at the insured debtor's last birthday.

General Information

What is your agreement with us?

This policy and your application contain the entire contract between you and us. Any statements you made in your application or an insured debtor made in his or her application will, in the absence of fraud, be considered representations and not warranties. Also, any statement you made will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in your application. Any statement an insured debtor makes will not be used to void the insured debtor's insurance unless the statement is contained in the insured debtor's application attached to his or her certificate.

No change or waiver of any of the provisions of this policy, or of any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an assistant secretary. No agent or other person has the authority to change or waive any provision of this policy, or of any certificate issued under it.

When is an eligible debtor required to submit evidence of insurability to obtain insurance?

Evidence of insurability, including good health, will be required if the eligible debtor applies for insurance more than [30] days after becoming eligible.

If during any policy year less than [75]% of your eligible debtors apply for this insurance, we may require evidence of insurability for all future eligible debtors.

What is the effective date of insurance for an eligible debtor?

If you have elected the single premium payment plan in your application, the effective date of insurance shall be the later of: 1) the date the eligible debtor signs the note evidencing the eligible loan; or 2) the date of the eligible debtor's application for insurance; or 3) the date the eligible loan is disbursed.

If you have elected the outstanding balance payment plan in your application, the effective date of insurance shall be determined as follows:

- (1) For debtors insured for credit life insurance by another insurance company immediately prior to the effective date of this policy and whose insurance is to be continued under this policy, the effective date of insurance shall be the policy date.

The effective date of an increase in insurance in connection with an advance made on an open-end loan shall be the date the advance is disbursed, provided the debtor meets the eligibility requirements of this policy on such date.

Regardless of the premium payment plan you have elected in your application, if evidence of insurability is required, the effective date of such insurance shall be the date we approve the eligible debtor's application for insurance.

Will the insured debtor receive a certificate of insurance?

Yes. We will supply you with certificates of insurance for delivery to each insured debtor within 30 days of his or her effective date. The certificate of insurance will describe the principal features of this policy that effect the insured debtor.

If evidence of insurability is required, we will supply you with a notice of proposed insurance to be given to affected debtors. This notice will contain the essential features of the insurance plan.

Death Benefit

What is the amount of the death benefit?

The maximum amount of insurance provided by this policy on any insured debtor shall be the maximum amount of insurance as specified in your application.

Insurance can be provided on a single premium gross decreasing, single premium net decreasing, single premium level benefit basis or outstanding balance benefit basis.

The unpaid balance shall be determined according to the amortization schedule in effect for the insured debtor's eligible loan on the date of his or her death.

If you have specified the gross decreasing benefit basis in your application: the initial amount of insurance shall be defined as the lesser of the initial total payments or the insurance maximum; and the unpaid balance is the sum of the scheduled remaining loan payments.

If you have specified the net decreasing benefit basis in your application: the initial amount of insurance shall be defined as the lesser of the initial amount financed or the insurance maximum; and the unpaid balance is the scheduled remaining principal balance plus accrued interest.

The death benefit provided on a gross decreasing or net decreasing basis shall be calculated by determining the ratio that the initial amount of insurance bears to the unpaid balance of the eligible loan on that same date. This ratio will then be applied to the unpaid balance of the insured debtor's eligible loan on the date of the insured debtor's death to determine the amount of the death benefit. Any portion of the unpaid balance, on the date of an insured debtor's death, that represents defaults (as defined in the loan note) in scheduled

payments of either interest or principal; any late charges; or penalties shall not be included in the unpaid balance for the purpose of determining the amount of the death benefit.

If you have specified the level benefit basis in your application, the amount of the death benefit is equal to the initial amount of insurance as shown in the insured debtor's application.

If you have specified the outstanding balance basis in your application, the death benefit provided shall be the lesser of:

- (1) the unpaid balance of the insured debtor's eligible loan on the date of the insured debtor's death; or
- (2) the maximum amount of insurance as specified in your application.

If there is joint life insurance in force, the death benefit for each jointly insured debtor shall be equal to the amount of death benefit they would qualify for if each had applied for insurance on a single basis. In no event will the death benefit on either jointly insured debtor exceed the maximum amount of insurance provided by this policy as specified in your application.

In no event will the death benefit exceed the maximum amount of insurance provided by this policy as specified in your application.

Are there limitations/exclusions affecting the amount of the death benefit?

We will not pay a claim if the insured debtor's death occurs within 6 months after the effective date of his or her insurance under this policy and is caused by a pre-existing medical condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance under this policy.

If premiums are collected on an outstanding balance basis, the following pre-existing condition exclusion applies: As to each advance disbursed to the insured debtor, we will not pay a claim on the advance if the insured debtor's death occurs within six months after the advance is disbursed and is caused by a pre-existing medical condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date the advance is disbursed.

If an insured debtor, whether sane or insane, dies by suicide within 6 months from the date the insured debtor's insurance coverage was first issued, our liability is limited to an amount equal to the insured debtor's premium charges.

If premiums are collected on an outstanding balance basis, the following suicide exclusion will apply: our liability as to each advance disbursed to the insured debtor will be limited to an amount equal to the premium charges paid for insurance on the advance if the insured debtor's death occurs within 6 months after the advance is disbursed and is caused by suicide, whether the insured debtor was sane or insane.

If joint life insurance is in force, these limitations/exclusions shall apply upon the death of either jointly insured debtor.

What happens upon the death of a jointly insured debtor?

Subject to the terms of this policy, the death benefit for the first jointly insured debtor to die will be paid. The insurance on the life of the surviving jointly insured debtor will automatically terminate when the first jointly insured debtor dies. If jointly insured debtors should die on the same date and we are not furnished with evidence to determine the order of deaths, it will be presumed the oldest jointly insured debtor died first. Only one death benefit will be paid.

Payment of Proceeds

When will the death benefit be paid?

The death benefit will be payable if we receive proof satisfactory to us that an insured debtor died while insured under this policy. All payments by us are payable at our home office. Proofs of any claim must be submitted in writing to our home office.

We will pay interest on death proceeds from the date of the insured debtor's death until the date of payment. Interest will be at an annual rate determined by us, but never less than [4] percent per year compounded annually.

To whom will we pay the death proceeds?

We will pay the death proceeds to you to be applied to reduce or extinguish the insured debtor's eligible loan. Any remaining proceeds shall be payable to the estate of the insured debtor or, where required by law, to a secondary beneficiary. If no secondary beneficiary has been named, remaining proceeds shall be payable to the estate of the insured debtor. Our payment will fully discharge our liability with respect to any amount so paid.

Termination

When does this policy terminate?

You or we may terminate this policy by giving 31 days prior written notice. No individual debtor may become insured under this policy after the effective date of your or our notice of termination. If you calculate premiums on a single premium basis and cease payment of premiums, this policy will terminate but the insurance will remain in force on those insured debtors for whom premiums were formerly paid. If you calculate premiums on an outstanding balance basis and cease payment of premiums, this policy will terminate at the expiration of the grace period. However, if premiums have been paid by the insured debtor, regardless of the premium calculation method, insurance will be provided.

When does insurance on an insured debtor terminate?

If you calculate premiums on a single premium basis, insurance on an insured debtor will terminate on the date:

- (1) the eligible loan is discharged through payment, prepayment, renewal or refinancing; or

- (2) the eligible loan reaches its initial scheduled maturity date, or if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the eligible loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or
- (3) the termination date of insurance as shown in the insured debtor's application is reached; or
- (4) you receive the insured debtor's written request to terminate his or her insurance; or
- (5) the insured debtor dies. If joint life insurance is in force, the insurance terminates on both debtors on the date either of the jointly insured debtors die and a life benefit is paid.

If you calculate premiums on an outstanding balance basis, insurance on an insured debtor will terminate on the date:

- (1) the eligible loan is discharged through payment, prepayment, renewal or refinancing; or
- (2) the eligible loan reaches its initial scheduled maturity date, or if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the eligible loan reaches the adjusted maturity date; or
- (3) the termination date of insurance as shown in the insured debtor's application is reached; or
- (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or
- (5) you transfer the eligible loan without recourse so you no longer service the loan; or
- (6) any required loan repayment which includes the insured debtor's insurance premium is more than [90 days] overdue; or
- (7) you receive the insured debtor's written request to terminate his or her insurance; or
- (8) this policy terminates provided the insured debtor receives 30 days written notice; or
- (9) the insured debtor dies. If joint life insurance is in force, the insurance terminates on both debtors on the date either of the jointly insured debtors die and a life benefit is paid; or
- (10) the insured debtor reaches age [67]. If joint life insurance is in force and insurance terminates on one of the joint insureds due to attainment of age [67], insurance will continue on the other debtor under single life coverage if that debtor is under age [67].

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Premiums

How are premiums for this policy calculated?

On your application you have elected to calculate premiums on either a single premium or an outstanding balance basis. If you elect to use the single premium basis, each insured debtor will pay a single premium charge which will be calculated using the single premium rate then in effect for this policy. If you elect to use the outstanding balance basis, each insured debtor will pay a monthly premium charge which will be calculated using the outstanding balance rate then in effect for this policy. All premium charges for this insurance shall be paid by you to us within 30 days of collection from the insured debtors. All premium charges paid by insured debtors are our property.

Where are the premiums payable?

All premium charges are payable monthly at our home office at 400 Robert Street North, St. Paul, MN 55101-2098.

Can we change the premium rates?

Yes, we have the right to change the premium rates for newly insured loans on the first policy anniversary and on any premium due date thereafter. We also retain the right to change the premium rates for newly insured loans on any date on which the extent of the insurance provided by this policy is changed. If you use the outstanding balance premium calculation basis, we also have the right to change the premium rates as stated above for existing insured loans.

Before we can exercise our right to change premium rates, we will give you 30 days prior written notice. Except when mandated by law or when the extent of the insurance provided by this policy is changed, we will not exercise our right to increase premium rates more than once in each policy year.

Is there a grace period?

If you calculate premiums on a single premium basis, you have a 31 day grace period for the payment of premium charges to us. No grace period is granted to the insured debtor under this premium calculation basis. All premiums are due and payable in advance.

If you calculate premiums on an outstanding balance basis, you have a 31 day grace period for payment of premium charges to us with the exception of the first premium due. If a premium is not paid on or before the date it is due, it may be paid during the 31 day period immediately following the due date. The premium payment, however, must be received in our home office within the 31 day grace period. This policy will continue in force during the 31 day grace period.

Premium Refunds

Will any unearned premium be refunded?

We will refund any unearned premium if:

- (1) insurance terminated prior to the scheduled maturity date of the eligible loan except upon death of the insured debtor; or
- (2) the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance.

We will refund any unearned premium within 30 days of the date we are notified that a premium refund is due the insured debtor.

How are refunds calculated?

The methods of calculating refunds are: 1) the refund for single premium decreasing term life insurance will be based on the "Rule of 78" formula; and 2) the refund for single premium level term life insurance and outstanding balance premium life insurance will be based on the "Pro Rata" formula. Or, if a different method is required in the state in which the insured debtor resides, that method will be used. However, refunds of less than \$1.00 will not be made.

In the case of joint insurance, if coverage is terminated with respect to one of the insureds in accordance with the provisions on suicide, contestability or age eligibility, a refund will be made equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and single insurance coverage will continue on the other insured.

Additional Information

What if an insured debtor's age is misstated?

If an insured debtor's age has been misstated, the amount of the proceeds payable under this policy will be that amount which the premiums paid would have purchased based upon that insured debtor's correct age. If we determine that the insured debtor was not eligible for coverage under this policy, due to the insured debtor's age, our liability under this policy shall be limited to an amount equal to the premium charges paid by the debtor.

Are insurance and related records open for inspection?

Yes, your records shall be open to inspection by us, at all reasonable times for any purpose related to the provisions of this policy.

Can an insured debtor assign his or her insurance?

No.

When does an insured debtor's insurance become incontestable?

After an insured debtor's insurance has been in force during the insured debtor's lifetime for two years from the effective date of the insured debtor's insurance, we cannot contest the insured debtor's insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premiums.

Does this policy comply with the laws of your state?

Yes, and any provision of this policy which, on the policy date, is in conflict with the statutes of the state in which an insured debtor resides is hereby amended to conform to the minimum requirement of those statutes.

MINNESOTA LIFE

400 Robert Street North • St. Paul, Minnesota 55101-2098

GROUP CREDIT LIFE INSURANCE POLICY • A NON-PARTICIPATING POLICY • ANNUALLY RENEWABLE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

POLICY INFORMATION

Policyholder:

Policy Number:

Policy Date:

First Policy Anniversary:

This policy was issued to the policyholder on the date shown above. We promise to pay the benefits provided by this policy, subject to the conditions, limitations and exceptions of this policy. We make this promise and issue this policy in consideration of the application for this policy and the payment of the premiums. This policy may be continued by the policyholder on each policy anniversary for a period of one year, subject to the other provisions of this policy.

Notice of your right to examine this policy for 30 days.

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return this policy to us or to your insurance representative within 30 days of its receipt, and you will receive a full refund of any premium you have paid within 30 days after we receive your notice of cancellation.

Minnesota Life Insurance Company is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. The policyholder is a member of Minnesota Mutual Companies, Inc., which holds its annual meetings on the first Tuesday in March of each year at 3 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the policy date.



Secretary



President

Registrar

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Definitions

When we use the following words this is what we mean:

you, your

The policyholder shown in the policy information section of this policy.

we, our, us

Minnesota Life Insurance Company.

policy date

The date coverage under this policy becomes effective. The policy date is shown in the policy information section of this policy.

policy anniversary

The same day and month in each succeeding year as the first policy anniversary date shown in the policy information section of this policy.

application

Your application for this policy and any endorsement or subsequent amendment of that application.

eligible debtor

A natural person who becomes indebted to you under an eligible loan and is under age [66] (for the single premium payment plan - under age [67] on the termination date of insurance). The person applying for insurance hereunder must also be actively at work on the date the eligible loan is disbursed [and have answered "no" to the eligibility question, if required, upon applying for insurance hereunder].

Only one debtor shall be eligible for insurance under this policy with respect to any one loan. If there are two or more debtors obligated on a loan, the debtor that signs the application for insurance hereunder as primary applicant shall be considered the eligible debtor for insurance purposes.

Persons are not eligible hereunder in connection with the indebtedness of a corporation or partnership.

[eligibility question

To determine if a debtor is eligible for insurance under this policy, we shall require that he or she answer "no" to the following question upon applying for insurance:

During the last [two years], have you been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?]

actively at work

To be considered actively at work for the purposes of this policy, the debtor must be gainfully working outside his or her residence for wages or profit and have been so working for [30] hours or more per week for the [30] day period immediately prior to the insurance coverage effective date.

effective date

The date insurance becomes effective under this policy for an insured debtor.

insured debtor

An eligible debtor who becomes insured under this policy and who agrees to pay the required premium contributions.

single premium payment plan

If you have elected in your application to calculate premiums on a single premium basis, an eligible loan must have a fixed repayment period determined upon disbursement by the loan note. Also, the loan must be payable within a period of time that does not exceed the maximum loan duration on your application.

outstanding balance premium payment plan

If you have elected in your application to calculate premiums on an outstanding balance basis, an eligible loan may be either a closed-end or an open-end loan. An eligible closed-end loan must have a fixed repayment period determined upon disbursement by the loan note. Also, the loan must be payable within a period of time that does not exceed the maximum loan duration in your application.

An eligible open-end loan must be evidenced by a loan agreement that permits an eligible debtor to receive advances from time to time and requires the eligible debtor to make a minimum monthly repayment based on a formula applied to the total outstanding loan balance on the date of the last advance.

[If he or she is already insured under this policy in connection with an open-end loan, a debtor need not reapply or reanswer the eligibility question to increase his or her insurance because of an advance made on the open-end loan. However, the debtor must meet all other eligibility requirements of this policy on the date the advance is disbursed.]

eligible loan

The following is a list of eligible loans which may be insured under this policy depending upon the election you made in your application.

- (1) A loan requiring substantially equal installments payable monthly or more frequently with a repayment period fixed on the date the loan is disbursed.
- (2) A loan requiring a specified number of substantially equal installments payable monthly or more frequently with the remaining balance due as the final installment. This type of loan is commonly referred to as a "balloon loan."
- (3) A loan providing that either the amount of the installment payment or the number of installment payments may be adjusted periodically to reflect changes in prevailing loan interest rates. Adjustments are made according to a specified procedure stated in the loan note. This type of loan is commonly referred to as a "variable interest loan."

Loans requiring the entire amount of principal and interest to be repaid in one single payment (commonly referred to as a "single payment loan") shall not be considered eligible loans for purposes of this policy.

truncated term insurance coverage

The term of the insurance is less than the term of the loan. Truncated term insurance coverage may only be provided in conjunction with single premium and closed-end outstanding balance insurance plans.

age

The insured debtor's age at the insured debtor's last birthday.

injury

An accidental bodily injury which requires the regular care of a physician.

sickness

A disease or illness of the insured debtor which requires the regular care of a physician.

physician

A licensed physician, other than the insured debtor.

totally disabled, total disability

The complete and continuous inability of the insured debtor, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

waiting period

The number of consecutive days, as stated in your application, at the beginning of each period of total disability for which no monthly disability benefit will be paid.

retroactive benefit

If you have elected in your application that the retroactive benefit is to apply, the monthly disability benefit will be payable (after the expiration of the waiting period) from the date the period of total disability began.

monthly disability benefit

The amount payable for each complete month of continuous total disability (after the expiration of the waiting period), subject to the maximum monthly disability benefit as stated in your application.

maximum aggregate disability benefit

The maximum amount payable under this policy for any continuous period of total disability as stated in your application.

critical period insurance coverage

Disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as specified in your application.

General Information

What is your agreement with us?

This policy and your application contain the entire contract between you and us. Any statements you made in your application or an insured debtor made in his or her application will, in the absence of fraud, be considered representations and not warranties. Also, any statement you made will not be used to void this

policy nor defend against a claim under this policy unless the statement is contained in your application. Any statement an insured debtor makes will not be used to void the insured debtor's insurance unless the statement is contained in the insured debtor's application attached to his or her certificate.

No change or waiver of any of the provisions of this policy, or of any certificate issued under it, will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an assistant secretary. No agent or other person has the authority to change or waive any provision of this policy, or of any certificate issued under it.

When is an eligible debtor required to submit evidence of insurability to obtain insurance?

Evidence of insurability, including good health, will be required if the eligible debtor applies for insurance more than [30] days after becoming eligible.

If during any policy year less than [75]% of the eligible debtors apply for this insurance, we may require evidence of insurability for all future eligible debtors.

What is the effective date of insurance for an eligible debtor?

If you have elected the single premium payment plan in your application, the effective date of insurance shall be the later of: 1) the date the eligible debtor signs the note evidencing the eligible loan; or 2) the date of the eligible debtor's application for insurance; or 3) the date the eligible loan is disbursed.

If you have elected the outstanding balance payment plan in your application, the effective date of insurance shall be determined as follows:

- (1) For debtors insured for credit disability insurance by another insurance company immediately prior to the effective date of this policy and whose insurance is to be continued under this policy, the effective date of insurance shall be the policy date.
- (2) For loan disbursed on or after the policy date, the effective date of insurance shall be the later of: 1) the date the eligible debtor signs the note evidencing the eligible loan; or 2) the date of the eligible debtor's application for insurance; or 3) the date the eligible loan is disbursed.

The effective date of an increase in insurance in connection with an advance made on an open-end loan shall be the date the advance is disbursed provided the debtor meets the eligibility requirements of this policy on such date.

Regardless of the premium payment plan you have elected in your application, if evidence of insurability is required, the effective date of such insurance shall be the date we approve the eligible debtor's application for insurance.

Will the insured debtor receive a certificate of insurance?

Yes. We will supply you with certificates of insurance for delivery to each insured debtor within 30 days of his or her effective date. The certificate of insurance will describe the principal features of this policy that affect the insured debtor.

If evidence of insurability is required, we will supply you with a notice of proposed insurance to be given to affected debtors. This notice will contain the essential features of the insurance plan.

Monthly Disability Benefit

What amount will be payable?

The monthly disability benefit payable will be an amount equal to the lesser of;

- (1) the insured debtor's minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or
- (2) the maximum monthly disability benefit as specified in your application.

If an insured debtor's minimum scheduled installment payment increases according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase the amount of monthly disability benefit accordingly provided:

- (1) The date of the increase in the minimum scheduled installment payment is after total disability commences; and
- (2) We were not paying monthly disability benefits immediately prior to the increase that were equal to the maximum amount of monthly disability benefit.

In no event will any other increase (or decrease) in an insured debtor's minimum scheduled installment payment, after the date total disability commences, serve to change the amount of monthly disability benefit payable.

If the insured debtor's final scheduled installment under a loan requiring a specified number of substantially equal installments with the balance due as the final installment (balloon loan) exceeds the scheduled installment payments required prior to that final installment, our liability for the final installment shall be limited to the monthly disability benefit determined when total disability commences.

Will the monthly disability benefit be prorated?

Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

When will the monthly disability benefit be payable?

If you have not elected the retroactive benefit the monthly disability benefit will be payable at the end of each month of continuous total disability following the expiration of the waiting period.

If you have elected the retroactive benefit, the initial monthly disability benefit will be payable on the later of the day following the expiration of the waiting period or on the 31st day of continuous total disability. Thereafter, the monthly disability benefit will be payable at the end of each month of continuous total disability following payment of the initial monthly disability benefit.

The period of total disability must commence prior to the insured debtor's [67th] birthday and while his or her coverage under this policy is in force. Also, the insured debtor must be under the regular care of a physician, when medically necessary, for the sickness or injury.

What if the insured debtor is totally disabled by more than one cause?

Any period of total disability resulting from one or more causes will be considered a single period of disability. Only one monthly disability benefit will be payable.

What if the insured debtor is both sick and injured?

We will not be liable for both sickness and injury benefits for any period of total disability. Only one monthly disability benefit will be payable.

For how long will the monthly disability benefit be paid?

The monthly disability benefit will be payable for any continuous period of total disability until one of the following conditions are met:

- (1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or
- (2) the maximum aggregate disability benefit as specified in your application has been paid; or
- (3) the insured debtor's loan reaches its initial scheduled maturity date, or if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or
- (4) the termination date of insurance as shown in the insured debtor's application is reached; or
- (5) **if critical period disability insurance coverage is in force**, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or
- (6) the insured debtor's loan is discharged through payment or prepayment; or
- (7) the insured debtor reaches age [67].

Any portion of the unpaid balance of the loan, on the date total disability commences, that represents defaults in scheduled payments of either interest or principal; any late charges; or penalties shall not be included in the unpaid balance for the purpose of determining how long the monthly disability benefit will be paid.

Recurrent Disabilities

What if the insured debtor suffers recurrent periods of total disability?

If, following a period of total disability, the insured debtor engages on a full-time basis in any occupation for a continuous period of [three months] or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability. However, if the period during which an insured debtor engages in an occupation is less than [three months], any subsequent

period of total disability resulting from the same or related cause or causes shall be considered a continuation of the preceding period of total disability.

If the insured debtor is totally disabled and sustains an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability for the purposes of this policy.

Exclusions

What disabilities are not covered by this policy?

This policy does not cover any loss resulting directly or indirectly from any total disability caused by:

- (1) intentionally self-inflicted injuries; or
- (2) normal pregnancies, normal childbirths, or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or
- (3) war or any act of war, whether such war is declared or undeclared; or
- (4) a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance under this policy and which results in total disability commencing within six months after the effective date of the insured debtor's coverage under this policy. This exclusion also applies to each advance disbursed to the insured debtor.

Payment of Benefits

When must notice of claims be given?

The insured debtor must give us notice; (1) within 30 days; or (2) as soon thereafter as possible after the occurrence or commencement of any loss covered by this policy. The notice of claim must be in writing and contain enough information for us to identify the insured debtor. The notice of claim must be given to our authorized agent or sent to our home office in St. Paul, Minnesota.

None of the following activities shall be considered a waiver of any of our rights to defend any claim under this policy: (a) our investigation of a claim; or (b) our furnishing of claim forms; or (c) our acceptance of the notice of claim and proof of loss forms. No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 6 years after the time when proof of loss is required to be furnished.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

What claim forms are required?

When we receive the notice of claim we will furnish the insured debtor the forms to file the proof of loss. If we do not furnish these forms within 15 days of the date we receive the notice of claim the insured debtor may

submit his or her own proof of loss. The proof of loss must be in writing and cover the occurrence, character, and extent of the loss.

When must proof of loss be given?

The insured debtor must give written proof of loss to us at our home office within 100 days after the termination of the period for which we are liable. Failure to furnish proof of loss within the time required will not invalidate or reduce the claim if it was not reasonably possible for the insured debtor to give proof within that time period. However, the insured debtor must furnish proof of loss as soon as reasonably possible. In no event, except in the absence of legal capacity, can proof of loss be filed later than one year from the time proof is otherwise required.

To whom will the benefits be paid?

All benefits under this policy will be paid to you to be applied toward repayment of the insured debtor's loan. Any benefit that may be payable after the insured debtor's loan is repaid will be payable directly to the insured debtor.

Termination

When does this policy terminate?

You or we may terminate this policy by giving 31 days prior written notice. No individual debtor may become insured under this policy after the effective date of your or our notice of termination. If you calculate premiums on a single premium basis and cease payment of premiums, this policy will terminate but the insurance will remain in force on those insured debtors for whom premiums were formerly paid. If you calculate premiums on an outstanding balance basis and cease payment of premiums, this policy will terminate at the expiration of the grace period. However, if premiums have been paid by the insured debtor, regardless of the premium calculation method, insurance will be provided.

When does insurance on an insured debtor terminate?

If you calculate premiums on a single premium basis, insurance on an insured debtor will terminate on the date:

- (1) the eligible loan is discharged through payment, prepayment, renewal or refinancing; or
- (2) the eligible loan reaches its initial scheduled maturity date, or if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the eligible loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or
- (3) the termination date of insurance as shown in the insured debtor's application is reached; or
- (4) you receive the insured debtor's written request to terminate his or her insurance; or
- (5) the insured debtor dies.

If you calculate premiums on an outstanding balance basis, insurance on an insured debtor will terminate on the date:

- (1) the eligible loan is discharged through payment, prepayment, renewal or refinancing; or
- (2) the eligible loan reaches its initial scheduled maturity date, or if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the eligible loan reaches the adjusted maturity date; or
- (3) the termination date of insurance as shown in the insured debtor's application is reached; or
- (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or
- (5) you transfer the eligible loan without recourse so you no longer service the loan; or
- (6) any required loan repayment which includes the insured debtor's insurance premium is more than [90 days] overdue; or
- (7) you receive the insured debtor's written request to terminate his or her insurance; or
- (8) this policy terminates provided the insured debtor receives 30 days written notice; or
- (9) the insured debtor dies; or
- (10) the insured debtor reaches age [67].

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Premiums

How are premiums for this policy calculated?

On your application, you have elected to calculate premiums on either a single premium or an outstanding balance basis. If you elect to use the single premium basis, each insured debtor will pay a single premium charge which will be calculated using the single premium rate then in effect for this policy. If you elect to use the outstanding balance basis, each insured debtor will pay a monthly premium charge which will be calculated using the outstanding balance rate then in effect for this policy. All premium charges for this insurance shall be paid by you to us within 30 days of collection from the insured debtors. All premium charges paid by insured debtors are our property.

Where are the premiums payable?

All premium charges are payable monthly at our home office at 400 Robert Street North, St. Paul, MN 55101-2098.

Can we change the premium rates?

Yes, we have the right to change the premium rates for newly insured loans on the first policy anniversary and on any premium due date thereafter. We also retain the right to change the premium rates for newly insured loans on any date on which the extent of the insurance provided by this policy is changed. If you use the outstanding balance premium calculation basis, we also have the right to change the premium rates as stated above for existing insured loans.

Before we can exercise our right to change premium rates, we will give you 30 days prior written notice. Except when mandated by law or when the extent of the insurance provided by this policy is changed, we will not exercise our right to increase premium rates more than once in each policy year.

Is there a grace period?

If you calculate premiums on a single premium basis, you have a 31 day grace period for the payment of premium charges to us. No grace period is granted to the insured debtor under this premium calculation basis. All premiums are due and payable in advance.

If you calculate premiums on an outstanding balance basis, you have a 31 day grace period for payment of premium charges to us with the exception of the first premium due. If a premium is not paid on or before the date it is due, it may be paid during the 31 day period immediately following the due date. The premium payment, however, must be received in our home office within the 31 day grace period. This policy will continue in force during the 31 day grace period.

Premium Refunds

Will any unearned premium be refunded?

We will refund any unearned premium if:

- (1) insurance terminates prior to the scheduled maturity date of the eligible loan; or
- (2) the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance.

We will refund any unearned premium within 30 days of the date we are notified that a premium refund is due the insured debtor.

How are refunds calculated?

The methods of calculating refunds are: 1) the refund for single premium disability insurance will be based on the "Rule of 78" formula; and 2) the refund for outstanding balance premium disability insurance will be based on the "Pro Rata" formula. Or, if a different method is required in the state in which the insured debtor resides, that method will be used. However, refunds of less than \$1.00 will not be made.

Additional Information

What if an insured debtor's age is misstated?

If an insured debtor's age has been misstated, the amount of the proceeds payable under this policy will be that amount which the premiums paid would have purchased based upon that insured debtor's correct age. If we determine that the insured debtor was not eligible for coverage under this policy, due to the insured debtor's age, our liability under this policy shall be limited to an amount equal to the premium charges paid by the debtor.

Are insurance and related records open for inspection?

Yes, your records shall be open to inspection by us, at all reasonable times for any purpose related to the provisions of this policy.

Can an insured debtor assign his or her insurance?

No.

When does an insured debtor's insurance become incontestable?

After an insured debtor's insurance has been in force during the insured debtor's lifetime for two years from the effective date of the insured debtor's insurance (excluding any period during which the insured debtor was disabled), we cannot contest the insured debtor's insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premiums.

Does this policy comply with the laws of your state?

Yes, and any provision of this policy which, on the policy date, is in conflict with the statutes of the state in which an insured debtor resides is hereby amended to conform to the minimum requirement of those statutes.

Do we have the right to examine the insured debtor?

Yes. We retain the right to examine the insured debtor at our own expense. We shall have the right and opportunity to examine the insured debtor as often as it may reasonably be required while a claim is being considered or paid.

MINNESOTA LIFE

APPLICATION/CERTIFICATE GROUP CREDIT INSURANCE SINGLE PREMIUM

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last)			DATE OF BIRTH		SOCIAL SECURITY NO.		LOAN NUMBER		
CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)			DATE OF BIRTH		LOAN TERM		LOAN EFFECTIVE DATE		LOAN MATURITY DATE
INTEREST RATE	AMOUNT FINANCED		PAYMENT AMOUNT		FINAL PAYMENT AMOUNT (if different)		NO. OF PAYMENTS		PAYMENT FREQUENCY
CREDITOR BENEFICIARY (POLICYHOLDER)			LOAN OFFICER		IS THIS A REFINANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WAS PRIOR LOAN INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LOAN # _____		
CREDIT LIFE INSURANCE				CREDIT DISABILITY INSURANCE					
GROUP POLICY NUMBER		INSURANCE MAXIMUM		GROUP POLICY NUMBER		MAXIMUM MONTHLY DISABILITY BENEFIT		WAITING PERIOD	
MAXIMUM LOAN REPAYMENT PERIOD		TYPE OF COVERAGE <input type="checkbox"/> NET <input type="checkbox"/> GROSS <input type="checkbox"/> LEVEL		MAXIMUM LOAN REPAYMENT PERIOD		MAXIMUM AGGREGATE DISABILITY BENEFIT		RETROACTIVE BENEFIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
TERM OF INSURANCE		TERMINATION DATE OF INSURANCE		TERM OF INSURANCE		TERMINATION DATE OF INSURANCE		CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	

CREDIT INSURANCE APPLIED FOR:

<input type="checkbox"/> SINGLE LIFE INSURANCE	Total Premium \$[]	<input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	Total Premium \$[]
<input type="checkbox"/> JOINT LIFE INSURANCE	\$[]		

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence. You are covered only for the types of coverage for which a selection is indicated on this application.

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above.
- If joint life insurance is selected, we are eligible if the older applicant will be under age [67] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
- I am eligible for disability insurance if I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date.
- A person signing this application as co-applicant is not eligible for single disability insurance.

[The following question must be answered to determine my (our) eligibility for insurance:

PRIMARY APPLICANT	CO-APPLICANT (JOINT LIFE INSURANCE ONLY)
Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

During the last [two years]: have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.]

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

06-60227.3 A

NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

IF CRITICAL PERIOD DISABILITY INSURANCE COVERAGE, A MAXIMUM OF [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.

CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE

This certificate is issued in consideration of your application and the payment of the required premium. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours.

Notice of your right to examine this certificate for 30 days. It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation. **IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN – YOUR INSURANCE WILL TERMINATE ON THE DATE INDICATED IN YOUR APPLICATION. THE DEATH BENEFIT WILL ONLY BE PAYABLE IF DEATH OCCURS DURING THE TERM OF THE INSURANCE. DISABILITY INSURANCE, IF IN FORCE, WILL NOT COVER YOUR ENTIRE INDEBTEDNESS AND THE DISABILITY INSURANCE BENEFITS AVAILABLE WILL BE LESS THAN THE AMOUNT NECESSARY TO PAY OFF YOUR LOAN. TOTAL DISABILITY WILL NOT BE PAID FOR ANY PERIOD OF TOTAL DISABILITY COMMENCING OR CONTINUING AFTER THE TERMINATION DATE OF INSURANCE SHOWN IN THE SCHEDULE.**

LIFE INSURANCE

What is the amount of the death benefit? If benefits are to be payable on a net decreasing basis: the initial amount of insurance shall be defined as the lesser of the initial amount financed or the insurance maximum; and the amount of the unpaid balance will be equal to the scheduled remaining principal balance plus accrued interest.

If benefits are to be payable on a gross decreasing basis: the initial amount of insurance shall be defined as the lesser of the initial total of payments or the insurance maximum; and the amount of the unpaid balance will be equal to the sum of the scheduled remaining loan payments.

The death benefit provided on a gross decreasing or net decreasing basis will be calculated by determining the ratio that the initial amount of your insurance bears to the unpaid balance of your loan on the same date. This ratio will then be applied to the unpaid balance of your loan on the date of your death to determine the amount of the death benefit.

If benefits are to be payable on a level basis, the amount of the death benefit is equal to the initial amount of insurance as shown in your application.

If you are jointly insured and your co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

Are there limitations/exclusions affecting the amount of the death benefit? We will not pay a claim if death occurs within 6 months after the effective date of your insurance and is caused by a pre-existing medical condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of your insurance.

We will not pay any life claim if you, whether sane or insane, die by suicide within 6 months from the effective date of your insurance, but we will refund your premium.

If you applied for joint life insurance, these limitations/exclusions also apply to your co-debtor.

DISABILITY INSURANCE

What is the amount of your monthly disability benefit? Your monthly disability benefit will be an amount equal to the lesser of: (1) your minimum scheduled installment payment as specified in your loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the maximum monthly disability benefit specified in your application.

PREMIUM REFUND

EFFECTIVE DATE OF LOAN	TERM OF LOAN	CANCELLATION DATE	REFUND AMOUNT	Life: \$	Disability: \$
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06-60227.3 B

If your minimum scheduled installment payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided: (1) the date of scheduled installment payment increase is after total disability commences; and (2) the maximum monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

In no event will any other increase (or decrease) in your minimum scheduled installment payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

Will the monthly disability benefit be prorated? Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

What is the definition of total disability? Your complete and continuous inability, due to either sickness or injury, to engage in any occupation for which you are reasonably suited by age, education, training or experience.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in your application.

For how long will monthly disability benefits be paid? We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the maximum aggregate disability benefit specified in your application has been paid; or (3) your loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in your application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) your loan is discharged through payment or prepayment; or (7) you reach age [67].

What if you suffer recurrent periods of total disability? If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of [three months] or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability.

However, if the period during which you engage in any occupation is less than [three months], any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

What disabilities are not covered? We will not insure any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of your insurance and which results in total disability commencing within six months after the effective date of your insurance.

GENERAL PROVISIONS

To whom will benefits be payable? Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be made to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

When will benefits be payable? The death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder.

Disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your [67th] birthday. Also, you must be under the regular care of a physician, when medically necessary, for the sickness or injury. We will pay the monthly disability benefit at the end of each month of continuous total disability following the expiration of the waiting period. If the retroactive benefit is effective, we will pay the monthly disability benefit at the end of each month of continuous total disability from the date total disability commences but benefits will not begin until the waiting period expires.

When must notice of a disability claim be given? You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

How are premiums calculated? The premium for your insurance is calculated on a single premium basis using the premium rate in effect under the group policy.

How are refunds calculated? If your insurance terminates before the termination date of insurance or the premium you were charged is greater than the premium required for your age and amount of insurance, the unearned premium will be refunded to you. The method of calculating refunds is the "Rule of 78" formula for decreasing term coverage and the "Pro Rata" formula for level term life coverage. However, refunds of less than \$1.00 will not be made.

When does your insurance terminate? Your insurance will terminate on the date any of the following events occurs: (1) your loan is discharged through payment, prepayment, renewal or refinancing; or (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or (3) the termination date of insurance as shown in your application is reached; or (4) you request in writing that your insurance be terminated; or (5) you die. If joint life insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor die and a life benefit is paid.

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

What if your age is misstated? If you stated you would be under age [67] on the termination date of insurance and you applied for disability insurance or you stated you would be under age [67] on the termination date of insurance and you applied for life insurance but you were not, we will refund your premium when we discover this and no benefits will be paid. If you applied for joint life insurance, these also apply to your co-debtor.

Can we contest your insurance? After your insurance has been in force during your lifetime for two years from the effective date of your insurance (excluding any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premium.

What if joint life insurance is terminated because of suicide, contestability, or eligibility? In the case of joint life insurance, if coverage is terminated with respect to one of the joint insureds in accordance with the provisions on suicide, contestability or age eligibility contained in this certificate, a refund will be made which is equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and insurance will continue on the other insured under a single coverage basis.

**APPLICATION/CERTIFICATE GROUP CREDIT INSURANCE
OUTSTANDING BALANCE**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last)		DATE OF BIRTH	SOCIAL SECURITY NO.	LOAN NUMBER
CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)		DATE OF BIRTH	LOAN TERM	LOAN EFFECTIVE DATE
TYPE OF COVERAGE <input type="checkbox"/> CLOSED-END <input type="checkbox"/> OPEN-END		INTEREST RATE	AMOUNT FINANCED	PAYMENT AMOUNT
CREDITOR BENEFICIARY (POLICYHOLDER)		NO. OF PAYMENTS		
		PAYMENT FREQUENCY		
		LOAN OFFICER		

CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER	INSURANCE MAXIMUM (PER INDEBTEDNESS)	GROUP POLICY NUMBER	MAXIMUM MONTHLY DISABILITY BENEFIT	WAITING PERIOD
MAXIMUM LOAN REPAYMENT PERIOD		MAXIMUM LOAN REPAYMENT PERIOD	MAXIMUM AGGREGATE DISABILITY BENEFIT (PER INDEBTEDNESS)	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input type="checkbox"/> NO
TERM OF INSURANCE	TERMINATION DATE OF INSURANCE	TERM OF INSURANCE	TERMINATION DATE OF INSURANCE	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:	CLOSED-END: Estimated Total Premium	OPEN-END: Monthly Rate Per \$1000 of Insured Amount
<input type="checkbox"/> SINGLE LIFE INSURANCE	\$()	\$()
<input type="checkbox"/> JOINT LIFE INSURANCE	\$()	\$()
<input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	\$()	\$()

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence. You are covered only for the types of coverage for which a selection is indicated on this application.

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older applicant is presently under age [66] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age [67]. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-applicant is not eligible for single disability insurance.

[The following question must be answered to determine my (our) eligibility for insurance:

PRIMARY APPLICANT	CO-APPLICANT (JOINT LIFE INSURANCE ONLY)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

During the last [two years]: have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.]

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE X	DATE	CO-APPLICANT'S SIGNATURE X	DATE
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06-60228.3 A

NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

IF CRITICAL PERIOD DISABILITY INSURANCE COVERAGE, A MAXIMUM OF [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.

CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE

This certificate is issued in consideration of your application and the payment of the required premium. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours.

Notice of your right to examine this certificate for 30 days. It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us or to your insurance representative within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation.

IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN – YOUR INSURANCE WILL TERMINATE ON THE DATE INDICATED IN YOUR APPLICATION. THE DEATH BENEFIT WILL ONLY BE PAYABLE IF DEATH OCCURS DURING THE TERM OF THE INSURANCE. DISABILITY INSURANCE, IF IN FORCE, WILL NOT COVER YOUR ENTIRE INDEBTEDNESS AND THE DISABILITY INSURANCE BENEFITS AVAILABLE WILL BE LESS THAN THE AMOUNT NECESSARY TO PAY OFF YOUR LOAN. TOTAL DISABILITY WILL NOT BE PAID FOR ANY PERIOD OF TOTAL DISABILITY COMMENCING OR CONTINUING AFTER THE TERMINATION DATE OF INSURANCE SHOWN IN THE SCHEDULE.

LIFE INSURANCE

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of your loan on the date of your death; or (2) the maximum amount of insurance specified on your application.

If you are jointly insured and you co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

Are there limitations/exclusions affecting the amount of the death benefit? As to each advance on your loan, we will not pay a claim on that advance if death occurs within six months after the date of the advance and is caused by a pre-existing medical condition as defined below.

A pre-existing medical condition is a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance.

As to each advance on your loan, we will not pay a claim but we will refund premium paid for insurance on that advance if death occurs within 6 months after the date of the advance and is caused by suicide, whether sane or insane.

If you applied for joint life insurance, these limitations/exclusions also apply to your co-debtor.

DISABILITY INSURANCE

What is the amount of your monthly disability benefit? Your monthly disability benefit will be an amount equal to the lesser of: (1) your minimum scheduled installment payment as specified in your loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the maximum monthly disability benefit specified in your application.

If your minimum scheduled installment payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided: (1) the date of scheduled installment payment increase is after total

06-60228.3 B

disability commences; and (2) the maximum monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

In no event will any other increase (or decrease) in your minimum scheduled installment payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

Will the monthly disability benefit be prorated? Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

What is the definition of total disability? Your complete and continuous inability, due to either sickness or injury, to engage in any occupation for which you are reasonably suited by age, education, training or experience.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in your application.

For how long will monthly disability benefits be paid? We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the maximum aggregate disability benefit specified in your application has been paid; or (3) your loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in your application is reached; or (5) **if critical period disability insurance coverage is in force**, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) your loan is discharged through payment or prepayment; or (7) you reach age [67].

What if you suffer recurrent periods of total disability? If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of [three months] or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability. However, if the period during which you engage in any occupation is less than [three months], any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

What disabilities are not covered? We will not insure any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on your loan; a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance and which results in total disability commencing within six months after the date of the advance.

GENERAL PROVISIONS

To whom will benefits be payable? Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be made to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

When will benefits be payable? The death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder.

Disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your [67th] birthday. Also, you must be under the regular care of a physician, when medically necessary, for the sickness or injury. We will pay the monthly disability benefit at the end of each month of continuous total disability following the expiration of the waiting period. If the retroactive benefit is effective, we will pay the monthly disability benefit at the end of each month of continuous total disability from the date total disability commences but benefits will not begin until the waiting period expires.

When must notice of a disability claim be given? You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

How are premiums calculated? Premiums for your insurance are calculated each month on the remaining insured outstanding balance of your loan using the premium rate in effect under the group policy. The premium rate is subject to change not more than once each year upon 30 days prior written notice to you.

How are refunds calculated? If your insurance terminates before the termination date of insurance or the premium you were charged is greater than the premium required for your age and amount of insurance, the unearned premium will be refunded to you. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.

When does your insurance terminate? Your insurance will terminate on the date any of the following events occurs: (1) your loan is discharged through payment, prepayment, renewal or refinancing; or (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in your application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the policyholder transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes your insurance premium is more than [90 days] overdue; or (7) you request in writing that your insurance be terminated; or (8) the group policy terminates provided you receive 30 days written notice; or (9) you die. If joint life insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor die and a life benefit is paid; or (10) you reach age [67] and have disability insurance; or (11) you reach age [67] and have life insurance. If joint life insurance is in force and insurance terminates on one of you due to attainment of age [67], insurance will continue on the other insured under single life coverage if that person is under age [67].

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

What if your age is misstated? If you stated you were under age [66] and you applied for disability coverage or you stated you were under age [66] and you applied for life coverage but you were not, we will refund your premium when we discover this and no benefits will be paid. If you applied for joint life insurance, these also apply to your co-debtor.

Can we contest your insurance? After your insurance has been in force during your lifetime for two years from the effective date of your insurance (excluding any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premium.

What if joint life insurance is terminated because of suicide, contestability, or eligibility? In the case of joint life insurance, if coverage is terminated with respect to one of the joint insureds in accordance with the provisions on suicide, contestability or age eligibility contained in this certificate, a refund will be made which is equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and insurance will continue on the other insured under a single coverage basis.

**APPLICATION GROUP CREDIT INSURANCE
SINGLE PREMIUM**

MINNESOTA LIFE

Minnesota Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last)			SOCIAL SECURITY NO.		DATE OF BIRTH		
ADDRESS (Street, City, State & Zip Code)					TELEPHONE NUMBER ()		
PRIMARY APPLICANT'S HEIGHT		PRIMARY APPLICANT'S WEIGHT		PRIMARY APPLICANT'S OCCUPATION			
CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)					DATE OF BIRTH		
CO-APPLICANT'S HEIGHT		CO-APPLICANT'S WEIGHT		CO-APPLICANT'S OCCUPATION			
LOAN TERM	LOAN MATURITY DATE	INTEREST RATE	AMOUNT FINANCED	PAYMENT AMOUNT (if different)	FINAL PAYMENT AMOUNT	NO. OF PAYMENTS	PAYMENT FREQUENCY
CREDITOR BENEFICIARY (POLICYHOLDER) AND ADDRESS				LOAN NUMBER	LOAN EFFECTIVE DATE	LOAN OFFICER	

CREDIT LIFE INSURANCE				CREDIT DISABILITY INSURANCE				
GROUP POLICY NUMBER		INSURANCE MAXIMUM		GROUP POLICY NUMBER		MAXIMUM MONTHLY DISABILITY BENEFIT		WAITING PERIOD
MAX. LOAN REPAYMENT PERIOD		TYPE OF COVERAGE <input type="checkbox"/> NET <input type="checkbox"/> GROSS <input type="checkbox"/> LEVEL		MAX. LOAN REPAYMENT PERIOD		MAX. AGGREGATE DISABILITY BENEFIT		RETROACTIVE BENEFIT <input type="checkbox"/> YES <input type="checkbox"/> NO
TERM OF INSURANCE	TERMINATION DATE OF INSURANCE			TERM OF INSURANCE	TERMINATION DATE OF INSURANCE			CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:

<input type="checkbox"/> SINGLE LIFE INSURANCE	Total Premium \$[]	<input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	Total Premium \$[]
<input type="checkbox"/> JOINT LIFE INSURANCE	\$[]		

INITIAL AMOUNT OF LIFE INSURANCE _____ MONTHLY DISABILITY BENEFIT _____

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, that I (we) may terminate it at any time, and that I (we) may use alternative coverage or purchase insurance elsewhere: **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that

- If life insurance is selected, I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above.
- If joint life insurance is selected, we are eligible if the older applicant will be under age [67] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
- If disability insurance is selected, I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date.
- A person signing this application as co-applicant is not eligible for single disability insurance.

The following questions must be answered:

PRIMARY APPLICANT		CO-APPLICANT (JOINT LIFE INSURANCE ONLY)		
YES*	NO	YES*	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any medical practitioner or institution, insurance company or the Medical Information Bureau to give any information about my (our) physical and mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life Insurance Company ("Company"), St. Paul, Minnesota 55101-2098, and its reinsurers. This authorization shall be valid for 26 months from the date this application is signed. A photo copy shall be as valid as the original. I (we) have read this authorization and the Consumer Privacy Notice which was provided, and understand I (we) may receive copies. The Company shall incur no liability until this application is approved by the Company while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE		DATE	CO-APPLICANT'S SIGNATURE		DATE
To Be Completed By the Insurance Company		LIFE APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____	DATE	EFFECTIVE DATE	
		DISABILITY APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____			

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

The Company or its reinsurers may send your information, without your express authorization, to government agencies involved in regulation of insurance or, without identifying you, to insurance organizations for statistical studies.

The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, MA 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? The death benefit provided on a gross decreasing or net decreasing basis will be calculated by determining the ratio that the initial amount of insurance bears to the unpaid balance of the loan on that same date. This ratio will then be applied to the unpaid balance of the loan on the date of death to determine the amount of death benefit. If benefits are to be payable on a level basis, the amount of the death benefit will be equal to the initial amount of insurance. If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Are there limitations/exclusions affecting the amount of the death benefit? The Company will not pay a claim if the insured debtor's death occurs within 6 months after the effective date of insurance and is caused by a pre-existing medical condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance.

The Company will not pay any life claim if the insured debtor, whether sane or insane, dies by suicide within 6 months from the effective date of his or her insurance. The Company's liability will be limited to a refund of the insurance premium paid.

If there is joint life insurance in force, these limitations/exclusions apply to both jointly insured debtors.

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of:

(1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met:

(1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the Maximum Aggregate Disability Benefit has been paid; or (3) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in the debtor's application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) the loan is discharged through payment or prepayment; or (7) the insured debtor reaches age [67].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance and which results in total disability commencing within six months after the effective date of the insured debtor's insurance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) the debtor requests in writing that insurance be terminated; or (5) the insured debtor dies. If joint life insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life benefit is paid.

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the termination date of insurance or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Rule of 78" formula for decreasing term coverage and the "Pro Rata" formula for level term life coverage. However, refunds of less than \$1.00 will not be made.

**APPLICATION GROUP CREDIT INSURANCE
OUTSTANDING BALANCE**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last)			SOCIAL SECURITY NO.		DATE OF BIRTH	
ADDRESS (Street, City, State & Zip Code)					TELEPHONE NUMBER ()	
PRIMARY APPLICANT'S HEIGHT		PRIMARY APPLICANT'S WEIGHT		PRIMARY APPLICANT'S OCCUPATION		
CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)				DATE OF BIRTH		
CO-APPLICANT'S HEIGHT		CO-APPLICANT'S WEIGHT		CO-APPLICANT'S OCCUPATION		
LOAN TERM	LOAN MATURITY DATE	INTEREST RATE	AMOUNT FINANCED	PAYMENT AMOUNT	NO. OF PAYMENTS	PAYMENT FREQUENCY
CREDITOR BENEFICIARY (POLICYHOLDER)			LOAN NUMBER	LOAN EFFECTIVE DATE	LOAN OFFICER	TYPE OF COVERAGE <input type="checkbox"/> CLOSED-END <input type="checkbox"/> OPEN-END
CREDIT LIFE INSURANCE			CREDIT DISABILITY INSURANCE			
GROUP POLICY NUMBER	INSURANCE MAXIMUM		GROUP POLICY NUMBER	MAXIMUM MONTHLY DISABILITY BENEFIT		WAITING PERIOD
MAXIMUM LOAN REPAYMENT PERIOD			MAXIMUM LOAN REPAYMENT PERIOD	MAXIMUM AGGREGATE DISABILITY BENEFIT		RETROACTIVE BENEFIT <input type="checkbox"/> YES <input type="checkbox"/> NO
TERM OF INSURANCE	TERMINATION DATE OF INSURANCE		TERM OF INSURANCE	TERMINATION DATE OF INSURANCE		CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:	CLOSED-END: Estimated Total Premium	OPEN-END: Monthly Rate Per \$1000 of Insured Amount
<input type="checkbox"/> SINGLE LIFE INSURANCE	\$[]	\$[]
<input type="checkbox"/> JOINT LIFE INSURANCE	\$[]	\$[]
<input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	\$[]	\$[]

INITIAL AMOUNT OF INSURANCE _____ MONTHLY DISABILITY BENEFIT _____

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. I (we) understand that if **Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older applicant is presently under age [66] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age [67]. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-applicant is not eligible for single disability insurance.

The following questions must be answered:

PRIMARY APPLICANT	CO-APPLICANT (JOINT LIFE INSURANCE ONLY)	
YES*	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any medical practitioner or institution, insurance company or the Medical Information Bureau to give any information about my (our) physical and mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life Insurance Company ("Company"), St. Paul, Minnesota 55101-2098, and its reinsurers. This authorization shall be valid for 26 months from the date this application is signed. A photo copy shall be as valid as the original. I (we) have read this authorization and the Consumer Privacy Notice which was provided, and understand I (we) may receive copies. The Company shall incur no liability until this application is approved by the Company while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE		DATE	CO-APPLICANT'S SIGNATURE		DATE
To Be Completed By the Insurance Company	<input type="checkbox"/> LIFE APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE	EFFECTIVE DATE	
	<input type="checkbox"/> DISABILITY APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE		

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

The Company or its reinsurers may send your information, without your express authorization, to government agencies involved in regulation of insurance or, without identifying you, to insurance organizations for statistical studies.

The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, MA 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of the loan on the date of death; or (2) the maximum amount of insurance specified in the group policy.

If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Are there any limitations/exclusions affecting the amount of the death benefit? As to each advance on the loan, the Company will not pay a claim on that advance if death occurs within six months after the date of the advance and is caused by a pre-existing medical condition as defined below.

A pre-existing medical condition is a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance.

As to each advance on an insured debtor's loan, the Company will not pay a claim but it will refund premium paid for insurance on that advance if death occurs within 6 months after the date of the advance and is caused by suicide, whether sane or insane.

If there is joint life insurance in force, these limitations/exclusions apply to both jointly insured debtors.

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of: (1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the Maximum Aggregate Disability Benefit has been paid; or (3) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in the debtor's application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) the loan is discharged through payment or prepayment; or (7) the insured debtor reaches age [67].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on the loan; a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance and which results in total disability commencing within six months after the date of the advance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the Creditor Beneficiary transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes the insured debtor's insurance premium is more than [90 days] overdue; or (7) the Creditor Beneficiary receives the insured debtor's written request to terminate his or her insurance; or (8) the group policy(ies) terminate provided the insured debtor receives 30 days written notice; or (9) the insured debtor dies. If joint life insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life benefit is paid; or (10) the insured debtor reaches age [67] and has disability insurance; or (11) the insured debtor reaches age [67] and has life insurance. If joint life insurance is in force and insurance terminates on one of the debtors due to the attainment of age [67], insurance will continue on the other insured under single life coverage if that person is under age [67].

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the scheduled maturity date of the loan or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.

All Credit Insurance Plans are issued within parameters set forth by state insurance department regulations. Based on quote option chosen by financial institution please complete this application in its entirety. Send to Client Coordinator, [Wendy Phillips: A8-3796]. Incomplete applications or applications without detailed posting and summary page cannot be processed and will hold up the new client implementation process. Minnesota Life Implementation Team contacts can be reached by calling 1.800.452.4521 and entering specified extension.

APPLICATION FOR CREDIT INSURANCE PLAN

Minnesota Life Insurance Company
400 Robert Street North – St. Paul, Minnesota 55101-2098



APPLICATION FOR CREDIT INSURANCE PLAN

FINANCIAL INSTITUTION INFORMATION

Financial Institution	Effective Date of this Insurance Plan
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Address (Street, City, State, & Zip Code)

Branch Address(es) (If Applicable) (Street, City, State, & Zip Code)	List of States issuing Credit Insurance
--	---

Financial Institution Contact Name*	Title	Telephone Number	E-mail Address
-------------------------------------	-------	------------------	----------------

*Can we contact you (F.I. contact) regarding satisfaction with ML implementation process? If yes, please provide appropriate Contact and e-mail address
 Yes No

Does Financial Institution have a Single Signature Lending Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Institution Federal Tax ID Number
---	---

CREDIT LIFE INSURANCE

Indicate Loans to be insured (Single Premium and/or Outstanding Balance)
Single Premium (Closed-end only) **Outstanding Balance** (Indicate Open or Closed-end)

<input type="checkbox"/> Consumer		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Line of Credit	N/A	Open-end only	
<input type="checkbox"/> Credit Card	N/A	Open-end only	
<input type="checkbox"/> Home Equity <small>Premium reported separately</small>		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Single Payment	Closed-end only	N/A	
<input type="checkbox"/> Balloon		Closed-end only	
<input type="checkbox"/> Mortgage		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Truncated		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Other:		<input type="checkbox"/> Closed	<input type="checkbox"/> Open

Type of Coverage	Maximum Life Insurance Benefit
<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> \$30,000 <input type="checkbox"/> Other:

Maximum Eligible Loan Term (in months)
 120 180 Other:

Maximum Coverage Term (in months)
 Same as Loan Term Other:

Single Premium

On Loan Effective Date Eligible Debtor must be under Age:

On Scheduled Maturity Date Eligible Debtor must be under Age:

Annual Premium Rate per \$100

Single Life: _____ | Joint Life: _____

Claim Payment Basis	If Net and Gross Payoff give Terms (in months)
<input type="checkbox"/> Net Payoff	<input type="checkbox"/> Net Term to
<input type="checkbox"/> Gross Payoff	<input type="checkbox"/> Gross Term to

Outstanding Balance

On Loan Effective Date Eligible Debtor must be under Age:

Closed-end Termination Age:	Open-end Termination Age:
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Monthly Premium Rates per \$1,000

Single Life: _____ | Joint Life: _____

LIFE COMPENSATION AMOUNT

Client Percentage:

Will you be signing a Joint Marketing Agreement with Minnesota Life? (JMA) Yes No

Financial Institution Representative X	Title
--	-------

CREDIT DISABILITY INSURANCE

Indicate Loans to be insured (Single Premium and/or Outstanding Balance)
Single Premium (Closed-end only) **Outstanding Balance** (Indicate Open or Closed-end)

<input type="checkbox"/> Consumer		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Line of Credit	N/A	Open-end only	
<input type="checkbox"/> Credit Card	N/A	Open-end only	
<input type="checkbox"/> Home Equity <small>Premium reported separately</small>		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Balloon		Closed-end only	
<input type="checkbox"/> Mortgage		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Truncated		<input type="checkbox"/> Closed	<input type="checkbox"/> Open
<input type="checkbox"/> Other:		<input type="checkbox"/> Closed	<input type="checkbox"/> Open

Type of Coverage Single Joint Shared

Critical Period – Maximum Number of monthly disability benefits payable per claim occurrence:

Maximum Eligible Loan Term (in months)
 120 180 Other:

Maximum Coverage Term (in months)
 Same as Loan Term Other:

Maximum Aggregate Disability Benefit	Maximum Monthly Disability Benefit
--------------------------------------	------------------------------------

Waiting Period <input type="checkbox"/> 14 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 7 Days	Benefit <input type="checkbox"/> Retro <input type="checkbox"/> Non Retro
---	--

Single Premium

On Loan Effective Date Eligible Debtor must be under Age:

On Scheduled Maturity Date Eligible Debtor must be under Age:

Annual Premium Rate per \$100 **See Rate Table**

Outstanding Balance

On Loan Effective Date Eligible Debtor must be under Age:

Closed-end Termination Age:	Open-end Termination Age:
-----------------------------	---------------------------

Monthly Premium Calculation
 Principal Balance Sum of Remaining Payments

Monthly Premium Rates per \$1,000

Closed-end: Average Rate Rate Table Open-end: Average Rate Rate Table

DISABILITY COMPENSATION AMOUNT Client Percentage:

SERFF Tracking Number: MNNL-125353810 *State:* Arkansas
Filing Company: Minnesota Life Insurance Company *State Tracking Number:* 38506
Company Tracking Number: SRH-522
TOI: CR04G Group Credit - Life *Sub-TOI:* CR04G.006 Truncated
Product Name: AUL Credit Life and Disability Insurance
Project Name/Number: AUL Credit Life and Disability Insurance /SRH-522

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-125353810 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 38506
Company Tracking Number: SRH-522
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.006 Truncated
Product Name: AUL Credit Life and Disability Insurance
Project Name/Number: AUL Credit Life and Disability Insurance /SRH-522

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 11/09/2007

Comments:

Attached is the Certification of Readability

Attachment:

SRH522arCertification of Readability.pdf

Review Status:

Bypassed -Name: Application 11/09/2007

Bypass Reason: The applications that will be used are brand new applications and are included in the filing under the Forms Schedule Tab. Therefore this requirement does not apply and has bypassed.

Comments:

Review Status:

Satisfied -Name: Life & Annuity - Actuarial Memo 11/09/2007

Comments:

Attached is the Actuarial Information.

Attachments:

ARdisabilitycriticalperiodOBtabledratesactuarialmemoJuly2007.pdf

AR CREDIT RATES MAR2008.pdf

AR CRITICAL PERIOD OB RATES JULY2007.pdf

AR CRITICAL PERIOD RATIOS JULY2007.pdf

AR CRITICAL PERIOD SP RATES JULY2007.pdf

AR DIS TABLED RATES JULY2007.pdf

Review Status:

Satisfied -Name: Filing Fee Documentation 03/25/2008

Comments:

Attached is the filing fee documentation.

Attachment:

SRH522arFiling Fee Document.pdf

SERFF Tracking Number: MNNL-125353810 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 38506
Company Tracking Number: SRH-522
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.006 Truncated
Product Name: AUL Credit Life and Disability Insurance
Project Name/Number: AUL Credit Life and Disability Insurance /SRH-522

Review Status:

Satisfied -Name: Cover Letter

03/25/2008

Comments:

Attached is the cover letter.

Attachment:

srh522arMar252008.ltr.pdf

CERTIFICATION OF READABILITY

This is to certify that the attached SEE BELOW
Form Number _____ has achieved a Flesch Reading Ease Score of _____
and complies with the requirements of Ark. Stat. Ann. §66-3251 through 66-3258, cited as the
Life and Disability Insurance Policy Language Simplification Act.

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Group Credit Life Insurance Policy	06-60225.3	46.7
Group Credit Disability Insurance Policy	06-60226.3	45.9
Group Credit Life/Disability Single Premium Application/Certificate	06-60227.3	48.3
Group Credit Life/Disability Outstanding Balance Application/Certificate	06-60228.3	48.1
Group Credit Life/Disability Single Premium Evidence Application	06-60229.3	46.6
Group Credit Life/Disability Outstanding Balance Evidence Application	06-60230.3	47.3



Signature (Must be an Officer)

Name: Joy Norquist

Title: Assistant Secretary

Date: March 25, 2008

If an insurer chooses to score certain forms as separate from the policy with which they may be used, this information must be contained in the certificate.

If a policy is scored by a method other than the Flesch reading ease score, use of the alternate method shall be explained in detail.

MEMORANDUM

FROM : Tom Dokken ASA, MAAA
Credit Actuarial Specialist

DATE : June 26, 2007

SUBJECT : MONTHLY OUTSTANDING BALANCE CRITICAL PERIOD CREDIT DISABILITY
PREMIUM RATES

Attached to this memorandum are tables of outstanding balance critical period credit disability premium rates for filing in the state of Arkansas. We calculated these rates by using the following formula:

$${}^c_e R_n = {}_e R_n * \frac{{}^c_e G_n}{{}_e G_n}$$

where

${}^c_e R_n$ = MOB rate per \$1000 for critical period disability coverage having a term of n months, an elimination period of e days and a maximum disability benefit period of c months.

${}_e R_n$ = prima facie MOB premium rate per \$1000 for regular disability coverage having a term of n months and an elimination period of e days.

${}^c_e G_n$ = 1968 NAIC Credit Disability Table gross MOB premium per \$1000 for a term of coverage of n months, an elimination period of e days and a maximum disability benefit period of c months.

${}_e G_n$ = 1968 NAIC Credit Disability Table gross MOB premium per \$1000 for a term of coverage of n months, an elimination period of e days and no maximum disability benefit period.

The values for G in the above formulas are developed from the following formulas using the 1968 NAIC Credit Disability Table factors contained in the 1968 Volume II of the Proceedings of the NAIC. Separate tables are used for 14-Day and 30-Day Plans. In the following formulas $t = 30n$ and $s = 30c$.

Non-Retroactive Plans:

$${}^c G_n = \frac{20}{n+1} \{1.25({}^c R_n) + .60\}$$

$${}^c R_n = \frac{100}{360t} \{R_{s+e}^d - R_e^d - s(M_e^d) + (t-s-e)(M_{s+e}^d - M_e^d)\}$$

$${}_e G_n = \frac{20}{n+1} \{1.25({}_e R_n) + .60\}$$

$${}_e R_n = \frac{100}{360t} \{R_t^d - R_e^d - (t-e)M_e^d\}$$

Retroactive Plans:

$${}^c G_n = \frac{20}{n+1} \{1.25({}^c R_n) + .60\}$$

$${}^c R_n = (Non_retroactive_rate) + (1.15)(e)B[n] + (e)Q[n]$$

$${}_e G_n = \frac{20}{n+1} \{1.25({}_e R_n) + .60\}$$

$${}_e R_n = (Non_retroactive_rate) + (1.15)(e)B[n] + (e)Q[n]$$

Attached are three pages that develop ratios for 12 month, 24 month, and 36 month critical periods that are applied to prima facie outstanding balance rates to calculate critical period premium rates. These ratios are developed using the formulas above with the 1968 Credit Disability Table to compare coverage for the entire term of the loan compared to critical period coverage.

Also attached are pages showing premium rates for each of these three critical period scenarios for all benefit provisions (30R, 30NR, 14R, & 14NR). There are two sets of premium rates. The first set calculates rates to be applied each month to the gross indebtedness, which is the sum of the remaining loan payments. The second set calculates rates to be applied each month to the net indebtedness, which is the remaining principal balance. Each set of rates starts with the single premium prima facie rate for each given loan term. An equivalent outstanding balance rate is calculated using the standard formula $OB_n = SP_n * 20 / (n + 1)$, where n is the loan term. The critical period rates are then calculated by applying the critical period ratios to these prima facie outstanding balance rates. Rates calculated in this manner would be rates applied to the gross indebtedness. Critical period rates applied to the net indebtedness would require an additional step.

The outstanding balance rates for net indebtedness are rates that are applied to the outstanding principal instead of the sum of the outstanding payments. Therefore, we need to convert the outstanding balance rate determined above (OB) to equivalent rates (OP) that would be applied to the outstanding principal. The equivalent rate will be determined such that the total premium using either the outstanding sum of the payments method or the outstanding principal method will be the same. Using an 8% interest rate assumption and a loan term of (n), the rate is determined using the following formula:

$$\frac{(n)(n+1)}{2} OB = \frac{n - a_{\overline{n}|i}}{i} OP$$

$$\left\{ \frac{(n)(n+1)}{2} \bigg/ \frac{n - a_{\overline{n}|i}}{i} \right\} OB = OP$$

For example, using a 20 month loan term the formula would produce the following factor to be applied to the OB rate to produce the OP rate.

$$\left\{ \frac{(20)(21)}{2} \bigg/ \frac{20 - a_{\overline{20}|.006}}{.006} \right\} OB = OP$$

$$(1.0494) OB = OP$$

A third set of critical period premium rates is required for open-end loans, which do not have a set loan term, and for institutions that do not have the systems capabilities to use a different premium rate for each loan term. In both of these cases we need a single composite rate that would be applied to all

loans. The composite rates are developed using loan distribution percentages. We have approved composite rates filed in the state of Arkansas. These approved composite rates had an average loan term of 26 months. Therefore, it would be appropriate and actuarially equivalent to use the 26 month rate in each of the attached tables as the composite rate for each given benefit provision and critical period term.

All of the attached rate charts and the description of the critical period rate methodology in this memorandum use 12, 24, and 36 month critical periods. If other critical period terms are desired the calculation of those premium rates will be consistent with the methods shown in this memorandum.

ARKANSAS

**CREDIT LIFE INSURANCE PREMIUM RATES
100% OF PRIMA FACIE**

MONTHLY OUTSTANDING BALANCE

SINGLE LIFE \$ 1.00 / 1000

JOINT LIFE \$1.70 / 1000

ARKANSAS

SINGLE CREDIT DISABILITY INSURANCE PREMIUM RATES

MONTHLY OUTSTANDING BALANCE

The outstanding balance rates per \$1000:

14 Day Waiting Period - Retroactive Benefit	\$2.55
14 Day Elimination Period - Non-Retroactive Benefit	\$2.15
30 Day Waiting Period - Retroactive Benefit	\$2.45
30 Day Elimination Period - Non-Retroactive Benefit	\$1.85

ARKANSAS

CREDIT LIFE INSURANCE PREMIUM RATES 100% PRIMA FACIE

SINGLE PREMIUM

SINGLE DECREASING LIFE	\$.65 / 100
JOINT DECREASING LIFE	\$1.10 / 100
SINGLE LEVEL LIFE	\$ 1.20 / 100
JOINT LEVEL LIFE	\$ 2.04 / 100

ARKANSAS

SINGLE CREDIT DISABILITY INSURANCE PREMIUM RATES

SINGLE PREMIUM

14 Day Elimination Period - Non-Retroactive Benefit

14 Day Waiting Period - Retroactive Benefit

30 Day Elimination Period - Non-Retroactive Benefit

30 Day Waiting Period - Retroactive Benefit

See attached tables at 100% of prima facie

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.00	0.00	1.000	0.00	61	4.41	1.42	0.779	1.11
2	0.56	3.73	1.000	3.73	62	4.44	1.41	0.779	1.10
3	0.91	4.55	1.000	4.55	63	4.47	1.40	0.779	1.09
4	1.17	4.68	1.000	4.68	64	4.50	1.38	0.779	1.08
5	1.38	4.60	1.000	4.60	65	4.53	1.37	0.779	1.07
6	1.54	4.40	1.000	4.40	66	4.56	1.36	0.779	1.06
7	1.69	4.23	1.000	4.23	67	4.59	1.35	0.761	1.03
8	1.82	4.04	1.000	4.04	68	4.62	1.34	0.761	1.02
9	1.94	3.88	1.000	3.88	69	4.65	1.33	0.761	1.01
10	2.04	3.71	1.000	3.71	70	4.68	1.32	0.761	1.00
11	2.14	3.57	1.000	3.57	71	4.71	1.31	0.761	1.00
12	2.23	3.43	1.000	3.43	72	4.74	1.30	0.761	0.99
13	2.32	3.31	0.985	3.26	73	4.77	1.29	0.744	0.96
14	2.40	3.20	0.985	3.15	74	4.80	1.28	0.744	0.95
15	2.47	3.09	0.985	3.04	75	4.83	1.27	0.744	0.94
16	2.55	3.00	0.985	2.96	76	4.86	1.26	0.744	0.94
17	2.61	2.90	0.985	2.86	77	4.89	1.25	0.744	0.93
18	2.68	2.82	0.985	2.78	78	4.92	1.25	0.744	0.93
19	2.74	2.74	0.955	2.62	79	4.95	1.24	0.729	0.90
20	2.80	2.67	0.955	2.55	80	4.98	1.23	0.729	0.90
21	2.85	2.59	0.955	2.47	81	5.01	1.22	0.729	0.89
22	2.91	2.53	0.955	2.42	82	5.04	1.21	0.729	0.88
23	2.96	2.47	0.955	2.36	83	5.07	1.21	0.729	0.88
24	3.02	2.42	0.955	2.31	84	5.10	1.20	0.729	0.87
25	3.06	2.35	0.923	2.17	85	5.13	1.19	0.715	0.85
26	3.12	2.31	0.923	2.13	86	5.16	1.19	0.715	0.85
27	3.16	2.26	0.923	2.09	87	5.19	1.18	0.715	0.84
28	3.21	2.21	0.923	2.04	88	5.22	1.17	0.715	0.84
29	3.26	2.17	0.923	2.00	89	5.25	1.17	0.715	0.84
30	3.30	2.13	0.923	1.97	90	5.28	1.16	0.715	0.83
31	3.35	2.09	0.893	1.87	91	5.31	1.15	0.701	0.81
32	3.39	2.05	0.893	1.83	92	5.34	1.15	0.701	0.81
33	3.43	2.02	0.893	1.80	93	5.37	1.14	0.701	0.80
34	3.47	1.98	0.893	1.77	94	5.40	1.14	0.701	0.80
35	3.51	1.95	0.893	1.74	95	5.43	1.13	0.701	0.79
36	3.55	1.92	0.893	1.71	96	5.47	1.13	0.701	0.79
37	3.59	1.89	0.866	1.64	97	5.50	1.12	0.689	0.77
38	3.63	1.86	0.866	1.61	98	5.53	1.12	0.689	0.77
39	3.67	1.84	0.866	1.59	99	5.56	1.11	0.689	0.76
40	3.71	1.81	0.866	1.57	100	5.59	1.11	0.689	0.76
41	3.75	1.79	0.866	1.55	101	5.62	1.10	0.689	0.76
42	3.78	1.76	0.866	1.52	102	5.65	1.10	0.689	0.76
43	3.82	1.74	0.841	1.46	103	5.68	1.09	0.677	0.74
44	3.85	1.71	0.841	1.44	104	5.71	1.09	0.677	0.74
45	3.89	1.69	0.841	1.42	105	5.74	1.08	0.677	0.73
46	3.93	1.67	0.841	1.40	106	5.77	1.08	0.677	0.73
47	3.96	1.65	0.841	1.39	107	5.80	1.07	0.677	0.72
48	4.00	1.63	0.841	1.37	108	5.83	1.07	0.677	0.72
49	4.03	1.61	0.819	1.32	109	5.86	1.07	0.666	0.71
50	4.06	1.59	0.819	1.30	110	5.89	1.06	0.666	0.71
51	4.10	1.58	0.819	1.29	111	5.92	1.06	0.666	0.71
52	4.13	1.56	0.819	1.28	112	5.95	1.05	0.666	0.70
53	4.16	1.54	0.819	1.26	113	5.98	1.05	0.666	0.70
54	4.19	1.52	0.819	1.24	114	6.01	1.05	0.666	0.70
55	4.22	1.51	0.798	1.20	115	6.04	1.04	0.655	0.68
56	4.25	1.49	0.798	1.19	116	6.07	1.04	0.655	0.68
57	4.29	1.48	0.798	1.18	117	6.10	1.03	0.655	0.67
58	4.32	1.46	0.798	1.17	118	6.13	1.03	0.655	0.67
59	4.35	1.45	0.798	1.16	119	6.16	1.03	0.655	0.67
60	4.38	1.44	0.798	1.15	120	6.19	1.02	0.655	0.67

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.00	0.00	1.000	0.00	61	4.41	1.42	0.886	1.26
2	0.56	3.73	1.000	3.73	62	4.44	1.41	0.886	1.25
3	0.91	4.55	1.000	4.55	63	4.47	1.40	0.886	1.24
4	1.17	4.68	1.000	4.68	64	4.50	1.38	0.886	1.22
5	1.38	4.60	1.000	4.60	65	4.53	1.37	0.886	1.21
6	1.54	4.40	1.000	4.40	66	4.56	1.36	0.886	1.20
7	1.69	4.23	1.000	4.23	67	4.59	1.35	0.869	1.17
8	1.82	4.04	1.000	4.04	68	4.62	1.34	0.869	1.16
9	1.94	3.88	1.000	3.88	69	4.65	1.33	0.869	1.16
10	2.04	3.71	1.000	3.71	70	4.68	1.32	0.869	1.15
11	2.14	3.57	1.000	3.57	71	4.71	1.31	0.869	1.14
12	2.23	3.43	1.000	3.43	72	4.74	1.30	0.869	1.13
13	2.32	3.31	1.000	3.31	73	4.77	1.29	0.852	1.10
14	2.40	3.20	1.000	3.20	74	4.80	1.28	0.852	1.09
15	2.47	3.09	1.000	3.09	75	4.83	1.27	0.852	1.08
16	2.55	3.00	1.000	3.00	76	4.86	1.26	0.852	1.07
17	2.61	2.90	1.000	2.90	77	4.89	1.25	0.852	1.07
18	2.68	2.82	1.000	2.82	78	4.92	1.25	0.852	1.07
19	2.74	2.74	1.000	2.74	79	4.95	1.24	0.837	1.04
20	2.80	2.67	1.000	2.67	80	4.98	1.23	0.837	1.03
21	2.85	2.59	1.000	2.59	81	5.01	1.22	0.837	1.02
22	2.91	2.53	1.000	2.53	82	5.04	1.21	0.837	1.01
23	2.96	2.47	1.000	2.47	83	5.07	1.21	0.837	1.01
24	3.02	2.42	1.000	2.42	84	5.10	1.20	0.837	1.00
25	3.06	2.35	0.994	2.34	85	5.13	1.19	0.822	0.98
26	3.12	2.31	0.994	2.30	86	5.16	1.19	0.822	0.98
27	3.16	2.26	0.994	2.25	87	5.19	1.18	0.822	0.97
28	3.21	2.21	0.994	2.20	88	5.22	1.17	0.822	0.96
29	3.26	2.17	0.994	2.16	89	5.25	1.17	0.822	0.96
30	3.30	2.13	0.994	2.12	90	5.28	1.16	0.822	0.95
31	3.35	2.09	0.980	2.05	91	5.31	1.15	0.808	0.93
32	3.39	2.05	0.980	2.01	92	5.34	1.15	0.808	0.93
33	3.43	2.02	0.980	1.98	93	5.37	1.14	0.808	0.92
34	3.47	1.98	0.980	1.94	94	5.40	1.14	0.808	0.92
35	3.51	1.95	0.980	1.91	95	5.43	1.13	0.808	0.91
36	3.55	1.92	0.980	1.88	96	5.47	1.13	0.808	0.91
37	3.59	1.89	0.961	1.82	97	5.50	1.12	0.795	0.89
38	3.63	1.86	0.961	1.79	98	5.53	1.12	0.795	0.89
39	3.67	1.84	0.961	1.77	99	5.56	1.11	0.795	0.88
40	3.71	1.81	0.961	1.74	100	5.59	1.11	0.795	0.88
41	3.75	1.79	0.961	1.72	101	5.62	1.10	0.795	0.87
42	3.78	1.76	0.961	1.69	102	5.65	1.10	0.795	0.87
43	3.82	1.74	0.942	1.64	103	5.68	1.09	0.783	0.85
44	3.85	1.71	0.942	1.61	104	5.71	1.09	0.783	0.85
45	3.89	1.69	0.942	1.59	105	5.74	1.08	0.783	0.85
46	3.93	1.67	0.942	1.57	106	5.77	1.08	0.783	0.85
47	3.96	1.65	0.942	1.55	107	5.80	1.07	0.783	0.84
48	4.00	1.63	0.942	1.54	108	5.83	1.07	0.783	0.84
49	4.03	1.61	0.923	1.49	109	5.86	1.07	0.770	0.82
50	4.06	1.59	0.923	1.47	110	5.89	1.06	0.770	0.82
51	4.10	1.58	0.923	1.46	111	5.92	1.06	0.770	0.82
52	4.13	1.56	0.923	1.44	112	5.95	1.05	0.770	0.81
53	4.16	1.54	0.923	1.42	113	5.98	1.05	0.770	0.81
54	4.19	1.52	0.923	1.40	114	6.01	1.05	0.770	0.81
55	4.22	1.51	0.904	1.37	115	6.04	1.04	0.759	0.79
56	4.25	1.49	0.904	1.35	116	6.07	1.04	0.759	0.79
57	4.29	1.48	0.904	1.34	117	6.10	1.03	0.759	0.78
58	4.32	1.46	0.904	1.32	118	6.13	1.03	0.759	0.78
59	4.35	1.45	0.904	1.31	119	6.16	1.03	0.759	0.78
60	4.38	1.44	0.904	1.30	120	6.19	1.02	0.759	0.77

ARKANSAS CREDIT DISABILITY INSURANCE
 30 DAY RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
 OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.00	0.00	1.000	0.00	61	4.41	1.42	0.948	1.35
2	0.56	3.73	1.000	3.73	62	4.44	1.41	0.948	1.34
3	0.91	4.55	1.000	4.55	63	4.47	1.40	0.948	1.33
4	1.17	4.68	1.000	4.68	64	4.50	1.38	0.948	1.31
5	1.38	4.60	1.000	4.60	65	4.53	1.37	0.948	1.30
6	1.54	4.40	1.000	4.40	66	4.56	1.36	0.948	1.29
7	1.69	4.23	1.000	4.23	67	4.59	1.35	0.934	1.26
8	1.82	4.04	1.000	4.04	68	4.62	1.34	0.934	1.25
9	1.94	3.88	1.000	3.88	69	4.65	1.33	0.934	1.24
10	2.04	3.71	1.000	3.71	70	4.68	1.32	0.934	1.23
11	2.14	3.57	1.000	3.57	71	4.71	1.31	0.934	1.22
12	2.23	3.43	1.000	3.43	72	4.74	1.30	0.934	1.21
13	2.32	3.31	1.000	3.31	73	4.77	1.29	0.920	1.19
14	2.40	3.20	1.000	3.20	74	4.80	1.28	0.920	1.18
15	2.47	3.09	1.000	3.09	75	4.83	1.27	0.920	1.17
16	2.55	3.00	1.000	3.00	76	4.86	1.26	0.920	1.16
17	2.61	2.90	1.000	2.90	77	4.89	1.25	0.920	1.15
18	2.68	2.82	1.000	2.82	78	4.92	1.25	0.920	1.15
19	2.74	2.74	1.000	2.74	79	4.95	1.24	0.906	1.12
20	2.80	2.67	1.000	2.67	80	4.98	1.23	0.906	1.11
21	2.85	2.59	1.000	2.59	81	5.01	1.22	0.906	1.11
22	2.91	2.53	1.000	2.53	82	5.04	1.21	0.906	1.10
23	2.96	2.47	1.000	2.47	83	5.07	1.21	0.906	1.10
24	3.02	2.42	1.000	2.42	84	5.10	1.20	0.906	1.09
25	3.06	2.35	1.000	2.35	85	5.13	1.19	0.892	1.06
26	3.12	2.31	1.000	2.31	86	5.16	1.19	0.892	1.06
27	3.16	2.26	1.000	2.26	87	5.19	1.18	0.892	1.05
28	3.21	2.21	1.000	2.21	88	5.22	1.17	0.892	1.04
29	3.26	2.17	1.000	2.17	89	5.25	1.17	0.892	1.04
30	3.30	2.13	1.000	2.13	90	5.28	1.16	0.892	1.03
31	3.35	2.09	1.000	2.09	91	5.31	1.15	0.879	1.01
32	3.39	2.05	1.000	2.05	92	5.34	1.15	0.879	1.01
33	3.43	2.02	1.000	2.02	93	5.37	1.14	0.879	1.00
34	3.47	1.98	1.000	1.98	94	5.40	1.14	0.879	1.00
35	3.51	1.95	1.000	1.95	95	5.43	1.13	0.879	0.99
36	3.55	1.92	1.000	1.92	96	5.47	1.13	0.879	0.99
37	3.59	1.89	0.997	1.88	97	5.50	1.12	0.866	0.97
38	3.63	1.86	0.997	1.85	98	5.53	1.12	0.866	0.97
39	3.67	1.84	0.997	1.83	99	5.56	1.11	0.866	0.96
40	3.71	1.81	0.997	1.80	100	5.59	1.11	0.866	0.96
41	3.75	1.79	0.997	1.78	101	5.62	1.10	0.866	0.95
42	3.78	1.76	0.997	1.75	102	5.65	1.10	0.866	0.95
43	3.82	1.74	0.988	1.72	103	5.68	1.09	0.854	0.93
44	3.85	1.71	0.988	1.69	104	5.71	1.09	0.854	0.93
45	3.89	1.69	0.988	1.67	105	5.74	1.08	0.854	0.92
46	3.93	1.67	0.988	1.65	106	5.77	1.08	0.854	0.92
47	3.96	1.65	0.988	1.63	107	5.80	1.07	0.854	0.91
48	4.00	1.63	0.988	1.61	108	5.83	1.07	0.854	0.91
49	4.03	1.61	0.976	1.57	109	5.86	1.07	0.842	0.90
50	4.06	1.59	0.976	1.55	110	5.89	1.06	0.842	0.89
51	4.10	1.58	0.976	1.54	111	5.92	1.06	0.842	0.89
52	4.13	1.56	0.976	1.52	112	5.95	1.05	0.842	0.88
53	4.16	1.54	0.976	1.50	113	5.98	1.05	0.842	0.88
54	4.19	1.52	0.976	1.48	114	6.01	1.05	0.842	0.88
55	4.22	1.51	0.963	1.45	115	6.04	1.04	0.831	0.86
56	4.25	1.49	0.963	1.43	116	6.07	1.04	0.831	0.86
57	4.29	1.48	0.963	1.43	117	6.10	1.03	0.831	0.86
58	4.32	1.46	0.963	1.41	118	6.13	1.03	0.831	0.86
59	4.35	1.45	0.963	1.40	119	6.16	1.03	0.831	0.86
60	4.38	1.44	0.963	1.39	120	6.19	1.02	0.831	0.85

ARKANSAS CREDIT DISABILITY INSURANCE
 14 DAY RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
 OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.40	4.00	1.000	4.00	61	4.55	1.47	0.729	1.07
2	0.81	5.40	1.000	5.40	62	4.58	1.45	0.729	1.06
3	1.12	5.60	1.000	5.60	63	4.61	1.44	0.729	1.05
4	1.36	5.44	1.000	5.44	64	4.64	1.43	0.729	1.04
5	1.55	5.17	1.000	5.17	65	4.67	1.42	0.729	1.04
6	1.71	4.89	1.000	4.89	66	4.70	1.40	0.729	1.02
7	1.86	4.65	1.000	4.65	67	4.73	1.39	0.709	0.99
8	1.98	4.40	1.000	4.40	68	4.76	1.38	0.709	0.98
9	2.10	4.20	1.000	4.20	69	4.79	1.37	0.709	0.97
10	2.20	4.00	1.000	4.00	70	4.82	1.36	0.709	0.96
11	2.30	3.83	1.000	3.83	71	4.85	1.35	0.709	0.96
12	2.39	3.68	1.000	3.68	72	4.88	1.34	0.709	0.95
13	2.47	3.53	0.979	3.46	73	4.91	1.33	0.690	0.92
14	2.55	3.40	0.979	3.33	74	4.94	1.32	0.690	0.91
15	2.62	3.28	0.979	3.21	75	4.97	1.31	0.690	0.90
16	2.69	3.16	0.979	3.09	76	5.00	1.30	0.690	0.90
17	2.76	3.07	0.979	3.01	77	5.03	1.29	0.690	0.89
18	2.82	2.97	0.979	2.91	78	5.06	1.28	0.690	0.88
19	2.88	2.88	0.939	2.70	79	5.09	1.27	0.674	0.86
20	2.94	2.80	0.939	2.63	80	5.12	1.26	0.674	0.85
21	3.00	2.73	0.939	2.56	81	5.15	1.26	0.674	0.85
22	3.05	2.65	0.939	2.49	82	5.18	1.25	0.674	0.84
23	3.11	2.59	0.939	2.43	83	5.21	1.24	0.674	0.84
24	3.16	2.53	0.939	2.38	84	5.24	1.23	0.674	0.83
25	3.21	2.47	0.900	2.22	85	5.27	1.23	0.658	0.81
26	3.26	2.41	0.900	2.17	86	5.30	1.22	0.658	0.80
27	3.31	2.36	0.900	2.12	87	5.33	1.21	0.658	0.80
28	3.35	2.31	0.900	2.08	88	5.36	1.20	0.658	0.79
29	3.40	2.27	0.900	2.04	89	5.39	1.20	0.658	0.79
30	3.44	2.22	0.900	2.00	90	5.42	1.19	0.658	0.78
31	3.49	2.18	0.863	1.88	91	5.45	1.18	0.643	0.76
32	3.53	2.14	0.863	1.85	92	5.48	1.18	0.643	0.76
33	3.57	2.10	0.863	1.81	93	5.51	1.17	0.643	0.75
34	3.61	2.06	0.863	1.78	94	5.54	1.17	0.643	0.75
35	3.65	2.03	0.863	1.75	95	5.57	1.16	0.643	0.75
36	3.69	1.99	0.863	1.72	96	5.60	1.15	0.643	0.74
37	3.73	1.96	0.830	1.63	97	5.63	1.15	0.630	0.72
38	3.77	1.93	0.830	1.60	98	5.66	1.14	0.630	0.72
39	3.81	1.91	0.830	1.59	99	5.69	1.14	0.630	0.72
40	3.85	1.88	0.830	1.56	100	5.72	1.13	0.630	0.71
41	3.89	1.85	0.830	1.54	101	5.75	1.13	0.630	0.71
42	3.92	1.82	0.830	1.51	102	5.78	1.12	0.630	0.71
43	3.96	1.80	0.801	1.44	103	5.81	1.12	0.617	0.69
44	3.99	1.77	0.801	1.42	104	5.83	1.11	0.617	0.68
45	4.03	1.75	0.801	1.40	105	5.86	1.11	0.617	0.68
46	4.06	1.73	0.801	1.39	106	5.89	1.10	0.617	0.68
47	4.10	1.71	0.801	1.37	107	5.92	1.10	0.617	0.68
48	4.13	1.69	0.801	1.35	108	5.95	1.09	0.617	0.67
49	4.17	1.67	0.774	1.29	109	5.98	1.09	0.605	0.66
50	4.20	1.65	0.774	1.28	110	6.01	1.08	0.605	0.65
51	4.23	1.63	0.774	1.26	111	6.04	1.08	0.605	0.65
52	4.27	1.61	0.774	1.25	112	6.07	1.07	0.605	0.65
53	4.30	1.59	0.774	1.23	113	6.10	1.07	0.605	0.65
54	4.33	1.57	0.774	1.22	114	6.13	1.07	0.605	0.65
55	4.36	1.56	0.750	1.17	115	6.16	1.06	0.594	0.63
56	4.39	1.54	0.750	1.16	116	6.19	1.06	0.594	0.63
57	4.42	1.52	0.750	1.14	117	6.22	1.05	0.594	0.62
58	4.45	1.51	0.750	1.13	118	6.25	1.05	0.594	0.62
59	4.49	1.50	0.750	1.13	119	6.28	1.05	0.594	0.62
60	4.52	1.48	0.750	1.11	120	6.31	1.04	0.594	0.62

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.40	4.00	1.000	4.00	61	4.55	1.47	0.855	1.26
2	0.81	5.40	1.000	5.40	62	4.58	1.45	0.855	1.24
3	1.12	5.60	1.000	5.60	63	4.61	1.44	0.855	1.23
4	1.36	5.44	1.000	5.44	64	4.64	1.43	0.855	1.22
5	1.55	5.17	1.000	5.17	65	4.67	1.42	0.855	1.21
6	1.71	4.89	1.000	4.89	66	4.70	1.40	0.855	1.20
7	1.86	4.65	1.000	4.65	67	4.73	1.39	0.835	1.16
8	1.98	4.40	1.000	4.40	68	4.76	1.38	0.835	1.15
9	2.10	4.20	1.000	4.20	69	4.79	1.37	0.835	1.14
10	2.20	4.00	1.000	4.00	70	4.82	1.36	0.835	1.14
11	2.30	3.83	1.000	3.83	71	4.85	1.35	0.835	1.13
12	2.39	3.68	1.000	3.68	72	4.88	1.34	0.835	1.12
13	2.47	3.53	1.000	3.53	73	4.91	1.33	0.816	1.09
14	2.55	3.40	1.000	3.40	74	4.94	1.32	0.816	1.08
15	2.62	3.28	1.000	3.28	75	4.97	1.31	0.816	1.07
16	2.69	3.16	1.000	3.16	76	5.00	1.30	0.816	1.06
17	2.76	3.07	1.000	3.07	77	5.03	1.29	0.816	1.05
18	2.82	2.97	1.000	2.97	78	5.06	1.28	0.816	1.04
19	2.88	2.88	1.000	2.88	79	5.09	1.27	0.799	1.01
20	2.94	2.80	1.000	2.80	80	5.12	1.26	0.799	1.01
21	3.00	2.73	1.000	2.73	81	5.15	1.26	0.799	1.01
22	3.05	2.65	1.000	2.65	82	5.18	1.25	0.799	1.00
23	3.11	2.59	1.000	2.59	83	5.21	1.24	0.799	0.99
24	3.16	2.53	1.000	2.53	84	5.24	1.23	0.799	0.98
25	3.21	2.47	0.991	2.45	85	5.27	1.23	0.782	0.96
26	3.26	2.41	0.991	2.39	86	5.30	1.22	0.782	0.95
27	3.31	2.36	0.991	2.34	87	5.33	1.21	0.782	0.95
28	3.35	2.31	0.991	2.29	88	5.36	1.20	0.782	0.94
29	3.40	2.27	0.991	2.25	89	5.39	1.20	0.782	0.94
30	3.44	2.22	0.991	2.20	90	5.42	1.19	0.782	0.93
31	3.49	2.18	0.970	2.11	91	5.45	1.18	0.766	0.90
32	3.53	2.14	0.970	2.08	92	5.48	1.18	0.766	0.90
33	3.57	2.10	0.970	2.04	93	5.51	1.17	0.766	0.90
34	3.61	2.06	0.970	2.00	94	5.54	1.17	0.766	0.90
35	3.65	2.03	0.970	1.97	95	5.57	1.16	0.766	0.89
36	3.69	1.99	0.970	1.93	96	5.60	1.15	0.766	0.88
37	3.73	1.96	0.947	1.86	97	5.63	1.15	0.752	0.86
38	3.77	1.93	0.947	1.83	98	5.66	1.14	0.752	0.86
39	3.81	1.91	0.947	1.81	99	5.69	1.14	0.752	0.86
40	3.85	1.88	0.947	1.78	100	5.72	1.13	0.752	0.85
41	3.89	1.85	0.947	1.75	101	5.75	1.13	0.752	0.85
42	3.92	1.82	0.947	1.72	102	5.78	1.12	0.752	0.84
43	3.96	1.80	0.923	1.66	103	5.81	1.12	0.738	0.83
44	3.99	1.77	0.923	1.63	104	5.83	1.11	0.738	0.82
45	4.03	1.75	0.923	1.62	105	5.86	1.11	0.738	0.82
46	4.06	1.73	0.923	1.60	106	5.89	1.10	0.738	0.81
47	4.10	1.71	0.923	1.58	107	5.92	1.10	0.738	0.81
48	4.13	1.69	0.923	1.56	108	5.95	1.09	0.738	0.80
49	4.17	1.67	0.899	1.50	109	5.98	1.09	0.724	0.79
50	4.20	1.65	0.899	1.48	110	6.01	1.08	0.724	0.78
51	4.23	1.63	0.899	1.47	111	6.04	1.08	0.724	0.78
52	4.27	1.61	0.899	1.45	112	6.07	1.07	0.724	0.77
53	4.30	1.59	0.899	1.43	113	6.10	1.07	0.724	0.77
54	4.33	1.57	0.899	1.41	114	6.13	1.07	0.724	0.77
55	4.36	1.56	0.877	1.37	115	6.16	1.06	0.712	0.75
56	4.39	1.54	0.877	1.35	116	6.19	1.06	0.712	0.75
57	4.42	1.52	0.877	1.33	117	6.22	1.05	0.712	0.75
58	4.45	1.51	0.877	1.32	118	6.25	1.05	0.712	0.75
59	4.49	1.50	0.877	1.32	119	6.28	1.05	0.712	0.75
60	4.52	1.48	0.877	1.30	120	6.31	1.04	0.712	0.74

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.40	4.00	1.000	4.00	61	4.55	1.47	0.935	1.37
2	0.81	5.40	1.000	5.40	62	4.58	1.45	0.935	1.36
3	1.12	5.60	1.000	5.60	63	4.61	1.44	0.935	1.35
4	1.36	5.44	1.000	5.44	64	4.64	1.43	0.935	1.34
5	1.55	5.17	1.000	5.17	65	4.67	1.42	0.935	1.33
6	1.71	4.89	1.000	4.89	66	4.70	1.40	0.935	1.31
7	1.86	4.65	1.000	4.65	67	4.73	1.39	0.918	1.28
8	1.98	4.40	1.000	4.40	68	4.76	1.38	0.918	1.27
9	2.10	4.20	1.000	4.20	69	4.79	1.37	0.918	1.26
10	2.20	4.00	1.000	4.00	70	4.82	1.36	0.918	1.25
11	2.30	3.83	1.000	3.83	71	4.85	1.35	0.918	1.24
12	2.39	3.68	1.000	3.68	72	4.88	1.34	0.918	1.23
13	2.47	3.53	1.000	3.53	73	4.91	1.33	0.901	1.20
14	2.55	3.40	1.000	3.40	74	4.94	1.32	0.901	1.19
15	2.62	3.28	1.000	3.28	75	4.97	1.31	0.901	1.18
16	2.69	3.16	1.000	3.16	76	5.00	1.30	0.901	1.17
17	2.76	3.07	1.000	3.07	77	5.03	1.29	0.901	1.16
18	2.82	2.97	1.000	2.97	78	5.06	1.28	0.901	1.15
19	2.88	2.88	1.000	2.88	79	5.09	1.27	0.885	1.12
20	2.94	2.80	1.000	2.80	80	5.12	1.26	0.885	1.12
21	3.00	2.73	1.000	2.73	81	5.15	1.26	0.885	1.12
22	3.05	2.65	1.000	2.65	82	5.18	1.25	0.885	1.11
23	3.11	2.59	1.000	2.59	83	5.21	1.24	0.885	1.10
24	3.16	2.53	1.000	2.53	84	5.24	1.23	0.885	1.09
25	3.21	2.47	1.000	2.47	85	5.27	1.23	0.869	1.07
26	3.26	2.41	1.000	2.41	86	5.30	1.22	0.869	1.06
27	3.31	2.36	1.000	2.36	87	5.33	1.21	0.869	1.05
28	3.35	2.31	1.000	2.31	88	5.36	1.20	0.869	1.04
29	3.40	2.27	1.000	2.27	89	5.39	1.20	0.869	1.04
30	3.44	2.22	1.000	2.22	90	5.42	1.19	0.869	1.03
31	3.49	2.18	1.000	2.18	91	5.45	1.18	0.854	1.01
32	3.53	2.14	1.000	2.14	92	5.48	1.18	0.854	1.01
33	3.57	2.10	1.000	2.10	93	5.51	1.17	0.854	1.00
34	3.61	2.06	1.000	2.06	94	5.54	1.17	0.854	1.00
35	3.65	2.03	1.000	2.03	95	5.57	1.16	0.854	0.99
36	3.69	1.99	1.000	1.99	96	5.60	1.15	0.854	0.98
37	3.73	1.96	0.996	1.95	97	5.63	1.15	0.839	0.96
38	3.77	1.93	0.996	1.92	98	5.66	1.14	0.839	0.96
39	3.81	1.91	0.996	1.90	99	5.69	1.14	0.839	0.96
40	3.85	1.88	0.996	1.87	100	5.72	1.13	0.839	0.95
41	3.89	1.85	0.996	1.84	101	5.75	1.13	0.839	0.95
42	3.92	1.82	0.996	1.81	102	5.78	1.12	0.839	0.94
43	3.96	1.80	0.984	1.77	103	5.81	1.12	0.826	0.93
44	3.99	1.77	0.984	1.74	104	5.83	1.11	0.826	0.92
45	4.03	1.75	0.984	1.72	105	5.86	1.11	0.826	0.92
46	4.06	1.73	0.984	1.70	106	5.89	1.10	0.826	0.91
47	4.10	1.71	0.984	1.68	107	5.92	1.10	0.826	0.91
48	4.13	1.69	0.984	1.66	108	5.95	1.09	0.826	0.90
49	4.17	1.67	0.969	1.62	109	5.98	1.09	0.812	0.89
50	4.20	1.65	0.969	1.60	110	6.01	1.08	0.812	0.88
51	4.23	1.63	0.969	1.58	111	6.04	1.08	0.812	0.88
52	4.27	1.61	0.969	1.56	112	6.07	1.07	0.812	0.87
53	4.30	1.59	0.969	1.54	113	6.10	1.07	0.812	0.87
54	4.33	1.57	0.969	1.52	114	6.13	1.07	0.812	0.87
55	4.36	1.56	0.952	1.49	115	6.16	1.06	0.799	0.85
56	4.39	1.54	0.952	1.47	116	6.19	1.06	0.799	0.85
57	4.42	1.52	0.952	1.45	117	6.22	1.05	0.799	0.84
58	4.45	1.51	0.952	1.44	118	6.25	1.05	0.799	0.84
59	4.49	1.50	0.952	1.43	119	6.28	1.05	0.799	0.84
60	4.52	1.48	0.952	1.41	120	6.31	1.04	0.799	0.83

ARKANSAS CREDIT DISABILITY INSURANCE
 30 DAY NON-RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
 OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.00	0.00	1.000	0.00	61	3.60	1.16	0.743	0.86
2	0.13	0.87	1.000	0.87	62	3.63	1.15	0.743	0.85
3	0.35	1.75	1.000	1.75	63	3.66	1.14	0.743	0.85
4	0.53	2.12	1.000	2.12	64	3.69	1.14	0.743	0.85
5	0.70	2.33	1.000	2.33	65	3.72	1.13	0.743	0.84
6	0.85	2.43	1.000	2.43	66	3.75	1.12	0.743	0.83
7	0.98	2.45	1.000	2.45	67	3.78	1.11	0.724	0.80
8	1.09	2.42	1.000	2.42	68	3.81	1.10	0.724	0.80
9	1.20	2.40	1.000	2.40	69	3.84	1.10	0.724	0.80
10	1.30	2.36	1.000	2.36	70	3.87	1.09	0.724	0.79
11	1.39	2.32	1.000	2.32	71	3.90	1.08	0.724	0.78
12	1.48	2.28	1.000	2.28	72	3.93	1.08	0.724	0.78
13	1.56	2.23	0.982	2.19	73	3.96	1.07	0.706	0.76
14	1.63	2.17	0.982	2.13	74	3.99	1.06	0.706	0.75
15	1.70	2.13	0.982	2.09	75	4.02	1.06	0.706	0.75
16	1.77	2.08	0.982	2.04	76	4.05	1.05	0.706	0.74
17	1.83	2.03	0.982	1.99	77	4.08	1.05	0.706	0.74
18	1.89	1.99	0.982	1.95	78	4.11	1.04	0.706	0.73
19	1.95	1.95	0.945	1.84	79	4.14	1.04	0.690	0.72
20	2.01	1.91	0.945	1.80	80	4.17	1.03	0.690	0.71
21	2.07	1.88	0.945	1.78	81	4.20	1.02	0.690	0.70
22	2.12	1.84	0.945	1.74	82	4.23	1.02	0.690	0.70
23	2.17	1.81	0.945	1.71	83	4.26	1.01	0.690	0.70
24	2.22	1.78	0.945	1.68	84	4.29	1.01	0.690	0.70
25	2.27	1.75	0.908	1.59	85	4.32	1.00	0.674	0.67
26	2.32	1.72	0.908	1.56	86	4.35	1.00	0.674	0.67
27	2.37	1.69	0.908	1.53	87	4.38	1.00	0.674	0.67
28	2.41	1.66	0.908	1.51	88	4.41	0.99	0.674	0.67
29	2.46	1.64	0.908	1.49	89	4.44	0.99	0.674	0.67
30	2.50	1.61	0.908	1.46	90	4.47	0.98	0.674	0.66
31	2.54	1.59	0.873	1.39	91	4.50	0.98	0.660	0.65
32	2.59	1.57	0.873	1.37	92	4.53	0.97	0.660	0.64
33	2.63	1.55	0.873	1.35	93	4.56	0.97	0.660	0.64
34	2.67	1.53	0.873	1.34	94	4.59	0.97	0.660	0.64
35	2.71	1.51	0.873	1.32	95	4.62	0.96	0.660	0.63
36	2.75	1.49	0.873	1.30	96	4.65	0.96	0.660	0.63
37	2.79	1.47	0.842	1.24	97	4.68	0.96	0.646	0.62
38	2.83	1.45	0.842	1.22	98	4.71	0.95	0.646	0.61
39	2.86	1.43	0.842	1.20	99	4.74	0.95	0.646	0.61
40	2.90	1.41	0.842	1.19	100	4.77	0.94	0.646	0.61
41	2.94	1.40	0.842	1.18	101	4.80	0.94	0.646	0.61
42	2.98	1.39	0.842	1.17	102	4.83	0.94	0.646	0.61
43	3.01	1.37	0.813	1.11	103	4.86	0.93	0.634	0.59
44	3.05	1.36	0.813	1.11	104	4.89	0.93	0.634	0.59
45	3.08	1.34	0.813	1.09	105	4.92	0.93	0.634	0.59
46	3.12	1.33	0.813	1.08	106	4.95	0.93	0.634	0.59
47	3.15	1.31	0.813	1.07	107	4.98	0.92	0.634	0.58
48	3.18	1.30	0.813	1.06	108	5.01	0.92	0.634	0.58
49	3.22	1.29	0.788	1.02	109	5.04	0.92	0.622	0.57
50	3.25	1.27	0.788	1.00	110	5.07	0.91	0.622	0.57
51	3.28	1.26	0.788	0.99	111	5.10	0.91	0.622	0.57
52	3.32	1.25	0.788	0.99	112	5.13	0.91	0.622	0.57
53	3.35	1.24	0.788	0.98	113	5.16	0.91	0.622	0.57
54	3.38	1.23	0.788	0.97	114	5.19	0.90	0.622	0.56
55	3.42	1.22	0.765	0.93	115	5.22	0.90	0.611	0.55
56	3.44	1.21	0.765	0.93	116	5.25	0.90	0.611	0.55
57	3.47	1.20	0.765	0.92	117	5.28	0.89	0.611	0.54
58	3.50	1.19	0.765	0.91	118	5.31	0.89	0.611	0.54
59	3.54	1.18	0.765	0.90	119	5.34	0.89	0.611	0.54
60	3.57	1.17	0.765	0.90	120	5.37	0.89	0.611	0.54

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.00	0.00	1.000	0.00	61	3.60	1.16	0.868	1.01
2	0.13	0.87	1.000	0.87	62	3.63	1.15	0.868	1.00
3	0.35	1.75	1.000	1.75	63	3.66	1.14	0.868	0.99
4	0.53	2.12	1.000	2.12	64	3.69	1.14	0.868	0.99
5	0.70	2.33	1.000	2.33	65	3.72	1.13	0.868	0.98
6	0.85	2.43	1.000	2.43	66	3.75	1.12	0.868	0.97
7	0.98	2.45	1.000	2.45	67	3.78	1.11	0.848	0.94
8	1.09	2.42	1.000	2.42	68	3.81	1.10	0.848	0.93
9	1.20	2.40	1.000	2.40	69	3.84	1.10	0.848	0.93
10	1.30	2.36	1.000	2.36	70	3.87	1.09	0.848	0.92
11	1.39	2.32	1.000	2.32	71	3.90	1.08	0.848	0.92
12	1.48	2.28	1.000	2.28	72	3.93	1.08	0.848	0.92
13	1.56	2.23	1.000	2.23	73	3.96	1.07	0.830	0.89
14	1.63	2.17	1.000	2.17	74	3.99	1.06	0.830	0.88
15	1.70	2.13	1.000	2.13	75	4.02	1.06	0.830	0.88
16	1.77	2.08	1.000	2.08	76	4.05	1.05	0.830	0.87
17	1.83	2.03	1.000	2.03	77	4.08	1.05	0.830	0.87
18	1.89	1.99	1.000	1.99	78	4.11	1.04	0.830	0.86
19	1.95	1.95	1.000	1.95	79	4.14	1.04	0.813	0.85
20	2.01	1.91	1.000	1.91	80	4.17	1.03	0.813	0.84
21	2.07	1.88	1.000	1.88	81	4.20	1.02	0.813	0.83
22	2.12	1.84	1.000	1.84	82	4.23	1.02	0.813	0.83
23	2.17	1.81	1.000	1.81	83	4.26	1.01	0.813	0.82
24	2.22	1.78	1.000	1.78	84	4.29	1.01	0.813	0.82
25	2.27	1.75	0.993	1.74	85	4.32	1.00	0.797	0.80
26	2.32	1.72	0.993	1.71	86	4.35	1.00	0.797	0.80
27	2.37	1.69	0.993	1.68	87	4.38	1.00	0.797	0.80
28	2.41	1.66	0.993	1.65	88	4.41	0.99	0.797	0.79
29	2.46	1.64	0.993	1.63	89	4.44	0.99	0.797	0.79
30	2.50	1.61	0.993	1.60	90	4.47	0.98	0.797	0.78
31	2.54	1.59	0.976	1.55	91	4.50	0.98	0.782	0.77
32	2.59	1.57	0.976	1.53	92	4.53	0.97	0.782	0.76
33	2.63	1.55	0.976	1.51	93	4.56	0.97	0.782	0.76
34	2.67	1.53	0.976	1.49	94	4.59	0.97	0.782	0.76
35	2.71	1.51	0.976	1.47	95	4.62	0.96	0.782	0.75
36	2.75	1.49	0.976	1.45	96	4.65	0.96	0.782	0.75
37	2.79	1.47	0.954	1.40	97	4.68	0.96	0.767	0.74
38	2.83	1.45	0.954	1.38	98	4.71	0.95	0.767	0.73
39	2.86	1.43	0.954	1.36	99	4.74	0.95	0.767	0.73
40	2.90	1.41	0.954	1.35	100	4.77	0.94	0.767	0.72
41	2.94	1.40	0.954	1.34	101	4.80	0.94	0.767	0.72
42	2.98	1.39	0.954	1.33	102	4.83	0.94	0.767	0.72
43	3.01	1.37	0.932	1.28	103	4.86	0.93	0.754	0.70
44	3.05	1.36	0.932	1.27	104	4.89	0.93	0.754	0.70
45	3.08	1.34	0.932	1.25	105	4.92	0.93	0.754	0.70
46	3.12	1.33	0.932	1.24	106	4.95	0.93	0.754	0.70
47	3.15	1.31	0.932	1.22	107	4.98	0.92	0.754	0.69
48	3.18	1.30	0.932	1.21	108	5.01	0.92	0.754	0.69
49	3.22	1.29	0.909	1.17	109	5.04	0.92	0.740	0.68
50	3.25	1.27	0.909	1.15	110	5.07	0.91	0.740	0.67
51	3.28	1.26	0.909	1.15	111	5.10	0.91	0.740	0.67
52	3.32	1.25	0.909	1.14	112	5.13	0.91	0.740	0.67
53	3.35	1.24	0.909	1.13	113	5.16	0.91	0.740	0.67
54	3.38	1.23	0.909	1.12	114	5.19	0.90	0.740	0.67
55	3.42	1.22	0.888	1.08	115	5.22	0.90	0.728	0.66
56	3.44	1.21	0.888	1.07	116	5.25	0.90	0.728	0.66
57	3.47	1.20	0.888	1.07	117	5.28	0.89	0.728	0.65
58	3.50	1.19	0.888	1.06	118	5.31	0.89	0.728	0.65
59	3.54	1.18	0.888	1.05	119	5.34	0.89	0.728	0.65
60	3.57	1.17	0.888	1.04	120	5.37	0.89	0.728	0.65

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.00	0.00	1.000	0.00	61	3.60	1.16	0.940	1.09
2	0.13	0.87	1.000	0.87	62	3.63	1.15	0.940	1.08
3	0.35	1.75	1.000	1.75	63	3.66	1.14	0.940	1.07
4	0.53	2.12	1.000	2.12	64	3.69	1.14	0.940	1.07
5	0.70	2.33	1.000	2.33	65	3.72	1.13	0.940	1.06
6	0.85	2.43	1.000	2.43	66	3.75	1.12	0.940	1.05
7	0.98	2.45	1.000	2.45	67	3.78	1.11	0.924	1.03
8	1.09	2.42	1.000	2.42	68	3.81	1.10	0.924	1.02
9	1.20	2.40	1.000	2.40	69	3.84	1.10	0.924	1.02
10	1.30	2.36	1.000	2.36	70	3.87	1.09	0.924	1.01
11	1.39	2.32	1.000	2.32	71	3.90	1.08	0.924	1.00
12	1.48	2.28	1.000	2.28	72	3.93	1.08	0.924	1.00
13	1.56	2.23	1.000	2.23	73	3.96	1.07	0.908	0.97
14	1.63	2.17	1.000	2.17	74	3.99	1.06	0.908	0.96
15	1.70	2.13	1.000	2.13	75	4.02	1.06	0.908	0.96
16	1.77	2.08	1.000	2.08	76	4.05	1.05	0.908	0.95
17	1.83	2.03	1.000	2.03	77	4.08	1.05	0.908	0.95
18	1.89	1.99	1.000	1.99	78	4.11	1.04	0.908	0.94
19	1.95	1.95	1.000	1.95	79	4.14	1.04	0.892	0.93
20	2.01	1.91	1.000	1.91	80	4.17	1.03	0.892	0.92
21	2.07	1.88	1.000	1.88	81	4.20	1.02	0.892	0.91
22	2.12	1.84	1.000	1.84	82	4.23	1.02	0.892	0.91
23	2.17	1.81	1.000	1.81	83	4.26	1.01	0.892	0.90
24	2.22	1.78	1.000	1.78	84	4.29	1.01	0.892	0.90
25	2.27	1.75	1.000	1.75	85	4.32	1.00	0.877	0.88
26	2.32	1.72	1.000	1.72	86	4.35	1.00	0.877	0.88
27	2.37	1.69	1.000	1.69	87	4.38	1.00	0.877	0.88
28	2.41	1.66	1.000	1.66	88	4.41	0.99	0.877	0.87
29	2.46	1.64	1.000	1.64	89	4.44	0.99	0.877	0.87
30	2.50	1.61	1.000	1.61	90	4.47	0.98	0.877	0.86
31	2.54	1.59	1.000	1.59	91	4.50	0.98	0.862	0.84
32	2.59	1.57	1.000	1.57	92	4.53	0.97	0.862	0.84
33	2.63	1.55	1.000	1.55	93	4.56	0.97	0.862	0.84
34	2.67	1.53	1.000	1.53	94	4.59	0.97	0.862	0.84
35	2.71	1.51	1.000	1.51	95	4.62	0.96	0.862	0.83
36	2.75	1.49	1.000	1.49	96	4.65	0.96	0.862	0.83
37	2.79	1.47	0.997	1.47	97	4.68	0.96	0.848	0.81
38	2.83	1.45	0.997	1.45	98	4.71	0.95	0.848	0.81
39	2.86	1.43	0.997	1.43	99	4.74	0.95	0.848	0.81
40	2.90	1.41	0.997	1.41	100	4.77	0.94	0.848	0.80
41	2.94	1.40	0.997	1.40	101	4.80	0.94	0.848	0.80
42	2.98	1.39	0.997	1.39	102	4.83	0.94	0.848	0.80
43	3.01	1.37	0.986	1.35	103	4.86	0.93	0.835	0.78
44	3.05	1.36	0.986	1.34	104	4.89	0.93	0.835	0.78
45	3.08	1.34	0.986	1.32	105	4.92	0.93	0.835	0.78
46	3.12	1.33	0.986	1.31	106	4.95	0.93	0.835	0.78
47	3.15	1.31	0.986	1.29	107	4.98	0.92	0.835	0.77
48	3.18	1.30	0.986	1.28	108	5.01	0.92	0.835	0.77
49	3.22	1.29	0.972	1.25	109	5.04	0.92	0.822	0.76
50	3.25	1.27	0.972	1.23	110	5.07	0.91	0.822	0.75
51	3.28	1.26	0.972	1.22	111	5.10	0.91	0.822	0.75
52	3.32	1.25	0.972	1.22	112	5.13	0.91	0.822	0.75
53	3.35	1.24	0.972	1.21	113	5.16	0.91	0.822	0.75
54	3.38	1.23	0.972	1.20	114	5.19	0.90	0.822	0.74
55	3.42	1.22	0.957	1.17	115	5.22	0.90	0.809	0.73
56	3.44	1.21	0.957	1.16	116	5.25	0.90	0.809	0.73
57	3.47	1.20	0.957	1.15	117	5.28	0.89	0.809	0.72
58	3.50	1.19	0.957	1.14	118	5.31	0.89	0.809	0.72
59	3.54	1.18	0.957	1.13	119	5.34	0.89	0.809	0.72
60	3.57	1.17	0.957	1.12	120	5.37	0.89	0.809	0.72

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY NON-RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.13	1.30	1.000	1.30	61	4.03	1.30	0.706	0.92
2	0.42	2.80	1.000	2.80	62	4.06	1.29	0.706	0.91
3	0.68	3.40	1.000	3.40	63	4.09	1.28	0.706	0.90
4	0.90	3.60	1.000	3.60	64	4.12	1.27	0.706	0.90
5	1.08	3.60	1.000	3.60	65	4.15	1.26	0.706	0.89
6	1.24	3.54	1.000	3.54	66	4.18	1.25	0.706	0.88
7	1.37	3.43	1.000	3.43	67	4.21	1.24	0.685	0.85
8	1.50	3.33	1.000	3.33	68	4.24	1.23	0.685	0.84
9	1.61	3.22	1.000	3.22	69	4.27	1.22	0.685	0.84
10	1.71	3.11	1.000	3.11	70	4.30	1.21	0.685	0.83
11	1.81	3.02	1.000	3.02	71	4.33	1.20	0.685	0.82
12	1.89	2.91	1.000	2.91	72	4.36	1.19	0.685	0.82
13	1.97	2.81	0.976	2.74	73	4.39	1.19	0.666	0.79
14	2.05	2.73	0.976	2.66	74	4.42	1.18	0.666	0.79
15	2.12	2.65	0.976	2.59	75	4.45	1.17	0.666	0.78
16	2.19	2.58	0.976	2.52	76	4.48	1.16	0.666	0.77
17	2.26	2.51	0.976	2.45	77	4.51	1.16	0.666	0.77
18	2.32	2.44	0.976	2.38	78	4.54	1.15	0.666	0.77
19	2.38	2.38	0.932	2.22	79	4.57	1.14	0.649	0.74
20	2.44	2.32	0.932	2.16	80	4.60	1.14	0.649	0.74
21	2.49	2.26	0.932	2.11	81	4.63	1.13	0.649	0.73
22	2.55	2.22	0.932	2.07	82	4.66	1.12	0.649	0.73
23	2.60	2.17	0.932	2.02	83	4.69	1.12	0.649	0.73
24	2.65	2.12	0.932	1.98	84	4.72	1.11	0.649	0.72
25	2.70	2.08	0.888	1.85	85	4.75	1.10	0.633	0.70
26	2.75	2.04	0.888	1.81	86	4.78	1.10	0.633	0.70
27	2.80	2.00	0.888	1.78	87	4.81	1.09	0.633	0.69
28	2.84	1.96	0.888	1.74	88	4.84	1.09	0.633	0.69
29	2.89	1.93	0.888	1.71	89	4.87	1.08	0.633	0.68
30	2.93	1.89	0.888	1.68	90	4.90	1.08	0.633	0.68
31	2.97	1.86	0.849	1.58	91	4.93	1.07	0.618	0.66
32	3.02	1.83	0.849	1.55	92	4.96	1.07	0.618	0.66
33	3.06	1.80	0.849	1.53	93	4.99	1.06	0.618	0.66
34	3.10	1.77	0.849	1.50	94	5.02	1.06	0.618	0.66
35	3.14	1.74	0.849	1.48	95	5.05	1.05	0.618	0.65
36	3.18	1.72	0.849	1.46	96	5.08	1.05	0.618	0.65
37	3.22	1.69	0.813	1.37	97	5.11	1.04	0.604	0.63
38	3.26	1.67	0.813	1.36	98	5.14	1.04	0.604	0.63
39	3.30	1.65	0.813	1.34	99	5.17	1.03	0.604	0.62
40	3.34	1.63	0.813	1.33	100	5.20	1.03	0.604	0.62
41	3.37	1.60	0.813	1.30	101	5.23	1.03	0.604	0.62
42	3.41	1.59	0.813	1.29	102	5.26	1.02	0.604	0.62
43	3.45	1.57	0.782	1.23	103	5.29	1.02	0.591	0.60
44	3.48	1.55	0.782	1.21	104	5.32	1.01	0.591	0.60
45	3.52	1.53	0.782	1.20	105	5.35	1.01	0.591	0.60
46	3.55	1.51	0.782	1.18	106	5.38	1.01	0.591	0.60
47	3.59	1.50	0.782	1.17	107	5.41	1.00	0.591	0.59
48	3.62	1.48	0.782	1.16	108	5.44	1.00	0.591	0.59
49	3.65	1.46	0.754	1.10	109	5.47	0.99	0.578	0.57
50	3.69	1.45	0.754	1.09	110	5.50	0.99	0.578	0.57
51	3.72	1.43	0.754	1.08	111	5.53	0.99	0.578	0.57
52	3.75	1.42	0.754	1.07	112	5.56	0.98	0.578	0.57
53	3.79	1.40	0.754	1.06	113	5.59	0.98	0.578	0.57
54	3.82	1.39	0.754	1.05	114	5.62	0.98	0.578	0.57
55	3.85	1.38	0.729	1.01	115	5.65	0.97	0.567	0.55
56	3.88	1.36	0.729	0.99	116	5.68	0.97	0.567	0.55
57	3.91	1.35	0.729	0.98	117	5.71	0.97	0.567	0.55
58	3.94	1.34	0.729	0.98	118	5.74	0.96	0.567	0.54
59	3.97	1.32	0.729	0.96	119	5.77	0.96	0.567	0.54
60	4.00	1.31	0.729	0.95	120	5.80	0.96	0.567	0.54

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY NON-RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.13	1.30	1.000	1.30	61	4.03	1.30	0.843	1.10
2	0.42	2.80	1.000	2.80	62	4.06	1.29	0.843	1.09
3	0.68	3.40	1.000	3.40	63	4.09	1.28	0.843	1.08
4	0.90	3.60	1.000	3.60	64	4.12	1.27	0.843	1.07
5	1.08	3.60	1.000	3.60	65	4.15	1.26	0.843	1.06
6	1.24	3.54	1.000	3.54	66	4.18	1.25	0.843	1.05
7	1.37	3.43	1.000	3.43	67	4.21	1.24	0.822	1.02
8	1.50	3.33	1.000	3.33	68	4.24	1.23	0.822	1.01
9	1.61	3.22	1.000	3.22	69	4.27	1.22	0.822	1.00
10	1.71	3.11	1.000	3.11	70	4.30	1.21	0.822	0.99
11	1.81	3.02	1.000	3.02	71	4.33	1.20	0.822	0.99
12	1.89	2.91	1.000	2.91	72	4.36	1.19	0.822	0.98
13	1.97	2.81	1.000	2.81	73	4.39	1.19	0.802	0.95
14	2.05	2.73	1.000	2.73	74	4.42	1.18	0.802	0.95
15	2.12	2.65	1.000	2.65	75	4.45	1.17	0.802	0.94
16	2.19	2.58	1.000	2.58	76	4.48	1.16	0.802	0.93
17	2.26	2.51	1.000	2.51	77	4.51	1.16	0.802	0.93
18	2.32	2.44	1.000	2.44	78	4.54	1.15	0.802	0.92
19	2.38	2.38	1.000	2.38	79	4.57	1.14	0.783	0.89
20	2.44	2.32	1.000	2.32	80	4.60	1.14	0.783	0.89
21	2.49	2.26	1.000	2.26	81	4.63	1.13	0.783	0.88
22	2.55	2.22	1.000	2.22	82	4.66	1.12	0.783	0.88
23	2.60	2.17	1.000	2.17	83	4.69	1.12	0.783	0.88
24	2.65	2.12	1.000	2.12	84	4.72	1.11	0.783	0.87
25	2.70	2.08	0.990	2.06	85	4.75	1.10	0.766	0.84
26	2.75	2.04	0.990	2.02	86	4.78	1.10	0.766	0.84
27	2.80	2.00	0.990	1.98	87	4.81	1.09	0.766	0.83
28	2.84	1.96	0.990	1.94	88	4.84	1.09	0.766	0.83
29	2.89	1.93	0.990	1.91	89	4.87	1.08	0.766	0.83
30	2.93	1.89	0.990	1.87	90	4.90	1.08	0.766	0.83
31	2.97	1.86	0.967	1.80	91	4.93	1.07	0.749	0.80
32	3.02	1.83	0.967	1.77	92	4.96	1.07	0.749	0.80
33	3.06	1.80	0.967	1.74	93	4.99	1.06	0.749	0.79
34	3.10	1.77	0.967	1.71	94	5.02	1.06	0.749	0.79
35	3.14	1.74	0.967	1.68	95	5.05	1.05	0.749	0.79
36	3.18	1.72	0.967	1.66	96	5.08	1.05	0.749	0.79
37	3.22	1.69	0.941	1.59	97	5.11	1.04	0.734	0.76
38	3.26	1.67	0.941	1.57	98	5.14	1.04	0.734	0.76
39	3.30	1.65	0.941	1.55	99	5.17	1.03	0.734	0.76
40	3.34	1.63	0.941	1.53	100	5.20	1.03	0.734	0.76
41	3.37	1.60	0.941	1.51	101	5.23	1.03	0.734	0.76
42	3.41	1.59	0.941	1.50	102	5.26	1.02	0.734	0.75
43	3.45	1.57	0.915	1.44	103	5.29	1.02	0.719	0.73
44	3.48	1.55	0.915	1.42	104	5.32	1.01	0.719	0.73
45	3.52	1.53	0.915	1.40	105	5.35	1.01	0.719	0.73
46	3.55	1.51	0.915	1.38	106	5.38	1.01	0.719	0.73
47	3.59	1.50	0.915	1.37	107	5.41	1.00	0.719	0.72
48	3.62	1.48	0.915	1.35	108	5.44	1.00	0.719	0.72
49	3.65	1.46	0.890	1.30	109	5.47	0.99	0.706	0.70
50	3.69	1.45	0.890	1.29	110	5.50	0.99	0.706	0.70
51	3.72	1.43	0.890	1.27	111	5.53	0.99	0.706	0.70
52	3.75	1.42	0.890	1.26	112	5.56	0.98	0.706	0.69
53	3.79	1.40	0.890	1.25	113	5.59	0.98	0.706	0.69
54	3.82	1.39	0.890	1.24	114	5.62	0.98	0.706	0.69
55	3.85	1.38	0.866	1.20	115	5.65	0.97	0.693	0.67
56	3.88	1.36	0.866	1.18	116	5.68	0.97	0.693	0.67
57	3.91	1.35	0.866	1.17	117	5.71	0.97	0.693	0.67
58	3.94	1.34	0.866	1.16	118	5.74	0.96	0.693	0.67
59	3.97	1.32	0.866	1.14	119	5.77	0.96	0.693	0.67
60	4.00	1.31	0.866	1.13	120	5.80	0.96	0.693	0.67

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY NON-RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.13	1.30	1.000	1.30	61	4.03	1.30	0.930	1.21
2	0.42	2.80	1.000	2.80	62	4.06	1.29	0.930	1.20
3	0.68	3.40	1.000	3.40	63	4.09	1.28	0.930	1.19
4	0.90	3.60	1.000	3.60	64	4.12	1.27	0.930	1.18
5	1.08	3.60	1.000	3.60	65	4.15	1.26	0.930	1.17
6	1.24	3.54	1.000	3.54	66	4.18	1.25	0.930	1.16
7	1.37	3.43	1.000	3.43	67	4.21	1.24	0.911	1.13
8	1.50	3.33	1.000	3.33	68	4.24	1.23	0.911	1.12
9	1.61	3.22	1.000	3.22	69	4.27	1.22	0.911	1.11
10	1.71	3.11	1.000	3.11	70	4.30	1.21	0.911	1.10
11	1.81	3.02	1.000	3.02	71	4.33	1.20	0.911	1.09
12	1.89	2.91	1.000	2.91	72	4.36	1.19	0.911	1.08
13	1.97	2.81	1.000	2.81	73	4.39	1.19	0.893	1.06
14	2.05	2.73	1.000	2.73	74	4.42	1.18	0.893	1.05
15	2.12	2.65	1.000	2.65	75	4.45	1.17	0.893	1.04
16	2.19	2.58	1.000	2.58	76	4.48	1.16	0.893	1.04
17	2.26	2.51	1.000	2.51	77	4.51	1.16	0.893	1.04
18	2.32	2.44	1.000	2.44	78	4.54	1.15	0.893	1.03
19	2.38	2.38	1.000	2.38	79	4.57	1.14	0.876	1.00
20	2.44	2.32	1.000	2.32	80	4.60	1.14	0.876	1.00
21	2.49	2.26	1.000	2.26	81	4.63	1.13	0.876	0.99
22	2.55	2.22	1.000	2.22	82	4.66	1.12	0.876	0.98
23	2.60	2.17	1.000	2.17	83	4.69	1.12	0.876	0.98
24	2.65	2.12	1.000	2.12	84	4.72	1.11	0.876	0.97
25	2.70	2.08	1.000	2.08	85	4.75	1.10	0.859	0.94
26	2.75	2.04	1.000	2.04	86	4.78	1.10	0.859	0.94
27	2.80	2.00	1.000	2.00	87	4.81	1.09	0.859	0.94
28	2.84	1.96	1.000	1.96	88	4.84	1.09	0.859	0.94
29	2.89	1.93	1.000	1.93	89	4.87	1.08	0.859	0.93
30	2.93	1.89	1.000	1.89	90	4.90	1.08	0.859	0.93
31	2.97	1.86	1.000	1.86	91	4.93	1.07	0.843	0.90
32	3.02	1.83	1.000	1.83	92	4.96	1.07	0.843	0.90
33	3.06	1.80	1.000	1.80	93	4.99	1.06	0.843	0.89
34	3.10	1.77	1.000	1.77	94	5.02	1.06	0.843	0.89
35	3.14	1.74	1.000	1.74	95	5.05	1.05	0.843	0.89
36	3.18	1.72	1.000	1.72	96	5.08	1.05	0.843	0.89
37	3.22	1.69	0.995	1.68	97	5.11	1.04	0.828	0.86
38	3.26	1.67	0.995	1.66	98	5.14	1.04	0.828	0.86
39	3.30	1.65	0.995	1.64	99	5.17	1.03	0.828	0.85
40	3.34	1.63	0.995	1.62	100	5.20	1.03	0.828	0.85
41	3.37	1.60	0.995	1.59	101	5.23	1.03	0.828	0.85
42	3.41	1.59	0.995	1.58	102	5.26	1.02	0.828	0.84
43	3.45	1.57	0.982	1.54	103	5.29	1.02	0.813	0.83
44	3.48	1.55	0.982	1.52	104	5.32	1.01	0.813	0.82
45	3.52	1.53	0.982	1.50	105	5.35	1.01	0.813	0.82
46	3.55	1.51	0.982	1.48	106	5.38	1.01	0.813	0.82
47	3.59	1.50	0.982	1.47	107	5.41	1.00	0.813	0.81
48	3.62	1.48	0.982	1.45	108	5.44	1.00	0.813	0.81
49	3.65	1.46	0.966	1.41	109	5.47	0.99	0.799	0.79
50	3.69	1.45	0.966	1.40	110	5.50	0.99	0.799	0.79
51	3.72	1.43	0.966	1.38	111	5.53	0.99	0.799	0.79
52	3.75	1.42	0.966	1.37	112	5.56	0.98	0.799	0.78
53	3.79	1.40	0.966	1.35	113	5.59	0.98	0.799	0.78
54	3.82	1.39	0.966	1.34	114	5.62	0.98	0.799	0.78
55	3.85	1.38	0.948	1.31	115	5.65	0.97	0.786	0.76
56	3.88	1.36	0.948	1.29	116	5.68	0.97	0.786	0.76
57	3.91	1.35	0.948	1.28	117	5.71	0.97	0.786	0.76
58	3.94	1.34	0.948	1.27	118	5.74	0.96	0.786	0.75
59	3.97	1.32	0.948	1.25	119	5.77	0.96	0.786	0.75
60	4.00	1.31	0.948	1.24	120	5.80	0.96	0.786	0.75

ARKANSAS CREDIT DISABILITY INSURANCE
 30 DAY RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
 OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.00	0.00	1.0067	0.00	1.000	0.00	61	4.41	1.42	1.1445	1.63	0.779	1.27
2	0.56	3.73	1.0089	3.76	1.000	3.76	62	4.44	1.41	1.1469	1.62	0.779	1.26
3	0.91	4.55	1.0111	4.60	1.000	4.60	63	4.47	1.40	1.1493	1.61	0.779	1.25
4	1.17	4.68	1.0134	4.74	1.000	4.74	64	4.50	1.38	1.1516	1.59	0.779	1.24
5	1.38	4.60	1.0156	4.67	1.000	4.67	65	4.53	1.37	1.1540	1.58	0.779	1.23
6	1.54	4.40	1.0178	4.48	1.000	4.48	66	4.56	1.36	1.1564	1.57	0.779	1.22
7	1.69	4.23	1.0201	4.32	1.000	4.32	67	4.59	1.35	1.1588	1.56	0.761	1.19
8	1.82	4.04	1.0223	4.13	1.000	4.13	68	4.62	1.34	1.1611	1.56	0.761	1.19
9	1.94	3.88	1.0246	3.98	1.000	3.98	69	4.65	1.33	1.1635	1.55	0.761	1.18
10	2.04	3.71	1.0268	3.81	1.000	3.81	70	4.68	1.32	1.1659	1.54	0.761	1.17
11	2.14	3.57	1.0290	3.67	1.000	3.67	71	4.71	1.31	1.1683	1.53	0.761	1.16
12	2.23	3.43	1.0313	3.54	1.000	3.54	72	4.74	1.30	1.1707	1.52	0.761	1.16
13	2.32	3.31	1.0336	3.42	0.985	3.37	73	4.77	1.29	1.1731	1.51	0.744	1.12
14	2.40	3.20	1.0358	3.31	0.985	3.26	74	4.80	1.28	1.1755	1.50	0.744	1.12
15	2.47	3.09	1.0381	3.21	0.985	3.16	75	4.83	1.27	1.1779	1.50	0.744	1.12
16	2.55	3.00	1.0403	3.12	0.985	3.07	76	4.86	1.26	1.1803	1.49	0.744	1.11
17	2.61	2.90	1.0426	3.02	0.985	2.97	77	4.89	1.25	1.1827	1.48	0.744	1.10
18	2.68	2.82	1.0449	2.95	0.985	2.91	78	4.92	1.25	1.1851	1.48	0.744	1.10
19	2.74	2.74	1.0471	2.87	0.955	2.74	79	4.95	1.24	1.1875	1.47	0.729	1.07
20	2.80	2.67	1.0494	2.80	0.955	2.67	80	4.98	1.23	1.1899	1.46	0.729	1.06
21	2.85	2.59	1.0517	2.72	0.955	2.60	81	5.01	1.22	1.1923	1.45	0.729	1.06
22	2.91	2.53	1.0539	2.67	0.955	2.55	82	5.04	1.21	1.1947	1.45	0.729	1.06
23	2.96	2.47	1.0562	2.61	0.955	2.49	83	5.07	1.21	1.1971	1.45	0.729	1.06
24	3.02	2.42	1.0585	2.56	0.955	2.44	84	5.10	1.20	1.1996	1.44	0.729	1.05
25	3.06	2.35	1.0608	2.49	0.923	2.30	85	5.13	1.19	1.2020	1.43	0.715	1.02
26	3.12	2.31	1.0631	2.46	0.923	2.27	86	5.16	1.19	1.2044	1.43	0.715	1.02
27	3.16	2.26	1.0654	2.41	0.923	2.22	87	5.19	1.18	1.2068	1.42	0.715	1.02
28	3.21	2.21	1.0677	2.36	0.923	2.18	88	5.22	1.17	1.2092	1.41	0.715	1.01
29	3.26	2.17	1.0699	2.32	0.923	2.14	89	5.25	1.17	1.2117	1.41	0.715	1.01
30	3.30	2.13	1.0722	2.28	0.923	2.10	90	5.28	1.16	1.2141	1.41	0.715	1.01
31	3.35	2.09	1.0745	2.25	0.893	2.01	91	5.31	1.15	1.2165	1.40	0.701	0.98
32	3.39	2.05	1.0768	2.21	0.893	1.97	92	5.34	1.15	1.2190	1.40	0.701	0.98
33	3.43	2.02	1.0791	2.18	0.893	1.95	93	5.37	1.14	1.2214	1.39	0.701	0.97
34	3.47	1.98	1.0814	2.14	0.893	1.91	94	5.40	1.14	1.2238	1.39	0.701	0.97
35	3.51	1.95	1.0837	2.11	0.893	1.88	95	5.43	1.13	1.2263	1.39	0.701	0.97
36	3.55	1.92	1.0861	2.09	0.893	1.87	96	5.47	1.13	1.2287	1.39	0.701	0.97
37	3.59	1.89	1.0884	2.06	0.866	1.78	97	5.50	1.12	1.2312	1.38	0.689	0.95
38	3.63	1.86	1.0907	2.03	0.866	1.76	98	5.53	1.12	1.2336	1.38	0.689	0.95
39	3.67	1.84	1.0930	2.01	0.866	1.74	99	5.56	1.11	1.2361	1.37	0.689	0.94
40	3.71	1.81	1.0953	1.98	0.866	1.71	100	5.59	1.11	1.2385	1.37	0.689	0.94
41	3.75	1.79	1.0976	1.96	0.866	1.70	101	5.62	1.10	1.2410	1.37	0.689	0.94
42	3.78	1.76	1.1000	1.94	0.866	1.68	102	5.65	1.10	1.2434	1.37	0.689	0.94
43	3.82	1.74	1.1023	1.92	0.841	1.61	103	5.68	1.09	1.2459	1.36	0.677	0.92
44	3.85	1.71	1.1046	1.89	0.841	1.59	104	5.71	1.09	1.2483	1.36	0.677	0.92
45	3.89	1.69	1.1069	1.87	0.841	1.57	105	5.74	1.08	1.2508	1.35	0.677	0.91
46	3.93	1.67	1.1093	1.85	0.841	1.56	106	5.77	1.08	1.2533	1.35	0.677	0.91
47	3.96	1.65	1.1116	1.83	0.841	1.54	107	5.80	1.07	1.2557	1.34	0.677	0.91
48	4.00	1.63	1.1139	1.82	0.841	1.53	108	5.83	1.07	1.2582	1.34	0.677	0.91
49	4.03	1.61	1.1163	1.80	0.819	1.47	109	5.86	1.07	1.2607	1.34	0.666	0.89
50	4.06	1.59	1.1186	1.78	0.819	1.46	110	5.89	1.06	1.2631	1.34	0.666	0.89
51	4.10	1.58	1.1210	1.77	0.819	1.45	111	5.92	1.06	1.2656	1.34	0.666	0.89
52	4.13	1.56	1.1233	1.75	0.819	1.43	112	5.95	1.05	1.2681	1.33	0.666	0.89
53	4.16	1.54	1.1257	1.73	0.819	1.42	113	5.98	1.05	1.2706	1.33	0.666	0.89
54	4.19	1.52	1.1280	1.71	0.819	1.40	114	6.01	1.05	1.2730	1.33	0.666	0.89
55	4.22	1.51	1.1304	1.71	0.798	1.36	115	6.04	1.04	1.2755	1.33	0.655	0.87
56	4.25	1.49	1.1327	1.69	0.798	1.35	116	6.07	1.04	1.2780	1.33	0.655	0.87
57	4.29	1.48	1.1351	1.68	0.798	1.34	117	6.10	1.03	1.2805	1.32	0.655	0.86
58	4.32	1.46	1.1374	1.66	0.798	1.32	118	6.13	1.03	1.2830	1.32	0.655	0.86
59	4.35	1.45	1.1398	1.65	0.798	1.32	119	6.16	1.03	1.2855	1.32	0.655	0.86
60	4.38	1.44	1.1422	1.64	0.798	1.31	120	6.19	1.02	1.2880	1.31	0.655	0.86

ARKANSAS CREDIT DISABILITY INSURANCE
 30 DAY RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
 OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.00	0.00	1.0067	0.00	1.000	0.00	61	4.41	1.42	1.1445	1.63	0.886	1.44
2	0.56	3.73	1.0089	3.76	1.000	3.76	62	4.44	1.41	1.1469	1.62	0.886	1.44
3	0.91	4.55	1.0111	4.60	1.000	4.60	63	4.47	1.40	1.1493	1.61	0.886	1.43
4	1.17	4.68	1.0134	4.74	1.000	4.74	64	4.50	1.38	1.1516	1.59	0.886	1.41
5	1.38	4.60	1.0156	4.67	1.000	4.67	65	4.53	1.37	1.1540	1.58	0.886	1.40
6	1.54	4.40	1.0178	4.48	1.000	4.48	66	4.56	1.36	1.1564	1.57	0.886	1.39
7	1.69	4.23	1.0201	4.32	1.000	4.32	67	4.59	1.35	1.1588	1.56	0.869	1.36
8	1.82	4.04	1.0223	4.13	1.000	4.13	68	4.62	1.34	1.1611	1.56	0.869	1.36
9	1.94	3.88	1.0246	3.98	1.000	3.98	69	4.65	1.33	1.1635	1.55	0.869	1.35
10	2.04	3.71	1.0268	3.81	1.000	3.81	70	4.68	1.32	1.1659	1.54	0.869	1.34
11	2.14	3.57	1.0290	3.67	1.000	3.67	71	4.71	1.31	1.1683	1.53	0.869	1.33
12	2.23	3.43	1.0313	3.54	1.000	3.54	72	4.74	1.30	1.1707	1.52	0.869	1.32
13	2.32	3.31	1.0336	3.42	1.000	3.42	73	4.77	1.29	1.1731	1.51	0.852	1.29
14	2.40	3.20	1.0358	3.31	1.000	3.31	74	4.80	1.28	1.1755	1.50	0.852	1.28
15	2.47	3.09	1.0381	3.21	1.000	3.21	75	4.83	1.27	1.1779	1.50	0.852	1.28
16	2.55	3.00	1.0403	3.12	1.000	3.12	76	4.86	1.26	1.1803	1.49	0.852	1.27
17	2.61	2.90	1.0426	3.02	1.000	3.02	77	4.89	1.25	1.1827	1.48	0.852	1.26
18	2.68	2.82	1.0449	2.95	1.000	2.95	78	4.92	1.25	1.1851	1.48	0.852	1.26
19	2.74	2.74	1.0471	2.87	1.000	2.87	79	4.95	1.24	1.1875	1.47	0.837	1.23
20	2.80	2.67	1.0494	2.80	1.000	2.80	80	4.98	1.23	1.1899	1.46	0.837	1.22
21	2.85	2.59	1.0517	2.72	1.000	2.72	81	5.01	1.22	1.1923	1.45	0.837	1.21
22	2.91	2.53	1.0539	2.67	1.000	2.67	82	5.04	1.21	1.1947	1.45	0.837	1.21
23	2.96	2.47	1.0562	2.61	1.000	2.61	83	5.07	1.21	1.1971	1.45	0.837	1.21
24	3.02	2.42	1.0585	2.56	1.000	2.56	84	5.10	1.20	1.1996	1.44	0.837	1.21
25	3.06	2.35	1.0608	2.49	0.994	2.48	85	5.13	1.19	1.2020	1.43	0.822	1.18
26	3.12	2.31	1.0631	2.46	0.994	2.45	86	5.16	1.19	1.2044	1.43	0.822	1.18
27	3.16	2.26	1.0654	2.41	0.994	2.40	87	5.19	1.18	1.2068	1.42	0.822	1.17
28	3.21	2.21	1.0677	2.36	0.994	2.35	88	5.22	1.17	1.2092	1.41	0.822	1.16
29	3.26	2.17	1.0699	2.32	0.994	2.31	89	5.25	1.17	1.2117	1.41	0.822	1.16
30	3.30	2.13	1.0722	2.28	0.994	2.27	90	5.28	1.16	1.2141	1.41	0.822	1.16
31	3.35	2.09	1.0745	2.25	0.980	2.21	91	5.31	1.15	1.2165	1.40	0.808	1.13
32	3.39	2.05	1.0768	2.21	0.980	2.17	92	5.34	1.15	1.2190	1.40	0.808	1.13
33	3.43	2.02	1.0791	2.18	0.980	2.14	93	5.37	1.14	1.2214	1.39	0.808	1.12
34	3.47	1.98	1.0814	2.14	0.980	2.10	94	5.40	1.14	1.2238	1.39	0.808	1.12
35	3.51	1.95	1.0837	2.11	0.980	2.07	95	5.43	1.13	1.2263	1.39	0.808	1.12
36	3.55	1.92	1.0861	2.09	0.980	2.05	96	5.47	1.13	1.2287	1.39	0.808	1.12
37	3.59	1.89	1.0884	2.06	0.961	1.98	97	5.50	1.12	1.2312	1.38	0.795	1.10
38	3.63	1.86	1.0907	2.03	0.961	1.95	98	5.53	1.12	1.2336	1.38	0.795	1.10
39	3.67	1.84	1.0930	2.01	0.961	1.93	99	5.56	1.11	1.2361	1.37	0.795	1.09
40	3.71	1.81	1.0953	1.98	0.961	1.90	100	5.59	1.11	1.2385	1.37	0.795	1.09
41	3.75	1.79	1.0976	1.96	0.961	1.88	101	5.62	1.10	1.2410	1.37	0.795	1.09
42	3.78	1.76	1.1000	1.94	0.961	1.86	102	5.65	1.10	1.2434	1.37	0.795	1.09
43	3.82	1.74	1.1023	1.92	0.942	1.81	103	5.68	1.09	1.2459	1.36	0.783	1.06
44	3.85	1.71	1.1046	1.89	0.942	1.78	104	5.71	1.09	1.2483	1.36	0.783	1.06
45	3.89	1.69	1.1069	1.87	0.942	1.76	105	5.74	1.08	1.2508	1.35	0.783	1.06
46	3.93	1.67	1.1093	1.85	0.942	1.74	106	5.77	1.08	1.2533	1.35	0.783	1.06
47	3.96	1.65	1.1116	1.83	0.942	1.72	107	5.80	1.07	1.2557	1.34	0.783	1.05
48	4.00	1.63	1.1139	1.82	0.942	1.71	108	5.83	1.07	1.2582	1.34	0.783	1.05
49	4.03	1.61	1.1163	1.80	0.923	1.66	109	5.86	1.07	1.2607	1.34	0.770	1.03
50	4.06	1.59	1.1186	1.78	0.923	1.64	110	5.89	1.06	1.2631	1.34	0.770	1.03
51	4.10	1.58	1.1210	1.77	0.923	1.63	111	5.92	1.06	1.2656	1.34	0.770	1.03
52	4.13	1.56	1.1233	1.75	0.923	1.62	112	5.95	1.05	1.2681	1.33	0.770	1.02
53	4.16	1.54	1.1257	1.73	0.923	1.60	113	5.98	1.05	1.2706	1.33	0.770	1.02
54	4.19	1.52	1.1280	1.71	0.923	1.58	114	6.01	1.05	1.2730	1.33	0.770	1.02
55	4.22	1.51	1.1304	1.71	0.904	1.55	115	6.04	1.04	1.2755	1.33	0.759	1.01
56	4.25	1.49	1.1327	1.69	0.904	1.53	116	6.07	1.04	1.2780	1.33	0.759	1.01
57	4.29	1.48	1.1351	1.68	0.904	1.52	117	6.10	1.03	1.2805	1.32	0.759	1.00
58	4.32	1.46	1.1374	1.66	0.904	1.50	118	6.13	1.03	1.2830	1.32	0.759	1.00
59	4.35	1.45	1.1398	1.65	0.904	1.49	119	6.16	1.03	1.2855	1.32	0.759	1.00
60	4.38	1.44	1.1422	1.64	0.904	1.48	120	6.19	1.02	1.2880	1.31	0.759	0.99

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Gross To Net Factor</u>	<u>PF MOB Net Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Gross To Net Factor</u>	<u>PF MOB Net Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.00	0.00	1.0067	0.00	1.000	0.00	61	4.41	1.42	1.1445	1.63	0.948	1.55
2	0.56	3.73	1.0089	3.76	1.000	3.76	62	4.44	1.41	1.1469	1.62	0.948	1.54
3	0.91	4.55	1.0111	4.60	1.000	4.60	63	4.47	1.40	1.1493	1.61	0.948	1.53
4	1.17	4.68	1.0134	4.74	1.000	4.74	64	4.50	1.38	1.1516	1.59	0.948	1.51
5	1.38	4.60	1.0156	4.67	1.000	4.67	65	4.53	1.37	1.1540	1.58	0.948	1.50
6	1.54	4.40	1.0178	4.48	1.000	4.48	66	4.56	1.36	1.1564	1.57	0.948	1.49
7	1.69	4.23	1.0201	4.32	1.000	4.32	67	4.59	1.35	1.1588	1.56	0.934	1.46
8	1.82	4.04	1.0223	4.13	1.000	4.13	68	4.62	1.34	1.1611	1.56	0.934	1.46
9	1.94	3.88	1.0246	3.98	1.000	3.98	69	4.65	1.33	1.1635	1.55	0.934	1.45
10	2.04	3.71	1.0268	3.81	1.000	3.81	70	4.68	1.32	1.1659	1.54	0.934	1.44
11	2.14	3.57	1.0290	3.67	1.000	3.67	71	4.71	1.31	1.1683	1.53	0.934	1.43
12	2.23	3.43	1.0313	3.54	1.000	3.54	72	4.74	1.30	1.1707	1.52	0.934	1.42
13	2.32	3.31	1.0336	3.42	1.000	3.42	73	4.77	1.29	1.1731	1.51	0.920	1.39
14	2.40	3.20	1.0358	3.31	1.000	3.31	74	4.80	1.28	1.1755	1.50	0.920	1.38
15	2.47	3.09	1.0381	3.21	1.000	3.21	75	4.83	1.27	1.1779	1.50	0.920	1.38
16	2.55	3.00	1.0403	3.12	1.000	3.12	76	4.86	1.26	1.1803	1.49	0.920	1.37
17	2.61	2.90	1.0426	3.02	1.000	3.02	77	4.89	1.25	1.1827	1.48	0.920	1.36
18	2.68	2.82	1.0449	2.95	1.000	2.95	78	4.92	1.25	1.1851	1.48	0.920	1.36
19	2.74	2.74	1.0471	2.87	1.000	2.87	79	4.95	1.24	1.1875	1.47	0.906	1.33
20	2.80	2.67	1.0494	2.80	1.000	2.80	80	4.98	1.23	1.1899	1.46	0.906	1.32
21	2.85	2.59	1.0517	2.72	1.000	2.72	81	5.01	1.22	1.1923	1.45	0.906	1.31
22	2.91	2.53	1.0539	2.67	1.000	2.67	82	5.04	1.21	1.1947	1.45	0.906	1.31
23	2.96	2.47	1.0562	2.61	1.000	2.61	83	5.07	1.21	1.1971	1.45	0.906	1.31
24	3.02	2.42	1.0585	2.56	1.000	2.56	84	5.10	1.20	1.1996	1.44	0.906	1.30
25	3.06	2.35	1.0608	2.49	1.000	2.49	85	5.13	1.19	1.2020	1.43	0.892	1.28
26	3.12	2.31	1.0631	2.46	1.000	2.46	86	5.16	1.19	1.2044	1.43	0.892	1.28
27	3.16	2.26	1.0654	2.41	1.000	2.41	87	5.19	1.18	1.2068	1.42	0.892	1.27
28	3.21	2.21	1.0677	2.36	1.000	2.36	88	5.22	1.17	1.2092	1.41	0.892	1.26
29	3.26	2.17	1.0699	2.32	1.000	2.32	89	5.25	1.17	1.2117	1.41	0.892	1.26
30	3.30	2.13	1.0722	2.28	1.000	2.28	90	5.28	1.16	1.2141	1.41	0.892	1.26
31	3.35	2.09	1.0745	2.25	1.000	2.25	91	5.31	1.15	1.2165	1.40	0.879	1.23
32	3.39	2.05	1.0768	2.21	1.000	2.21	92	5.34	1.15	1.2190	1.40	0.879	1.23
33	3.43	2.02	1.0791	2.18	1.000	2.18	93	5.37	1.14	1.2214	1.39	0.879	1.22
34	3.47	1.98	1.0814	2.14	1.000	2.14	94	5.40	1.14	1.2238	1.39	0.879	1.22
35	3.51	1.95	1.0837	2.11	1.000	2.11	95	5.43	1.13	1.2263	1.39	0.879	1.22
36	3.55	1.92	1.0861	2.09	1.000	2.09	96	5.47	1.13	1.2287	1.39	0.879	1.22
37	3.59	1.89	1.0884	2.06	0.997	2.05	97	5.50	1.12	1.2312	1.38	0.866	1.20
38	3.63	1.86	1.0907	2.03	0.997	2.02	98	5.53	1.12	1.2336	1.38	0.866	1.20
39	3.67	1.84	1.0930	2.01	0.997	2.00	99	5.56	1.11	1.2361	1.37	0.866	1.19
40	3.71	1.81	1.0953	1.98	0.997	1.97	100	5.59	1.11	1.2385	1.37	0.866	1.19
41	3.75	1.79	1.0976	1.96	0.997	1.95	101	5.62	1.10	1.2410	1.37	0.866	1.19
42	3.78	1.76	1.1000	1.94	0.997	1.93	102	5.65	1.10	1.2434	1.37	0.866	1.19
43	3.82	1.74	1.1023	1.92	0.988	1.90	103	5.68	1.09	1.2459	1.36	0.854	1.16
44	3.85	1.71	1.1046	1.89	0.988	1.87	104	5.71	1.09	1.2483	1.36	0.854	1.16
45	3.89	1.69	1.1069	1.87	0.988	1.85	105	5.74	1.08	1.2508	1.35	0.854	1.15
46	3.93	1.67	1.1093	1.85	0.988	1.83	106	5.77	1.08	1.2533	1.35	0.854	1.15
47	3.96	1.65	1.1116	1.83	0.988	1.81	107	5.80	1.07	1.2557	1.34	0.854	1.14
48	4.00	1.63	1.1139	1.82	0.988	1.80	108	5.83	1.07	1.2582	1.34	0.854	1.14
49	4.03	1.61	1.1163	1.80	0.976	1.76	109	5.86	1.07	1.2607	1.34	0.842	1.13
50	4.06	1.59	1.1186	1.78	0.976	1.74	110	5.89	1.06	1.2631	1.34	0.842	1.13
51	4.10	1.58	1.1210	1.77	0.976	1.73	111	5.92	1.06	1.2656	1.34	0.842	1.13
52	4.13	1.56	1.1233	1.75	0.976	1.71	112	5.95	1.05	1.2681	1.33	0.842	1.12
53	4.16	1.54	1.1257	1.73	0.976	1.69	113	5.98	1.05	1.2706	1.33	0.842	1.12
54	4.19	1.52	1.1280	1.71	0.976	1.67	114	6.01	1.05	1.2730	1.33	0.842	1.12
55	4.22	1.51	1.1304	1.71	0.963	1.65	115	6.04	1.04	1.2755	1.33	0.831	1.11
56	4.25	1.49	1.1327	1.69	0.963	1.63	116	6.07	1.04	1.2780	1.33	0.831	1.11
57	4.29	1.48	1.1351	1.68	0.963	1.62	117	6.10	1.03	1.2805	1.32	0.831	1.10
58	4.32	1.46	1.1374	1.66	0.963	1.60	118	6.13	1.03	1.2830	1.32	0.831	1.10
59	4.35	1.45	1.1398	1.65	0.963	1.59	119	6.16	1.03	1.2855	1.32	0.831	1.10
60	4.38	1.44	1.1422	1.64	0.963	1.58	120	6.19	1.02	1.2880	1.31	0.831	1.09

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.40	4.00	1.0067	4.03	1.000	4.03	61	4.55	1.47	1.1445	1.68	0.729	1.22
2	0.81	5.40	1.0089	5.45	1.000	5.45	62	4.58	1.45	1.1469	1.66	0.729	1.21
3	1.12	5.60	1.0111	5.66	1.000	5.66	63	4.61	1.44	1.1493	1.65	0.729	1.20
4	1.36	5.44	1.0134	5.51	1.000	5.51	64	4.64	1.43	1.1516	1.65	0.729	1.20
5	1.55	5.17	1.0156	5.25	1.000	5.25	65	4.67	1.42	1.1540	1.64	0.729	1.20
6	1.71	4.89	1.0178	4.98	1.000	4.98	66	4.70	1.40	1.1564	1.62	0.729	1.18
7	1.86	4.65	1.0201	4.74	1.000	4.74	67	4.73	1.39	1.1588	1.61	0.709	1.14
8	1.98	4.40	1.0223	4.50	1.000	4.50	68	4.76	1.38	1.1611	1.60	0.709	1.13
9	2.10	4.20	1.0246	4.30	1.000	4.30	69	4.79	1.37	1.1635	1.59	0.709	1.13
10	2.20	4.00	1.0268	4.11	1.000	4.11	70	4.82	1.36	1.1659	1.59	0.709	1.13
11	2.30	3.83	1.0290	3.94	1.000	3.94	71	4.85	1.35	1.1683	1.58	0.709	1.12
12	2.39	3.68	1.0313	3.80	1.000	3.80	72	4.88	1.34	1.1707	1.57	0.709	1.11
13	2.47	3.53	1.0336	3.65	0.979	3.57	73	4.91	1.33	1.1731	1.56	0.690	1.08
14	2.55	3.40	1.0358	3.52	0.979	3.45	74	4.94	1.32	1.1755	1.55	0.690	1.07
15	2.62	3.28	1.0381	3.40	0.979	3.33	75	4.97	1.31	1.1779	1.54	0.690	1.06
16	2.69	3.16	1.0403	3.29	0.979	3.22	76	5.00	1.30	1.1803	1.53	0.690	1.06
17	2.76	3.07	1.0426	3.20	0.979	3.13	77	5.03	1.29	1.1827	1.53	0.690	1.06
18	2.82	2.97	1.0449	3.10	0.979	3.03	78	5.06	1.28	1.1851	1.52	0.690	1.05
19	2.88	2.88	1.0471	3.02	0.939	2.84	79	5.09	1.27	1.1875	1.51	0.674	1.02
20	2.94	2.80	1.0494	2.94	0.939	2.76	80	5.12	1.26	1.1899	1.50	0.674	1.01
21	3.00	2.73	1.0517	2.87	0.939	2.69	81	5.15	1.26	1.1923	1.50	0.674	1.01
22	3.05	2.65	1.0539	2.79	0.939	2.62	82	5.18	1.25	1.1947	1.49	0.674	1.00
23	3.11	2.59	1.0562	2.74	0.939	2.57	83	5.21	1.24	1.1971	1.48	0.674	1.00
24	3.16	2.53	1.0585	2.68	0.939	2.52	84	5.24	1.23	1.1996	1.48	0.674	1.00
25	3.21	2.47	1.0608	2.62	0.900	2.36	85	5.27	1.23	1.2020	1.48	0.658	0.97
26	3.26	2.41	1.0631	2.56	0.900	2.30	86	5.30	1.22	1.2044	1.47	0.658	0.97
27	3.31	2.36	1.0654	2.51	0.900	2.26	87	5.33	1.21	1.2068	1.46	0.658	0.96
28	3.35	2.31	1.0677	2.47	0.900	2.22	88	5.36	1.20	1.2092	1.45	0.658	0.95
29	3.40	2.27	1.0699	2.43	0.900	2.19	89	5.39	1.20	1.2117	1.45	0.658	0.95
30	3.44	2.22	1.0722	2.38	0.900	2.14	90	5.42	1.19	1.2141	1.44	0.658	0.95
31	3.49	2.18	1.0745	2.34	0.863	2.02	91	5.45	1.18	1.2165	1.44	0.643	0.93
32	3.53	2.14	1.0768	2.30	0.863	1.98	92	5.48	1.18	1.2190	1.44	0.643	0.93
33	3.57	2.10	1.0791	2.27	0.863	1.96	93	5.51	1.17	1.2214	1.43	0.643	0.92
34	3.61	2.06	1.0814	2.23	0.863	1.92	94	5.54	1.17	1.2238	1.43	0.643	0.92
35	3.65	2.03	1.0837	2.20	0.863	1.90	95	5.57	1.16	1.2263	1.42	0.643	0.91
36	3.69	1.99	1.0861	2.16	0.863	1.86	96	5.60	1.15	1.2287	1.41	0.643	0.91
37	3.73	1.96	1.0884	2.13	0.830	1.77	97	5.63	1.15	1.2312	1.41	0.630	0.89
38	3.77	1.93	1.0907	2.11	0.830	1.75	98	5.66	1.14	1.2336	1.41	0.630	0.89
39	3.81	1.91	1.0930	2.09	0.830	1.73	99	5.69	1.14	1.2361	1.41	0.630	0.89
40	3.85	1.88	1.0953	2.06	0.830	1.71	100	5.72	1.13	1.2385	1.40	0.630	0.88
41	3.89	1.85	1.0976	2.03	0.830	1.68	101	5.75	1.13	1.2410	1.40	0.630	0.88
42	3.92	1.82	1.1000	2.00	0.830	1.66	102	5.78	1.12	1.2434	1.39	0.630	0.88
43	3.96	1.80	1.1023	1.98	0.801	1.59	103	5.81	1.12	1.2459	1.39	0.617	0.86
44	3.99	1.77	1.1046	1.96	0.801	1.57	104	5.83	1.11	1.2483	1.39	0.617	0.86
45	4.03	1.75	1.1069	1.94	0.801	1.55	105	5.86	1.11	1.2508	1.39	0.617	0.86
46	4.06	1.73	1.1093	1.92	0.801	1.54	106	5.89	1.10	1.2533	1.38	0.617	0.85
47	4.10	1.71	1.1116	1.90	0.801	1.52	107	5.92	1.10	1.2557	1.38	0.617	0.85
48	4.13	1.69	1.1139	1.88	0.801	1.51	108	5.95	1.09	1.2582	1.37	0.617	0.85
49	4.17	1.67	1.1163	1.86	0.774	1.44	109	5.98	1.09	1.2607	1.37	0.605	0.83
50	4.20	1.65	1.1186	1.85	0.774	1.43	110	6.01	1.08	1.2631	1.36	0.605	0.82
51	4.23	1.63	1.1210	1.83	0.774	1.42	111	6.04	1.08	1.2656	1.36	0.605	0.82
52	4.27	1.61	1.1233	1.81	0.774	1.40	112	6.07	1.07	1.2681	1.36	0.605	0.82
53	4.30	1.59	1.1257	1.79	0.774	1.39	113	6.10	1.07	1.2706	1.36	0.605	0.82
54	4.33	1.57	1.1280	1.77	0.774	1.37	114	6.13	1.07	1.2730	1.36	0.605	0.82
55	4.36	1.56	1.1304	1.76	0.750	1.32	115	6.16	1.06	1.2755	1.35	0.594	0.80
56	4.39	1.54	1.1327	1.74	0.750	1.31	116	6.19	1.06	1.2780	1.35	0.594	0.80
57	4.42	1.52	1.1351	1.73	0.750	1.30	117	6.22	1.05	1.2805	1.34	0.594	0.80
58	4.45	1.51	1.1374	1.72	0.750	1.29	118	6.25	1.05	1.2830	1.34	0.594	0.80
59	4.49	1.50	1.1398	1.71	0.750	1.28	119	6.28	1.05	1.2855	1.34	0.594	0.80
60	4.52	1.48	1.1422	1.69	0.750	1.27	120	6.31	1.04	1.2880	1.34	0.594	0.80

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Gross To Net Factor</u>	<u>PF MOB Net Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Gross To Net Factor</u>	<u>PF MOB Net Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.40	4.00	1.0067	4.03	1.000	4.03	61	4.55	1.47	1.1445	1.68	0.855	1.44
2	0.81	5.40	1.0089	5.45	1.000	5.45	62	4.58	1.45	1.1469	1.66	0.855	1.42
3	1.12	5.60	1.0111	5.66	1.000	5.66	63	4.61	1.44	1.1493	1.65	0.855	1.41
4	1.36	5.44	1.0134	5.51	1.000	5.51	64	4.64	1.43	1.1516	1.65	0.855	1.41
5	1.55	5.17	1.0156	5.25	1.000	5.25	65	4.67	1.42	1.1540	1.64	0.855	1.40
6	1.71	4.89	1.0178	4.98	1.000	4.98	66	4.70	1.40	1.1564	1.62	0.855	1.39
7	1.86	4.65	1.0201	4.74	1.000	4.74	67	4.73	1.39	1.1588	1.61	0.835	1.34
8	1.98	4.40	1.0223	4.50	1.000	4.50	68	4.76	1.38	1.1611	1.60	0.835	1.34
9	2.10	4.20	1.0246	4.30	1.000	4.30	69	4.79	1.37	1.1635	1.59	0.835	1.33
10	2.20	4.00	1.0268	4.11	1.000	4.11	70	4.82	1.36	1.1659	1.59	0.835	1.33
11	2.30	3.83	1.0290	3.94	1.000	3.94	71	4.85	1.35	1.1683	1.58	0.835	1.32
12	2.39	3.68	1.0313	3.80	1.000	3.80	72	4.88	1.34	1.1707	1.57	0.835	1.31
13	2.47	3.53	1.0336	3.65	1.000	3.65	73	4.91	1.33	1.1731	1.56	0.816	1.27
14	2.55	3.40	1.0358	3.52	1.000	3.52	74	4.94	1.32	1.1755	1.55	0.816	1.26
15	2.62	3.28	1.0381	3.40	1.000	3.40	75	4.97	1.31	1.1779	1.54	0.816	1.26
16	2.69	3.16	1.0403	3.29	1.000	3.29	76	5.00	1.30	1.1803	1.53	0.816	1.25
17	2.76	3.07	1.0426	3.20	1.000	3.20	77	5.03	1.29	1.1827	1.53	0.816	1.25
18	2.82	2.97	1.0449	3.10	1.000	3.10	78	5.06	1.28	1.1851	1.52	0.816	1.24
19	2.88	2.88	1.0471	3.02	1.000	3.02	79	5.09	1.27	1.1875	1.51	0.799	1.21
20	2.94	2.80	1.0494	2.94	1.000	2.94	80	5.12	1.26	1.1899	1.50	0.799	1.20
21	3.00	2.73	1.0517	2.87	1.000	2.87	81	5.15	1.26	1.1923	1.50	0.799	1.20
22	3.05	2.65	1.0539	2.79	1.000	2.79	82	5.18	1.25	1.1947	1.49	0.799	1.19
23	3.11	2.59	1.0562	2.74	1.000	2.74	83	5.21	1.24	1.1971	1.48	0.799	1.18
24	3.16	2.53	1.0585	2.68	1.000	2.68	84	5.24	1.23	1.1996	1.48	0.799	1.18
25	3.21	2.47	1.0608	2.62	0.991	2.60	85	5.27	1.23	1.2020	1.48	0.782	1.16
26	3.26	2.41	1.0631	2.56	0.991	2.54	86	5.30	1.22	1.2044	1.47	0.782	1.15
27	3.31	2.36	1.0654	2.51	0.991	2.49	87	5.33	1.21	1.2068	1.46	0.782	1.14
28	3.35	2.31	1.0677	2.47	0.991	2.45	88	5.36	1.20	1.2092	1.45	0.782	1.13
29	3.40	2.27	1.0699	2.43	0.991	2.41	89	5.39	1.20	1.2117	1.45	0.782	1.13
30	3.44	2.22	1.0722	2.38	0.991	2.36	90	5.42	1.19	1.2141	1.44	0.782	1.13
31	3.49	2.18	1.0745	2.34	0.970	2.27	91	5.45	1.18	1.2165	1.44	0.766	1.10
32	3.53	2.14	1.0768	2.30	0.970	2.23	92	5.48	1.18	1.2190	1.44	0.766	1.10
33	3.57	2.10	1.0791	2.27	0.970	2.20	93	5.51	1.17	1.2214	1.43	0.766	1.10
34	3.61	2.06	1.0814	2.23	0.970	2.16	94	5.54	1.17	1.2238	1.43	0.766	1.10
35	3.65	2.03	1.0837	2.20	0.970	2.13	95	5.57	1.16	1.2263	1.42	0.766	1.09
36	3.69	1.99	1.0861	2.16	0.970	2.10	96	5.60	1.15	1.2287	1.41	0.766	1.08
37	3.73	1.96	1.0884	2.13	0.947	2.02	97	5.63	1.15	1.2312	1.41	0.752	1.06
38	3.77	1.93	1.0907	2.11	0.947	2.00	98	5.66	1.14	1.2336	1.41	0.752	1.06
39	3.81	1.91	1.0930	2.09	0.947	1.98	99	5.69	1.14	1.2361	1.41	0.752	1.06
40	3.85	1.88	1.0953	2.06	0.947	1.95	100	5.72	1.13	1.2385	1.40	0.752	1.05
41	3.89	1.85	1.0976	2.03	0.947	1.92	101	5.75	1.13	1.2410	1.40	0.752	1.05
42	3.92	1.82	1.1000	2.00	0.947	1.89	102	5.78	1.12	1.2434	1.39	0.752	1.05
43	3.96	1.80	1.1023	1.98	0.923	1.83	103	5.81	1.12	1.2459	1.39	0.738	1.03
44	3.99	1.77	1.1046	1.96	0.923	1.81	104	5.83	1.11	1.2483	1.39	0.738	1.03
45	4.03	1.75	1.1069	1.94	0.923	1.79	105	5.86	1.11	1.2508	1.39	0.738	1.03
46	4.06	1.73	1.1093	1.92	0.923	1.77	106	5.89	1.10	1.2533	1.38	0.738	1.02
47	4.10	1.71	1.1116	1.90	0.923	1.75	107	5.92	1.10	1.2557	1.38	0.738	1.02
48	4.13	1.69	1.1139	1.88	0.923	1.74	108	5.95	1.09	1.2582	1.37	0.738	1.01
49	4.17	1.67	1.1163	1.86	0.899	1.67	109	5.98	1.09	1.2607	1.37	0.724	0.99
50	4.20	1.65	1.1186	1.85	0.899	1.66	110	6.01	1.08	1.2631	1.36	0.724	0.98
51	4.23	1.63	1.1210	1.83	0.899	1.65	111	6.04	1.08	1.2656	1.36	0.724	0.98
52	4.27	1.61	1.1233	1.81	0.899	1.63	112	6.07	1.07	1.2681	1.36	0.724	0.98
53	4.30	1.59	1.1257	1.79	0.899	1.61	113	6.10	1.07	1.2706	1.36	0.724	0.98
54	4.33	1.57	1.1280	1.77	0.899	1.59	114	6.13	1.07	1.2730	1.36	0.724	0.98
55	4.36	1.56	1.1304	1.76	0.877	1.54	115	6.16	1.06	1.2755	1.35	0.712	0.96
56	4.39	1.54	1.1327	1.74	0.877	1.53	116	6.19	1.06	1.2780	1.35	0.712	0.96
57	4.42	1.52	1.1351	1.73	0.877	1.52	117	6.22	1.05	1.2805	1.34	0.712	0.95
58	4.45	1.51	1.1374	1.72	0.877	1.51	118	6.25	1.05	1.2830	1.34	0.712	0.95
59	4.49	1.50	1.1398	1.71	0.877	1.50	119	6.28	1.05	1.2855	1.34	0.712	0.95
60	4.52	1.48	1.1422	1.69	0.877	1.48	120	6.31	1.04	1.2880	1.34	0.712	0.95

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Gross To Net Factor</u>	<u>PF MOB Net Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>PF MOB Rate</u>	<u>Gross To Net Factor</u>	<u>PF MOB Net Rate</u>	<u>Critical Period Factor</u>	<u>MOB Critical Period Rate</u>
1	0.40	4.00	1.0067	4.03	1.000	4.03	61	4.55	1.47	1.1445	1.68	0.935	1.57
2	0.81	5.40	1.0089	5.45	1.000	5.45	62	4.58	1.45	1.1469	1.66	0.935	1.55
3	1.12	5.60	1.0111	5.66	1.000	5.66	63	4.61	1.44	1.1493	1.65	0.935	1.54
4	1.36	5.44	1.0134	5.51	1.000	5.51	64	4.64	1.43	1.1516	1.65	0.935	1.54
5	1.55	5.17	1.0156	5.25	1.000	5.25	65	4.67	1.42	1.1540	1.64	0.935	1.53
6	1.71	4.89	1.0178	4.98	1.000	4.98	66	4.70	1.40	1.1564	1.62	0.935	1.51
7	1.86	4.65	1.0201	4.74	1.000	4.74	67	4.73	1.39	1.1588	1.61	0.918	1.48
8	1.98	4.40	1.0223	4.50	1.000	4.50	68	4.76	1.38	1.1611	1.60	0.918	1.47
9	2.10	4.20	1.0246	4.30	1.000	4.30	69	4.79	1.37	1.1635	1.59	0.918	1.46
10	2.20	4.00	1.0268	4.11	1.000	4.11	70	4.82	1.36	1.1659	1.59	0.918	1.46
11	2.30	3.83	1.0290	3.94	1.000	3.94	71	4.85	1.35	1.1683	1.58	0.918	1.45
12	2.39	3.68	1.0313	3.80	1.000	3.80	72	4.88	1.34	1.1707	1.57	0.918	1.44
13	2.47	3.53	1.0336	3.65	1.000	3.65	73	4.91	1.33	1.1731	1.56	0.901	1.41
14	2.55	3.40	1.0358	3.52	1.000	3.52	74	4.94	1.32	1.1755	1.55	0.901	1.40
15	2.62	3.28	1.0381	3.40	1.000	3.40	75	4.97	1.31	1.1779	1.54	0.901	1.39
16	2.69	3.16	1.0403	3.29	1.000	3.29	76	5.00	1.30	1.1803	1.53	0.901	1.38
17	2.76	3.07	1.0426	3.20	1.000	3.20	77	5.03	1.29	1.1827	1.53	0.901	1.38
18	2.82	2.97	1.0449	3.10	1.000	3.10	78	5.06	1.28	1.1851	1.52	0.901	1.37
19	2.88	2.88	1.0471	3.02	1.000	3.02	79	5.09	1.27	1.1875	1.51	0.885	1.34
20	2.94	2.80	1.0494	2.94	1.000	2.94	80	5.12	1.26	1.1899	1.50	0.885	1.33
21	3.00	2.73	1.0517	2.87	1.000	2.87	81	5.15	1.26	1.1923	1.50	0.885	1.33
22	3.05	2.65	1.0539	2.79	1.000	2.79	82	5.18	1.25	1.1947	1.49	0.885	1.32
23	3.11	2.59	1.0562	2.74	1.000	2.74	83	5.21	1.24	1.1971	1.48	0.885	1.31
24	3.16	2.53	1.0585	2.68	1.000	2.68	84	5.24	1.23	1.1996	1.48	0.885	1.31
25	3.21	2.47	1.0608	2.62	1.000	2.62	85	5.27	1.23	1.2020	1.48	0.869	1.29
26	3.26	2.41	1.0631	2.56	1.000	2.56	86	5.30	1.22	1.2044	1.47	0.869	1.28
27	3.31	2.36	1.0654	2.51	1.000	2.51	87	5.33	1.21	1.2068	1.46	0.869	1.27
28	3.35	2.31	1.0677	2.47	1.000	2.47	88	5.36	1.20	1.2092	1.45	0.869	1.26
29	3.40	2.27	1.0699	2.43	1.000	2.43	89	5.39	1.20	1.2117	1.45	0.869	1.26
30	3.44	2.22	1.0722	2.38	1.000	2.38	90	5.42	1.19	1.2141	1.44	0.869	1.25
31	3.49	2.18	1.0745	2.34	1.000	2.34	91	5.45	1.18	1.2165	1.44	0.854	1.23
32	3.53	2.14	1.0768	2.30	1.000	2.30	92	5.48	1.18	1.2190	1.44	0.854	1.23
33	3.57	2.10	1.0791	2.27	1.000	2.27	93	5.51	1.17	1.2214	1.43	0.854	1.22
34	3.61	2.06	1.0814	2.23	1.000	2.23	94	5.54	1.17	1.2238	1.43	0.854	1.22
35	3.65	2.03	1.0837	2.20	1.000	2.20	95	5.57	1.16	1.2263	1.42	0.854	1.21
36	3.69	1.99	1.0861	2.16	1.000	2.16	96	5.60	1.15	1.2287	1.41	0.854	1.20
37	3.73	1.96	1.0884	2.13	0.996	2.12	97	5.63	1.15	1.2312	1.41	0.839	1.18
38	3.77	1.93	1.0907	2.11	0.996	2.10	98	5.66	1.14	1.2336	1.41	0.839	1.18
39	3.81	1.91	1.0930	2.09	0.996	2.08	99	5.69	1.14	1.2361	1.41	0.839	1.18
40	3.85	1.88	1.0953	2.06	0.996	2.05	100	5.72	1.13	1.2385	1.40	0.839	1.17
41	3.89	1.85	1.0976	2.03	0.996	2.02	101	5.75	1.13	1.2410	1.40	0.839	1.17
42	3.92	1.82	1.1000	2.00	0.996	1.99	102	5.78	1.12	1.2434	1.39	0.839	1.17
43	3.96	1.80	1.1023	1.98	0.984	1.95	103	5.81	1.12	1.2459	1.39	0.826	1.15
44	3.99	1.77	1.1046	1.96	0.984	1.93	104	5.83	1.11	1.2483	1.39	0.826	1.15
45	4.03	1.75	1.1069	1.94	0.984	1.91	105	5.86	1.11	1.2508	1.39	0.826	1.15
46	4.06	1.73	1.1093	1.92	0.984	1.89	106	5.89	1.10	1.2533	1.38	0.826	1.14
47	4.10	1.71	1.1116	1.90	0.984	1.87	107	5.92	1.10	1.2557	1.38	0.826	1.14
48	4.13	1.69	1.1139	1.88	0.984	1.85	108	5.95	1.09	1.2582	1.37	0.826	1.13
49	4.17	1.67	1.1163	1.86	0.969	1.80	109	5.98	1.09	1.2607	1.37	0.812	1.11
50	4.20	1.65	1.1186	1.85	0.969	1.79	110	6.01	1.08	1.2631	1.36	0.812	1.10
51	4.23	1.63	1.1210	1.83	0.969	1.77	111	6.04	1.08	1.2656	1.36	0.812	1.10
52	4.27	1.61	1.1233	1.81	0.969	1.75	112	6.07	1.07	1.2681	1.36	0.812	1.10
53	4.30	1.59	1.1257	1.79	0.969	1.73	113	6.10	1.07	1.2706	1.36	0.812	1.10
54	4.33	1.57	1.1280	1.77	0.969	1.72	114	6.13	1.07	1.2730	1.36	0.812	1.10
55	4.36	1.56	1.1304	1.76	0.952	1.68	115	6.16	1.06	1.2755	1.35	0.799	1.08
56	4.39	1.54	1.1327	1.74	0.952	1.66	116	6.19	1.06	1.2780	1.35	0.799	1.08
57	4.42	1.52	1.1351	1.73	0.952	1.65	117	6.22	1.05	1.2805	1.34	0.799	1.07
58	4.45	1.51	1.1374	1.72	0.952	1.64	118	6.25	1.05	1.2830	1.34	0.799	1.07
59	4.49	1.50	1.1398	1.71	0.952	1.63	119	6.28	1.05	1.2855	1.34	0.799	1.07
60	4.52	1.48	1.1422	1.69	0.952	1.61	120	6.31	1.04	1.2880	1.34	0.799	1.07

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.00	0.00	1.0067	0.00	1.000	0.00	61	3.60	1.16	1.1445	1.33	0.743	0.99
2	0.13	0.87	1.0089	0.88	1.000	0.88	62	3.63	1.15	1.1469	1.32	0.743	0.98
3	0.35	1.75	1.0111	1.77	1.000	1.77	63	3.66	1.14	1.1493	1.31	0.743	0.97
4	0.53	2.12	1.0134	2.15	1.000	2.15	64	3.69	1.14	1.1516	1.31	0.743	0.97
5	0.70	2.33	1.0156	2.37	1.000	2.37	65	3.72	1.13	1.1540	1.30	0.743	0.97
6	0.85	2.43	1.0178	2.47	1.000	2.47	66	3.75	1.12	1.1564	1.30	0.743	0.97
7	0.98	2.45	1.0201	2.50	1.000	2.50	67	3.78	1.11	1.1588	1.29	0.724	0.93
8	1.09	2.42	1.0223	2.47	1.000	2.47	68	3.81	1.10	1.1611	1.28	0.724	0.93
9	1.20	2.40	1.0246	2.46	1.000	2.46	69	3.84	1.10	1.1635	1.28	0.724	0.93
10	1.30	2.36	1.0268	2.42	1.000	2.42	70	3.87	1.09	1.1659	1.27	0.724	0.92
11	1.39	2.32	1.0290	2.39	1.000	2.39	71	3.90	1.08	1.1683	1.26	0.724	0.91
12	1.48	2.28	1.0313	2.35	1.000	2.35	72	3.93	1.08	1.1707	1.26	0.724	0.91
13	1.56	2.23	1.0336	2.30	0.982	2.26	73	3.96	1.07	1.1731	1.26	0.706	0.89
14	1.63	2.17	1.0358	2.25	0.982	2.21	74	3.99	1.06	1.1755	1.25	0.706	0.88
15	1.70	2.13	1.0381	2.21	0.982	2.17	75	4.02	1.06	1.1779	1.25	0.706	0.88
16	1.77	2.08	1.0403	2.16	0.982	2.12	76	4.05	1.05	1.1803	1.24	0.706	0.88
17	1.83	2.03	1.0426	2.12	0.982	2.08	77	4.08	1.05	1.1827	1.24	0.706	0.88
18	1.89	1.99	1.0449	2.08	0.982	2.04	78	4.11	1.04	1.1851	1.23	0.706	0.87
19	1.95	1.95	1.0471	2.04	0.945	1.93	79	4.14	1.04	1.1875	1.23	0.690	0.85
20	2.01	1.91	1.0494	2.00	0.945	1.89	80	4.17	1.03	1.1899	1.23	0.690	0.85
21	2.07	1.88	1.0517	1.98	0.945	1.87	81	4.20	1.02	1.1923	1.22	0.690	0.84
22	2.12	1.84	1.0539	1.94	0.945	1.83	82	4.23	1.02	1.1947	1.22	0.690	0.84
23	2.17	1.81	1.0562	1.91	0.945	1.80	83	4.26	1.01	1.1971	1.21	0.690	0.83
24	2.22	1.78	1.0585	1.88	0.945	1.78	84	4.29	1.01	1.1996	1.21	0.690	0.83
25	2.27	1.75	1.0608	1.86	0.908	1.69	85	4.32	1.00	1.2020	1.20	0.674	0.81
26	2.32	1.72	1.0631	1.83	0.908	1.66	86	4.35	1.00	1.2044	1.20	0.674	0.81
27	2.37	1.69	1.0654	1.80	0.908	1.63	87	4.38	1.00	1.2068	1.20	0.674	0.81
28	2.41	1.66	1.0677	1.77	0.908	1.61	88	4.41	0.99	1.2092	1.20	0.674	0.81
29	2.46	1.64	1.0699	1.75	0.908	1.59	89	4.44	0.99	1.2117	1.20	0.674	0.81
30	2.50	1.61	1.0722	1.73	0.908	1.57	90	4.47	0.98	1.2141	1.19	0.674	0.80
31	2.54	1.59	1.0745	1.71	0.873	1.49	91	4.50	0.98	1.2165	1.19	0.660	0.79
32	2.59	1.57	1.0768	1.69	0.873	1.48	92	4.53	0.97	1.2190	1.18	0.660	0.78
33	2.63	1.55	1.0791	1.67	0.873	1.46	93	4.56	0.97	1.2214	1.18	0.660	0.78
34	2.67	1.53	1.0814	1.65	0.873	1.44	94	4.59	0.97	1.2238	1.18	0.660	0.78
35	2.71	1.51	1.0837	1.64	0.873	1.43	95	4.62	0.96	1.2263	1.18	0.660	0.78
36	2.75	1.49	1.0861	1.62	0.873	1.41	96	4.65	0.96	1.2287	1.18	0.660	0.78
37	2.79	1.47	1.0884	1.60	0.842	1.35	97	4.68	0.96	1.2312	1.18	0.646	0.76
38	2.83	1.45	1.0907	1.58	0.842	1.33	98	4.71	0.95	1.2336	1.17	0.646	0.76
39	2.86	1.43	1.0930	1.56	0.842	1.31	99	4.74	0.95	1.2361	1.17	0.646	0.76
40	2.90	1.41	1.0953	1.54	0.842	1.30	100	4.77	0.94	1.2385	1.16	0.646	0.75
41	2.94	1.40	1.0976	1.54	0.842	1.30	101	4.80	0.94	1.2410	1.16	0.646	0.75
42	2.98	1.39	1.1000	1.53	0.842	1.29	102	4.83	0.94	1.2434	1.16	0.646	0.75
43	3.01	1.37	1.1023	1.51	0.813	1.23	103	4.86	0.93	1.2459	1.16	0.634	0.74
44	3.05	1.36	1.1046	1.50	0.813	1.22	104	4.89	0.93	1.2483	1.16	0.634	0.74
45	3.08	1.34	1.1069	1.48	0.813	1.20	105	4.92	0.93	1.2508	1.16	0.634	0.74
46	3.12	1.33	1.1093	1.48	0.813	1.20	106	4.95	0.93	1.2533	1.16	0.634	0.74
47	3.15	1.31	1.1116	1.46	0.813	1.19	107	4.98	0.92	1.2557	1.16	0.634	0.74
48	3.18	1.30	1.1139	1.45	0.813	1.18	108	5.01	0.92	1.2582	1.16	0.634	0.74
49	3.22	1.29	1.1163	1.44	0.788	1.13	109	5.04	0.92	1.2607	1.16	0.622	0.72
50	3.25	1.27	1.1186	1.42	0.788	1.12	110	5.07	0.91	1.2631	1.15	0.622	0.72
51	3.28	1.26	1.1210	1.41	0.788	1.11	111	5.10	0.91	1.2656	1.15	0.622	0.72
52	3.32	1.25	1.1233	1.40	0.788	1.10	112	5.13	0.91	1.2681	1.15	0.622	0.72
53	3.35	1.24	1.1257	1.40	0.788	1.10	113	5.16	0.91	1.2706	1.15	0.622	0.72
54	3.38	1.23	1.1280	1.39	0.788	1.10	114	5.19	0.90	1.2730	1.15	0.622	0.72
55	3.42	1.22	1.1304	1.38	0.765	1.06	115	5.22	0.90	1.2755	1.15	0.611	0.70
56	3.44	1.21	1.1327	1.37	0.765	1.05	116	5.25	0.90	1.2780	1.15	0.611	0.70
57	3.47	1.20	1.1351	1.36	0.765	1.04	117	5.28	0.89	1.2805	1.14	0.611	0.70
58	3.50	1.19	1.1374	1.35	0.765	1.03	118	5.31	0.89	1.2830	1.14	0.611	0.70
59	3.54	1.18	1.1398	1.34	0.765	1.03	119	5.34	0.89	1.2855	1.14	0.611	0.70
60	3.57	1.17	1.1422	1.34	0.765	1.03	120	5.37	0.89	1.2880	1.14	0.611	0.70

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.00	0.00	1.0067	0.00	1.000	0.00	61	3.60	1.16	1.1445	1.33	0.868	1.15
2	0.13	0.87	1.0089	0.88	1.000	0.88	62	3.63	1.15	1.1469	1.32	0.868	1.15
3	0.35	1.75	1.0111	1.77	1.000	1.77	63	3.66	1.14	1.1493	1.31	0.868	1.14
4	0.53	2.12	1.0134	2.15	1.000	2.15	64	3.69	1.14	1.1516	1.31	0.868	1.14
5	0.70	2.33	1.0156	2.37	1.000	2.37	65	3.72	1.13	1.1540	1.30	0.868	1.13
6	0.85	2.43	1.0178	2.47	1.000	2.47	66	3.75	1.12	1.1564	1.30	0.868	1.13
7	0.98	2.45	1.0201	2.50	1.000	2.50	67	3.78	1.11	1.1588	1.29	0.848	1.09
8	1.09	2.42	1.0223	2.47	1.000	2.47	68	3.81	1.10	1.1611	1.28	0.848	1.09
9	1.20	2.40	1.0246	2.46	1.000	2.46	69	3.84	1.10	1.1635	1.28	0.848	1.09
10	1.30	2.36	1.0268	2.42	1.000	2.42	70	3.87	1.09	1.1659	1.27	0.848	1.08
11	1.39	2.32	1.0290	2.39	1.000	2.39	71	3.90	1.08	1.1683	1.26	0.848	1.07
12	1.48	2.28	1.0313	2.35	1.000	2.35	72	3.93	1.08	1.1707	1.26	0.848	1.07
13	1.56	2.23	1.0336	2.30	1.000	2.30	73	3.96	1.07	1.1731	1.26	0.830	1.05
14	1.63	2.17	1.0358	2.25	1.000	2.25	74	3.99	1.06	1.1755	1.25	0.830	1.04
15	1.70	2.13	1.0381	2.21	1.000	2.21	75	4.02	1.06	1.1779	1.25	0.830	1.04
16	1.77	2.08	1.0403	2.16	1.000	2.16	76	4.05	1.05	1.1803	1.24	0.830	1.03
17	1.83	2.03	1.0426	2.12	1.000	2.12	77	4.08	1.05	1.1827	1.24	0.830	1.03
18	1.89	1.99	1.0449	2.08	1.000	2.08	78	4.11	1.04	1.1851	1.23	0.830	1.02
19	1.95	1.95	1.0471	2.04	1.000	2.04	79	4.14	1.04	1.1875	1.23	0.813	1.00
20	2.01	1.91	1.0494	2.00	1.000	2.00	80	4.17	1.03	1.1899	1.23	0.813	1.00
21	2.07	1.88	1.0517	1.98	1.000	1.98	81	4.20	1.02	1.1923	1.22	0.813	0.99
22	2.12	1.84	1.0539	1.94	1.000	1.94	82	4.23	1.02	1.1947	1.22	0.813	0.99
23	2.17	1.81	1.0562	1.91	1.000	1.91	83	4.26	1.01	1.1971	1.21	0.813	0.98
24	2.22	1.78	1.0585	1.88	1.000	1.88	84	4.29	1.01	1.1996	1.21	0.813	0.98
25	2.27	1.75	1.0608	1.86	0.993	1.85	85	4.32	1.00	1.2020	1.20	0.797	0.96
26	2.32	1.72	1.0631	1.83	0.993	1.82	86	4.35	1.00	1.2044	1.20	0.797	0.96
27	2.37	1.69	1.0654	1.80	0.993	1.79	87	4.38	1.00	1.2068	1.20	0.797	0.96
28	2.41	1.66	1.0677	1.77	0.993	1.76	88	4.41	0.99	1.2092	1.20	0.797	0.96
29	2.46	1.64	1.0699	1.75	0.993	1.74	89	4.44	0.99	1.2117	1.20	0.797	0.96
30	2.50	1.61	1.0722	1.73	0.993	1.72	90	4.47	0.98	1.2141	1.19	0.797	0.95
31	2.54	1.59	1.0745	1.71	0.976	1.67	91	4.50	0.98	1.2165	1.19	0.782	0.93
32	2.59	1.57	1.0768	1.69	0.976	1.65	92	4.53	0.97	1.2190	1.18	0.782	0.92
33	2.63	1.55	1.0791	1.67	0.976	1.63	93	4.56	0.97	1.2214	1.18	0.782	0.92
34	2.67	1.53	1.0814	1.65	0.976	1.61	94	4.59	0.97	1.2238	1.18	0.782	0.92
35	2.71	1.51	1.0837	1.64	0.976	1.60	95	4.62	0.96	1.2263	1.18	0.782	0.92
36	2.75	1.49	1.0861	1.62	0.976	1.58	96	4.65	0.96	1.2287	1.18	0.782	0.92
37	2.79	1.47	1.0884	1.60	0.954	1.53	97	4.68	0.96	1.2312	1.18	0.767	0.91
38	2.83	1.45	1.0907	1.58	0.954	1.51	98	4.71	0.95	1.2336	1.17	0.767	0.90
39	2.86	1.43	1.0930	1.56	0.954	1.49	99	4.74	0.95	1.2361	1.17	0.767	0.90
40	2.90	1.41	1.0953	1.54	0.954	1.47	100	4.77	0.94	1.2385	1.16	0.767	0.89
41	2.94	1.40	1.0976	1.54	0.954	1.47	101	4.80	0.94	1.2410	1.16	0.767	0.89
42	2.98	1.39	1.1000	1.53	0.954	1.46	102	4.83	0.94	1.2434	1.16	0.767	0.89
43	3.01	1.37	1.1023	1.51	0.932	1.41	103	4.86	0.93	1.2459	1.16	0.754	0.87
44	3.05	1.36	1.1046	1.50	0.932	1.40	104	4.89	0.93	1.2483	1.16	0.754	0.87
45	3.08	1.34	1.1069	1.48	0.932	1.38	105	4.92	0.93	1.2508	1.16	0.754	0.87
46	3.12	1.33	1.1093	1.48	0.932	1.38	106	4.95	0.93	1.2533	1.16	0.754	0.87
47	3.15	1.31	1.1116	1.46	0.932	1.36	107	4.98	0.92	1.2557	1.16	0.754	0.87
48	3.18	1.30	1.1139	1.45	0.932	1.35	108	5.01	0.92	1.2582	1.16	0.754	0.87
49	3.22	1.29	1.1163	1.44	0.909	1.31	109	5.04	0.92	1.2607	1.16	0.740	0.86
50	3.25	1.27	1.1186	1.42	0.909	1.29	110	5.07	0.91	1.2631	1.15	0.740	0.85
51	3.28	1.26	1.1210	1.41	0.909	1.28	111	5.10	0.91	1.2656	1.15	0.740	0.85
52	3.32	1.25	1.1233	1.40	0.909	1.27	112	5.13	0.91	1.2681	1.15	0.740	0.85
53	3.35	1.24	1.1257	1.40	0.909	1.27	113	5.16	0.91	1.2706	1.15	0.740	0.85
54	3.38	1.23	1.1280	1.39	0.909	1.26	114	5.19	0.90	1.2730	1.15	0.740	0.85
55	3.42	1.22	1.1304	1.38	0.888	1.23	115	5.22	0.90	1.2755	1.15	0.728	0.84
56	3.44	1.21	1.1327	1.37	0.888	1.22	116	5.25	0.90	1.2780	1.15	0.728	0.84
57	3.47	1.20	1.1351	1.36	0.888	1.21	117	5.28	0.89	1.2805	1.14	0.728	0.83
58	3.50	1.19	1.1374	1.35	0.888	1.20	118	5.31	0.89	1.2830	1.14	0.728	0.83
59	3.54	1.18	1.1398	1.34	0.888	1.19	119	5.34	0.89	1.2855	1.14	0.728	0.83
60	3.57	1.17	1.1422	1.34	0.888	1.19	120	5.37	0.89	1.2880	1.14	0.728	0.83

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.00	0.00	1.0067	0.00	1.000	0.00	61	3.60	1.16	1.1445	1.33	0.940	1.25
2	0.13	0.87	1.0089	0.88	1.000	0.88	62	3.63	1.15	1.1469	1.32	0.940	1.24
3	0.35	1.75	1.0111	1.77	1.000	1.77	63	3.66	1.14	1.1493	1.31	0.940	1.23
4	0.53	2.12	1.0134	2.15	1.000	2.15	64	3.69	1.14	1.1516	1.31	0.940	1.23
5	0.70	2.33	1.0156	2.37	1.000	2.37	65	3.72	1.13	1.1540	1.30	0.940	1.22
6	0.85	2.43	1.0178	2.47	1.000	2.47	66	3.75	1.12	1.1564	1.30	0.940	1.22
7	0.98	2.45	1.0201	2.50	1.000	2.50	67	3.78	1.11	1.1588	1.29	0.924	1.19
8	1.09	2.42	1.0223	2.47	1.000	2.47	68	3.81	1.10	1.1611	1.28	0.924	1.18
9	1.20	2.40	1.0246	2.46	1.000	2.46	69	3.84	1.10	1.1635	1.28	0.924	1.18
10	1.30	2.36	1.0268	2.42	1.000	2.42	70	3.87	1.09	1.1659	1.27	0.924	1.17
11	1.39	2.32	1.0290	2.39	1.000	2.39	71	3.90	1.08	1.1683	1.26	0.924	1.16
12	1.48	2.28	1.0313	2.35	1.000	2.35	72	3.93	1.08	1.1707	1.26	0.924	1.16
13	1.56	2.23	1.0336	2.30	1.000	2.30	73	3.96	1.07	1.1731	1.26	0.908	1.14
14	1.63	2.17	1.0358	2.25	1.000	2.25	74	3.99	1.06	1.1755	1.25	0.908	1.14
15	1.70	2.13	1.0381	2.21	1.000	2.21	75	4.02	1.06	1.1779	1.25	0.908	1.14
16	1.77	2.08	1.0403	2.16	1.000	2.16	76	4.05	1.05	1.1803	1.24	0.908	1.13
17	1.83	2.03	1.0426	2.12	1.000	2.12	77	4.08	1.05	1.1827	1.24	0.908	1.13
18	1.89	1.99	1.0449	2.08	1.000	2.08	78	4.11	1.04	1.1851	1.23	0.908	1.12
19	1.95	1.95	1.0471	2.04	1.000	2.04	79	4.14	1.04	1.1875	1.23	0.892	1.10
20	2.01	1.91	1.0494	2.00	1.000	2.00	80	4.17	1.03	1.1899	1.23	0.892	1.10
21	2.07	1.88	1.0517	1.98	1.000	1.98	81	4.20	1.02	1.1923	1.22	0.892	1.09
22	2.12	1.84	1.0539	1.94	1.000	1.94	82	4.23	1.02	1.1947	1.22	0.892	1.09
23	2.17	1.81	1.0562	1.91	1.000	1.91	83	4.26	1.01	1.1971	1.21	0.892	1.08
24	2.22	1.78	1.0585	1.88	1.000	1.88	84	4.29	1.01	1.1996	1.21	0.892	1.08
25	2.27	1.75	1.0608	1.86	1.000	1.86	85	4.32	1.00	1.2020	1.20	0.877	1.05
26	2.32	1.72	1.0631	1.83	1.000	1.83	86	4.35	1.00	1.2044	1.20	0.877	1.05
27	2.37	1.69	1.0654	1.80	1.000	1.80	87	4.38	1.00	1.2068	1.20	0.877	1.05
28	2.41	1.66	1.0677	1.77	1.000	1.77	88	4.41	0.99	1.2092	1.20	0.877	1.05
29	2.46	1.64	1.0699	1.75	1.000	1.75	89	4.44	0.99	1.2117	1.20	0.877	1.05
30	2.50	1.61	1.0722	1.73	1.000	1.73	90	4.47	0.98	1.2141	1.19	0.877	1.04
31	2.54	1.59	1.0745	1.71	1.000	1.71	91	4.50	0.98	1.2165	1.19	0.862	1.03
32	2.59	1.57	1.0768	1.69	1.000	1.69	92	4.53	0.97	1.2190	1.18	0.862	1.02
33	2.63	1.55	1.0791	1.67	1.000	1.67	93	4.56	0.97	1.2214	1.18	0.862	1.02
34	2.67	1.53	1.0814	1.65	1.000	1.65	94	4.59	0.97	1.2238	1.18	0.862	1.02
35	2.71	1.51	1.0837	1.64	1.000	1.64	95	4.62	0.96	1.2263	1.18	0.862	1.02
36	2.75	1.49	1.0861	1.62	1.000	1.62	96	4.65	0.96	1.2287	1.18	0.862	1.02
37	2.79	1.47	1.0884	1.60	0.997	1.60	97	4.68	0.96	1.2312	1.18	0.848	1.00
38	2.83	1.45	1.0907	1.58	0.997	1.58	98	4.71	0.95	1.2336	1.17	0.848	0.99
39	2.86	1.43	1.0930	1.56	0.997	1.56	99	4.74	0.95	1.2361	1.17	0.848	0.99
40	2.90	1.41	1.0953	1.54	0.997	1.54	100	4.77	0.94	1.2385	1.16	0.848	0.98
41	2.94	1.40	1.0976	1.54	0.997	1.54	101	4.80	0.94	1.2410	1.16	0.848	0.98
42	2.98	1.39	1.1000	1.53	0.997	1.53	102	4.83	0.94	1.2434	1.16	0.848	0.98
43	3.01	1.37	1.1023	1.51	0.986	1.49	103	4.86	0.93	1.2459	1.16	0.835	0.97
44	3.05	1.36	1.1046	1.50	0.986	1.48	104	4.89	0.93	1.2483	1.16	0.835	0.97
45	3.08	1.34	1.1069	1.48	0.986	1.46	105	4.92	0.93	1.2508	1.16	0.835	0.97
46	3.12	1.33	1.1093	1.48	0.986	1.46	106	4.95	0.93	1.2533	1.16	0.835	0.97
47	3.15	1.31	1.1116	1.46	0.986	1.44	107	4.98	0.92	1.2557	1.16	0.835	0.97
48	3.18	1.30	1.1139	1.45	0.986	1.43	108	5.01	0.92	1.2582	1.16	0.835	0.97
49	3.22	1.29	1.1163	1.44	0.972	1.40	109	5.04	0.92	1.2607	1.16	0.822	0.95
50	3.25	1.27	1.1186	1.42	0.972	1.38	110	5.07	0.91	1.2631	1.15	0.822	0.95
51	3.28	1.26	1.1210	1.41	0.972	1.37	111	5.10	0.91	1.2656	1.15	0.822	0.95
52	3.32	1.25	1.1233	1.40	0.972	1.36	112	5.13	0.91	1.2681	1.15	0.822	0.95
53	3.35	1.24	1.1257	1.40	0.972	1.36	113	5.16	0.91	1.2706	1.15	0.822	0.95
54	3.38	1.23	1.1280	1.39	0.972	1.35	114	5.19	0.90	1.2730	1.15	0.822	0.95
55	3.42	1.22	1.1304	1.38	0.957	1.32	115	5.22	0.90	1.2755	1.15	0.809	0.93
56	3.44	1.21	1.1327	1.37	0.957	1.31	116	5.25	0.90	1.2780	1.15	0.809	0.93
57	3.47	1.20	1.1351	1.36	0.957	1.30	117	5.28	0.89	1.2805	1.14	0.809	0.92
58	3.50	1.19	1.1374	1.35	0.957	1.29	118	5.31	0.89	1.2830	1.14	0.809	0.92
59	3.54	1.18	1.1398	1.34	0.957	1.28	119	5.34	0.89	1.2855	1.14	0.809	0.92
60	3.57	1.17	1.1422	1.34	0.957	1.28	120	5.37	0.89	1.2880	1.14	0.809	0.92

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY NON-RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.13	1.30	1.0067	1.31	1.000	1.31	61	4.03	1.30	1.1445	1.49	0.706	1.05
2	0.42	2.80	1.0089	2.82	1.000	2.82	62	4.06	1.29	1.1469	1.48	0.706	1.04
3	0.68	3.40	1.0111	3.44	1.000	3.44	63	4.09	1.28	1.1493	1.47	0.706	1.04
4	0.90	3.60	1.0134	3.65	1.000	3.65	64	4.12	1.27	1.1516	1.46	0.706	1.03
5	1.08	3.60	1.0156	3.66	1.000	3.66	65	4.15	1.26	1.1540	1.45	0.706	1.02
6	1.24	3.54	1.0178	3.60	1.000	3.60	66	4.18	1.25	1.1564	1.45	0.706	1.02
7	1.37	3.43	1.0201	3.50	1.000	3.50	67	4.21	1.24	1.1588	1.44	0.685	0.99
8	1.50	3.33	1.0223	3.40	1.000	3.40	68	4.24	1.23	1.1611	1.43	0.685	0.98
9	1.61	3.22	1.0246	3.30	1.000	3.30	69	4.27	1.22	1.1635	1.42	0.685	0.97
10	1.71	3.11	1.0268	3.19	1.000	3.19	70	4.30	1.21	1.1659	1.41	0.685	0.97
11	1.81	3.02	1.0290	3.11	1.000	3.11	71	4.33	1.20	1.1683	1.40	0.685	0.96
12	1.89	2.91	1.0313	3.00	1.000	3.00	72	4.36	1.19	1.1707	1.39	0.685	0.95
13	1.97	2.81	1.0336	2.90	0.976	2.83	73	4.39	1.19	1.1731	1.39	0.666	0.93
14	2.05	2.73	1.0358	2.83	0.976	2.76	74	4.42	1.18	1.1755	1.39	0.666	0.93
15	2.12	2.65	1.0381	2.75	0.976	2.68	75	4.45	1.17	1.1779	1.38	0.666	0.92
16	2.19	2.58	1.0403	2.68	0.976	2.62	76	4.48	1.16	1.1803	1.37	0.666	0.91
17	2.26	2.51	1.0426	2.62	0.976	2.56	77	4.51	1.16	1.1827	1.37	0.666	0.91
18	2.32	2.44	1.0449	2.55	0.976	2.49	78	4.54	1.15	1.1851	1.36	0.666	0.91
19	2.38	2.38	1.0471	2.49	0.932	2.32	79	4.57	1.14	1.1875	1.35	0.649	0.88
20	2.44	2.32	1.0494	2.43	0.932	2.26	80	4.60	1.14	1.1899	1.35	0.649	0.88
21	2.49	2.26	1.0517	2.38	0.932	2.22	81	4.63	1.13	1.1923	1.35	0.649	0.88
22	2.55	2.22	1.0539	2.34	0.932	2.18	82	4.66	1.12	1.1947	1.34	0.649	0.87
23	2.60	2.17	1.0562	2.29	0.932	2.13	83	4.69	1.12	1.1971	1.34	0.649	0.87
24	2.65	2.12	1.0585	2.24	0.932	2.09	84	4.72	1.11	1.1996	1.33	0.649	0.86
25	2.70	2.08	1.0608	2.21	0.888	1.96	85	4.75	1.10	1.2020	1.32	0.633	0.84
26	2.75	2.04	1.0631	2.17	0.888	1.93	86	4.78	1.10	1.2044	1.32	0.633	0.84
27	2.80	2.00	1.0654	2.13	0.888	1.89	87	4.81	1.09	1.2068	1.32	0.633	0.84
28	2.84	1.96	1.0677	2.09	0.888	1.86	88	4.84	1.09	1.2092	1.32	0.633	0.84
29	2.89	1.93	1.0699	2.06	0.888	1.83	89	4.87	1.08	1.2117	1.31	0.633	0.83
30	2.93	1.89	1.0722	2.03	0.888	1.80	90	4.90	1.08	1.2141	1.31	0.633	0.83
31	2.97	1.86	1.0745	2.00	0.849	1.70	91	4.93	1.07	1.2165	1.30	0.618	0.80
32	3.02	1.83	1.0768	1.97	0.849	1.67	92	4.96	1.07	1.2190	1.30	0.618	0.80
33	3.06	1.80	1.0791	1.94	0.849	1.65	93	4.99	1.06	1.2214	1.29	0.618	0.80
34	3.10	1.77	1.0814	1.91	0.849	1.62	94	5.02	1.06	1.2238	1.29	0.618	0.80
35	3.14	1.74	1.0837	1.89	0.849	1.60	95	5.05	1.05	1.2263	1.29	0.618	0.80
36	3.18	1.72	1.0861	1.87	0.849	1.59	96	5.08	1.05	1.2287	1.29	0.618	0.80
37	3.22	1.69	1.0884	1.84	0.813	1.50	97	5.11	1.04	1.2312	1.28	0.604	0.77
38	3.26	1.67	1.0907	1.82	0.813	1.48	98	5.14	1.04	1.2336	1.28	0.604	0.77
39	3.30	1.65	1.0930	1.80	0.813	1.46	99	5.17	1.03	1.2361	1.27	0.604	0.77
40	3.34	1.63	1.0953	1.79	0.813	1.46	100	5.20	1.03	1.2385	1.27	0.604	0.77
41	3.37	1.60	1.0976	1.76	0.813	1.43	101	5.23	1.03	1.2410	1.27	0.604	0.77
42	3.41	1.59	1.1000	1.75	0.813	1.42	102	5.26	1.02	1.2434	1.27	0.604	0.77
43	3.45	1.57	1.1023	1.73	0.782	1.35	103	5.29	1.02	1.2459	1.27	0.591	0.75
44	3.48	1.55	1.1046	1.71	0.782	1.34	104	5.32	1.01	1.2483	1.26	0.591	0.74
45	3.52	1.53	1.1069	1.69	0.782	1.32	105	5.35	1.01	1.2508	1.26	0.591	0.74
46	3.55	1.51	1.1093	1.68	0.782	1.31	106	5.38	1.01	1.2533	1.26	0.591	0.74
47	3.59	1.50	1.1116	1.67	0.782	1.31	107	5.41	1.00	1.2557	1.26	0.591	0.74
48	3.62	1.48	1.1139	1.65	0.782	1.29	108	5.44	1.00	1.2582	1.26	0.591	0.74
49	3.65	1.46	1.1163	1.63	0.754	1.23	109	5.47	0.99	1.2607	1.25	0.578	0.72
50	3.69	1.45	1.1186	1.62	0.754	1.22	110	5.50	0.99	1.2631	1.25	0.578	0.72
51	3.72	1.43	1.1210	1.60	0.754	1.21	111	5.53	0.99	1.2656	1.25	0.578	0.72
52	3.75	1.42	1.1233	1.60	0.754	1.21	112	5.56	0.98	1.2681	1.24	0.578	0.72
53	3.79	1.40	1.1257	1.58	0.754	1.19	113	5.59	0.98	1.2706	1.24	0.578	0.72
54	3.82	1.39	1.1280	1.57	0.754	1.18	114	5.62	0.98	1.2730	1.24	0.578	0.72
55	3.85	1.38	1.1304	1.56	0.729	1.14	115	5.65	0.97	1.2755	1.24	0.567	0.70
56	3.88	1.36	1.1327	1.54	0.729	1.12	116	5.68	0.97	1.2780	1.24	0.567	0.70
57	3.91	1.35	1.1351	1.53	0.729	1.12	117	5.71	0.97	1.2805	1.24	0.567	0.70
58	3.94	1.34	1.1374	1.52	0.729	1.11	118	5.74	0.96	1.2830	1.23	0.567	0.70
59	3.97	1.32	1.1398	1.50	0.729	1.09	119	5.77	0.96	1.2855	1.23	0.567	0.70
60	4.00	1.31	1.1422	1.50	0.729	1.09	120	5.80	0.96	1.2880	1.23	0.567	0.70

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY NON-RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.13	1.30	1.0067	1.31	1.000	1.31	61	4.03	1.30	1.1445	1.49	0.843	1.26
2	0.42	2.80	1.0089	2.82	1.000	2.82	62	4.06	1.29	1.1469	1.48	0.843	1.25
3	0.68	3.40	1.0111	3.44	1.000	3.44	63	4.09	1.28	1.1493	1.47	0.843	1.24
4	0.90	3.60	1.0134	3.65	1.000	3.65	64	4.12	1.27	1.1516	1.46	0.843	1.23
5	1.08	3.60	1.0156	3.66	1.000	3.66	65	4.15	1.26	1.1540	1.45	0.843	1.22
6	1.24	3.54	1.0178	3.60	1.000	3.60	66	4.18	1.25	1.1564	1.45	0.843	1.22
7	1.37	3.43	1.0201	3.50	1.000	3.50	67	4.21	1.24	1.1588	1.44	0.822	1.18
8	1.50	3.33	1.0223	3.40	1.000	3.40	68	4.24	1.23	1.1611	1.43	0.822	1.18
9	1.61	3.22	1.0246	3.30	1.000	3.30	69	4.27	1.22	1.1635	1.42	0.822	1.17
10	1.71	3.11	1.0268	3.19	1.000	3.19	70	4.30	1.21	1.1659	1.41	0.822	1.16
11	1.81	3.02	1.0290	3.11	1.000	3.11	71	4.33	1.20	1.1683	1.40	0.822	1.15
12	1.89	2.91	1.0313	3.00	1.000	3.00	72	4.36	1.19	1.1707	1.39	0.822	1.14
13	1.97	2.81	1.0336	2.90	1.000	2.90	73	4.39	1.19	1.1731	1.39	0.802	1.11
14	2.05	2.73	1.0358	2.83	1.000	2.83	74	4.42	1.18	1.1755	1.39	0.802	1.11
15	2.12	2.65	1.0381	2.75	1.000	2.75	75	4.45	1.17	1.1779	1.38	0.802	1.11
16	2.19	2.58	1.0403	2.68	1.000	2.68	76	4.48	1.16	1.1803	1.37	0.802	1.10
17	2.26	2.51	1.0426	2.62	1.000	2.62	77	4.51	1.16	1.1827	1.37	0.802	1.10
18	2.32	2.44	1.0449	2.55	1.000	2.55	78	4.54	1.15	1.1851	1.36	0.802	1.09
19	2.38	2.38	1.0471	2.49	1.000	2.49	79	4.57	1.14	1.1875	1.35	0.783	1.06
20	2.44	2.32	1.0494	2.43	1.000	2.43	80	4.60	1.14	1.1899	1.35	0.783	1.06
21	2.49	2.26	1.0517	2.38	1.000	2.38	81	4.63	1.13	1.1923	1.35	0.783	1.06
22	2.55	2.22	1.0539	2.34	1.000	2.34	82	4.66	1.12	1.1947	1.34	0.783	1.05
23	2.60	2.17	1.0562	2.29	1.000	2.29	83	4.69	1.12	1.1971	1.34	0.783	1.05
24	2.65	2.12	1.0585	2.24	1.000	2.24	84	4.72	1.11	1.1996	1.33	0.783	1.04
25	2.70	2.08	1.0608	2.21	0.990	2.19	85	4.75	1.10	1.2020	1.32	0.766	1.01
26	2.75	2.04	1.0631	2.17	0.990	2.15	86	4.78	1.10	1.2044	1.32	0.766	1.01
27	2.80	2.00	1.0654	2.13	0.990	2.11	87	4.81	1.09	1.2068	1.32	0.766	1.01
28	2.84	1.96	1.0677	2.09	0.990	2.07	88	4.84	1.09	1.2092	1.32	0.766	1.01
29	2.89	1.93	1.0699	2.06	0.990	2.04	89	4.87	1.08	1.2117	1.31	0.766	1.00
30	2.93	1.89	1.0722	2.03	0.990	2.01	90	4.90	1.08	1.2141	1.31	0.766	1.00
31	2.97	1.86	1.0745	2.00	0.967	1.93	91	4.93	1.07	1.2165	1.30	0.749	0.97
32	3.02	1.83	1.0768	1.97	0.967	1.90	92	4.96	1.07	1.2190	1.30	0.749	0.97
33	3.06	1.80	1.0791	1.94	0.967	1.88	93	4.99	1.06	1.2214	1.29	0.749	0.97
34	3.10	1.77	1.0814	1.91	0.967	1.85	94	5.02	1.06	1.2238	1.29	0.749	0.97
35	3.14	1.74	1.0837	1.89	0.967	1.83	95	5.05	1.05	1.2263	1.29	0.749	0.97
36	3.18	1.72	1.0861	1.87	0.967	1.81	96	5.08	1.05	1.2287	1.29	0.749	0.97
37	3.22	1.69	1.0884	1.84	0.941	1.73	97	5.11	1.04	1.2312	1.28	0.734	0.94
38	3.26	1.67	1.0907	1.82	0.941	1.71	98	5.14	1.04	1.2336	1.28	0.734	0.94
39	3.30	1.65	1.0930	1.80	0.941	1.69	99	5.17	1.03	1.2361	1.27	0.734	0.93
40	3.34	1.63	1.0953	1.79	0.941	1.68	100	5.20	1.03	1.2385	1.27	0.734	0.93
41	3.37	1.60	1.0976	1.76	0.941	1.66	101	5.23	1.03	1.2410	1.27	0.734	0.93
42	3.41	1.59	1.1000	1.75	0.941	1.65	102	5.26	1.02	1.2434	1.27	0.734	0.93
43	3.45	1.57	1.1023	1.73	0.915	1.58	103	5.29	1.02	1.2459	1.27	0.719	0.91
44	3.48	1.55	1.1046	1.71	0.915	1.56	104	5.32	1.01	1.2483	1.26	0.719	0.91
45	3.52	1.53	1.1069	1.69	0.915	1.55	105	5.35	1.01	1.2508	1.26	0.719	0.91
46	3.55	1.51	1.1093	1.68	0.915	1.54	106	5.38	1.01	1.2533	1.26	0.719	0.91
47	3.59	1.50	1.1116	1.67	0.915	1.53	107	5.41	1.00	1.2557	1.26	0.719	0.91
48	3.62	1.48	1.1139	1.65	0.915	1.51	108	5.44	1.00	1.2582	1.26	0.719	0.91
49	3.65	1.46	1.1163	1.63	0.890	1.45	109	5.47	0.99	1.2607	1.25	0.706	0.88
50	3.69	1.45	1.1186	1.62	0.890	1.44	110	5.50	0.99	1.2631	1.25	0.706	0.88
51	3.72	1.43	1.1210	1.60	0.890	1.42	111	5.53	0.99	1.2656	1.25	0.706	0.88
52	3.75	1.42	1.1233	1.60	0.890	1.42	112	5.56	0.98	1.2681	1.24	0.706	0.88
53	3.79	1.40	1.1257	1.58	0.890	1.41	113	5.59	0.98	1.2706	1.24	0.706	0.88
54	3.82	1.39	1.1280	1.57	0.890	1.40	114	5.62	0.98	1.2730	1.24	0.706	0.88
55	3.85	1.38	1.1304	1.56	0.866	1.35	115	5.65	0.97	1.2755	1.24	0.693	0.86
56	3.88	1.36	1.1327	1.54	0.866	1.33	116	5.68	0.97	1.2780	1.24	0.693	0.86
57	3.91	1.35	1.1351	1.53	0.866	1.32	117	5.71	0.97	1.2805	1.24	0.693	0.86
58	3.94	1.34	1.1374	1.52	0.866	1.32	118	5.74	0.96	1.2830	1.23	0.693	0.85
59	3.97	1.32	1.1398	1.50	0.866	1.30	119	5.77	0.96	1.2855	1.23	0.693	0.85
60	4.00	1.31	1.1422	1.50	0.866	1.30	120	5.80	0.96	1.2880	1.23	0.693	0.85

ARKANSAS CREDIT DISABILITY INSURANCE
 14 DAY NON-RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
 OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>PF MOB</u> <u>Rate</u>	<u>Gross</u> <u>To Net</u> <u>Factor</u>	<u>PF MOB</u> <u>Net Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>MOB</u> <u>Critical</u> <u>Period Rate</u>
1	0.13	1.30	1.0067	1.31	1.000	1.31	61	4.03	1.30	1.1445	1.49	0.930	1.39
2	0.42	2.80	1.0089	2.82	1.000	2.82	62	4.06	1.29	1.1469	1.48	0.930	1.38
3	0.68	3.40	1.0111	3.44	1.000	3.44	63	4.09	1.28	1.1493	1.47	0.930	1.37
4	0.90	3.60	1.0134	3.65	1.000	3.65	64	4.12	1.27	1.1516	1.46	0.930	1.36
5	1.08	3.60	1.0156	3.66	1.000	3.66	65	4.15	1.26	1.1540	1.45	0.930	1.35
6	1.24	3.54	1.0178	3.60	1.000	3.60	66	4.18	1.25	1.1564	1.45	0.930	1.35
7	1.37	3.43	1.0201	3.50	1.000	3.50	67	4.21	1.24	1.1588	1.44	0.911	1.31
8	1.50	3.33	1.0223	3.40	1.000	3.40	68	4.24	1.23	1.1611	1.43	0.911	1.30
9	1.61	3.22	1.0246	3.30	1.000	3.30	69	4.27	1.22	1.1635	1.42	0.911	1.29
10	1.71	3.11	1.0268	3.19	1.000	3.19	70	4.30	1.21	1.1659	1.41	0.911	1.28
11	1.81	3.02	1.0290	3.11	1.000	3.11	71	4.33	1.20	1.1683	1.40	0.911	1.28
12	1.89	2.91	1.0313	3.00	1.000	3.00	72	4.36	1.19	1.1707	1.39	0.911	1.27
13	1.97	2.81	1.0336	2.90	1.000	2.90	73	4.39	1.19	1.1731	1.39	0.893	1.24
14	2.05	2.73	1.0358	2.83	1.000	2.83	74	4.42	1.18	1.1755	1.39	0.893	1.24
15	2.12	2.65	1.0381	2.75	1.000	2.75	75	4.45	1.17	1.1779	1.38	0.893	1.23
16	2.19	2.58	1.0403	2.68	1.000	2.68	76	4.48	1.16	1.1803	1.37	0.893	1.22
17	2.26	2.51	1.0426	2.62	1.000	2.62	77	4.51	1.16	1.1827	1.37	0.893	1.22
18	2.32	2.44	1.0449	2.55	1.000	2.55	78	4.54	1.15	1.1851	1.36	0.893	1.21
19	2.38	2.38	1.0471	2.49	1.000	2.49	79	4.57	1.14	1.1875	1.35	0.876	1.18
20	2.44	2.32	1.0494	2.43	1.000	2.43	80	4.60	1.14	1.1899	1.35	0.876	1.18
21	2.49	2.26	1.0517	2.38	1.000	2.38	81	4.63	1.13	1.1923	1.35	0.876	1.18
22	2.55	2.22	1.0539	2.34	1.000	2.34	82	4.66	1.12	1.1947	1.34	0.876	1.17
23	2.60	2.17	1.0562	2.29	1.000	2.29	83	4.69	1.12	1.1971	1.34	0.876	1.17
24	2.65	2.12	1.0585	2.24	1.000	2.24	84	4.72	1.11	1.1996	1.33	0.876	1.17
25	2.70	2.08	1.0608	2.21	1.000	2.21	85	4.75	1.10	1.2020	1.32	0.859	1.13
26	2.75	2.04	1.0631	2.17	1.000	2.17	86	4.78	1.10	1.2044	1.32	0.859	1.13
27	2.80	2.00	1.0654	2.13	1.000	2.13	87	4.81	1.09	1.2068	1.32	0.859	1.13
28	2.84	1.96	1.0677	2.09	1.000	2.09	88	4.84	1.09	1.2092	1.32	0.859	1.13
29	2.89	1.93	1.0699	2.06	1.000	2.06	89	4.87	1.08	1.2117	1.31	0.859	1.13
30	2.93	1.89	1.0722	2.03	1.000	2.03	90	4.90	1.08	1.2141	1.31	0.859	1.13
31	2.97	1.86	1.0745	2.00	1.000	2.00	91	4.93	1.07	1.2165	1.30	0.843	1.10
32	3.02	1.83	1.0768	1.97	1.000	1.97	92	4.96	1.07	1.2190	1.30	0.843	1.10
33	3.06	1.80	1.0791	1.94	1.000	1.94	93	4.99	1.06	1.2214	1.29	0.843	1.09
34	3.10	1.77	1.0814	1.91	1.000	1.91	94	5.02	1.06	1.2238	1.29	0.843	1.09
35	3.14	1.74	1.0837	1.89	1.000	1.89	95	5.05	1.05	1.2263	1.29	0.843	1.09
36	3.18	1.72	1.0861	1.87	1.000	1.87	96	5.08	1.05	1.2287	1.29	0.843	1.09
37	3.22	1.69	1.0884	1.84	0.995	1.83	97	5.11	1.04	1.2312	1.28	0.828	1.06
38	3.26	1.67	1.0907	1.82	0.995	1.81	98	5.14	1.04	1.2336	1.28	0.828	1.06
39	3.30	1.65	1.0930	1.80	0.995	1.79	99	5.17	1.03	1.2361	1.27	0.828	1.05
40	3.34	1.63	1.0953	1.79	0.995	1.78	100	5.20	1.03	1.2385	1.27	0.828	1.05
41	3.37	1.60	1.0976	1.76	0.995	1.75	101	5.23	1.03	1.2410	1.27	0.828	1.05
42	3.41	1.59	1.1000	1.75	0.995	1.74	102	5.26	1.02	1.2434	1.27	0.828	1.05
43	3.45	1.57	1.1023	1.73	0.982	1.70	103	5.29	1.02	1.2459	1.27	0.813	1.03
44	3.48	1.55	1.1046	1.71	0.982	1.68	104	5.32	1.01	1.2483	1.26	0.813	1.02
45	3.52	1.53	1.1069	1.69	0.982	1.66	105	5.35	1.01	1.2508	1.26	0.813	1.02
46	3.55	1.51	1.1093	1.68	0.982	1.65	106	5.38	1.01	1.2533	1.26	0.813	1.02
47	3.59	1.50	1.1116	1.67	0.982	1.64	107	5.41	1.00	1.2557	1.26	0.813	1.02
48	3.62	1.48	1.1139	1.65	0.982	1.62	108	5.44	1.00	1.2582	1.26	0.813	1.02
49	3.65	1.46	1.1163	1.63	0.966	1.57	109	5.47	0.99	1.2607	1.25	0.799	1.00
50	3.69	1.45	1.1186	1.62	0.966	1.56	110	5.50	0.99	1.2631	1.25	0.799	1.00
51	3.72	1.43	1.1210	1.60	0.966	1.55	111	5.53	0.99	1.2656	1.25	0.799	1.00
52	3.75	1.42	1.1233	1.60	0.966	1.55	112	5.56	0.98	1.2681	1.24	0.799	0.99
53	3.79	1.40	1.1257	1.58	0.966	1.53	113	5.59	0.98	1.2706	1.24	0.799	0.99
54	3.82	1.39	1.1280	1.57	0.966	1.52	114	5.62	0.98	1.2730	1.24	0.799	0.99
55	3.85	1.38	1.1304	1.56	0.948	1.48	115	5.65	0.97	1.2755	1.24	0.786	0.97
56	3.88	1.36	1.1327	1.54	0.948	1.46	116	5.68	0.97	1.2780	1.24	0.786	0.97
57	3.91	1.35	1.1351	1.53	0.948	1.45	117	5.71	0.97	1.2805	1.24	0.786	0.97
58	3.94	1.34	1.1374	1.52	0.948	1.44	118	5.74	0.96	1.2830	1.23	0.786	0.97
59	3.97	1.32	1.1398	1.50	0.948	1.42	119	5.77	0.96	1.2855	1.23	0.786	0.97
60	4.00	1.31	1.1422	1.50	0.948	1.42	120	5.80	0.96	1.2880	1.23	0.786	0.97

12 Month Critical Period Rates

Term of Coverage In Months	<u>30 Day Non-Retro</u>			Ratio	Term of Coverage In Months	<u>14 Day Non-Retro</u>			Ratio		
	12		G			12		G			
	G	G				G	G				
(n)	30	n	30	n	(n)	14	n	14	n		
13 - 18	1.5889		1.6180		0.982	13 - 18	2.3353		2.3925		0.976
19 - 24	1.2766		1.3506		0.945	19 - 24	1.8806		2.0178		0.932
25 - 30	1.0628		1.1709		0.908	25 - 30	1.5677		1.7649		0.888
31 - 36	0.9091		1.0414		0.873	31 - 36	1.3421		1.5815		0.849
37 - 42	0.7937		0.9431		0.842	37 - 42	1.1724		1.4414		0.813
43 - 48	0.7041		0.8656		0.813	43 - 48	1.0404		1.3305		0.782
49 - 54	0.6325		0.8028		0.788	49 - 54	0.9349		1.2400		0.754
55 - 60	0.5740		0.7507		0.765	55 - 60	0.8488		1.1647		0.729
61 - 66	0.5254		0.7067		0.743	61 - 66	0.7770		1.1007		0.706
67 - 72	0.4844		0.6690		0.724	67 - 72	0.7165		1.0457		0.685
73 - 78	0.4493		0.6362		0.706	73 - 78	0.6646		0.9977		0.666
79 - 84	0.4189		0.6074		0.690	79 - 84	0.6198		0.9555		0.649
85 - 90	0.3924		0.5820		0.674	85 - 90	0.5806		0.9179		0.633
91 - 96	0.3690		0.5592		0.660	91 - 96	0.5460		0.8842		0.618
97 - 102	0.3482		0.5387		0.646	97 - 102	0.5154		0.8538		0.604
103 - 108	0.3297		0.5201		0.634	103 - 108	0.4879		0.8262		0.591
109 - 114	0.3130		0.5032		0.622	109 - 114	0.4633		0.8009		0.578
115 - 120	0.2979		0.4877		0.611	115 - 120	0.4410		0.7777		0.567

Term of Coverage In Months	<u>30 Day Retro</u>			Ratio	Term of Coverage In Months	<u>14 Day Retro</u>			Ratio		
	12		G			12		G			
	G	G				G	G				
(n)	30	n	30	n	(n)	14	n	14	n		
13 - 18	1.9681		1.9972		0.985	13 - 18	2.6548		2.7120		0.979
19 - 24	1.5690		1.6430		0.955	19 - 24	2.1250		2.2623		0.939
25 - 30	1.3007		1.4088		0.923	25 - 30	1.7657		1.9629		0.900
31 - 36	1.1096		1.2419		0.893	31 - 36	1.5084		1.7478		0.863
37 - 42	0.9669		1.1163		0.866	37 - 42	1.3158		1.5848		0.830
43 - 48	0.8565		1.0180		0.841	43 - 48	1.1664		1.4565		0.801
49 - 54	0.7686		0.9389		0.819	49 - 54	1.0473		1.3524		0.774
55 - 60	0.6970		0.8737		0.798	55 - 60	0.9502		1.2661		0.750
61 - 66	0.6376		0.8188		0.779	61 - 66	0.8694		1.1932		0.729
67 - 72	0.5875		0.7720		0.761	67 - 72	0.8014		1.1306		0.709
73 - 78	0.5446		0.7315		0.744	73 - 78	0.7431		1.0762		0.690
79 - 84	0.5076		0.6961		0.729	79 - 84	0.6927		1.0284		0.674
85 - 90	0.4753		0.6649		0.715	85 - 90	0.6487		0.9861		0.658
91 - 96	0.4468		0.6370		0.701	91 - 96	0.6100		0.9482		0.643
97 - 102	0.4216		0.6120		0.689	97 - 102	0.5756		0.9140		0.630
103 - 108	0.3990		0.5895		0.677	103 - 108	0.5449		0.8831		0.617
109 - 114	0.3788		0.5690		0.666	109 - 114	0.5173		0.8549		0.605
115 - 120	0.3605		0.5502		0.655	115 - 120	0.4923		0.8291		0.594

24 Month Critical Period Rates

Term of Coverage In Months	<u>30 Day Non-Retro</u>			Ratio	Term of Coverage In Months	<u>14 Day Non-Retro</u>			Ratio		
	24		G			24		G			
	G	n				G	n				
(n)	30	n	30	n	(n)	14	n	14	n		
25 - 30	1.1631		1.1709		0.993	25 - 30	1.7465		1.7649		0.990
31 - 36	1.0161		1.0414		0.976	31 - 36	1.5297		1.5815		0.967
37 - 42	0.8998		0.9431		0.954	37 - 42	1.3570		1.4414		0.941
43 - 48	0.8064		0.8656		0.932	43 - 48	1.2178		1.3305		0.915
49 - 54	0.7301		0.8028		0.909	49 - 54	1.1035		1.2400		0.890
55 - 60	0.6667		0.7507		0.888	55 - 60	1.0084		1.1647		0.866
61 - 66	0.6133		0.7067		0.868	61 - 66	0.9281		1.1007		0.843
67 - 72	0.5676		0.6690		0.848	67 - 72	0.8595		1.0457		0.822
73 - 78	0.5283		0.6362		0.830	73 - 78	0.8002		0.9977		0.802
79 - 84	0.4940		0.6074		0.813	79 - 84	0.7485		0.9555		0.783
85 - 90	0.4638		0.5820		0.797	85 - 90	0.7030		0.9179		0.766
91 - 96	0.4371		0.5592		0.782	91 - 96	0.6627		0.8842		0.749
97 - 102	0.4133		0.5387		0.767	97 - 102	0.6267		0.8538		0.734
103 - 108	0.3919		0.5201		0.754	103 - 108	0.5944		0.8262		0.719
109 - 114	0.3726		0.5032		0.740	109 - 114	0.5653		0.8009		0.706
115 - 120	0.3552		0.4877		0.728	115 - 120	0.5388		0.7777		0.693

Term of Coverage In Months	<u>30 Day Retro</u>			Ratio	Term of Coverage In Months	<u>14 Day Retro</u>			Ratio		
	24		G			24		G			
	G	n				G	n				
(n)	30	n	30	n	(n)	14	n	14	n		
25 - 30	1.4010		1.4088		0.994	25 - 30	1.9444		1.9629		0.991
31 - 36	1.2165		1.2419		0.980	31 - 36	1.6960		1.7478		0.970
37 - 42	1.0730		1.1163		0.961	37 - 42	1.5004		1.5848		0.947
43 - 48	0.9589		1.0180		0.942	43 - 48	1.3438		1.4565		0.923
49 - 54	0.8663		0.9389		0.923	49 - 54	1.2159		1.3524		0.899
55 - 60	0.7897		0.8737		0.904	55 - 60	1.1098		1.2661		0.877
61 - 66	0.7254		0.8188		0.886	61 - 66	1.0205		1.1932		0.855
67 - 72	0.6707		0.7720		0.869	67 - 72	0.9443		1.1306		0.835
73 - 78	0.6236		0.7315		0.852	73 - 78	0.8786		1.0762		0.816
79 - 84	0.5826		0.6961		0.837	79 - 84	0.8214		1.0284		0.799
85 - 90	0.5467		0.6649		0.822	85 - 90	0.7711		0.9861		0.782
91 - 96	0.5149		0.6370		0.808	91 - 96	0.7266		0.9482		0.766
97 - 102	0.4866		0.6120		0.795	97 - 102	0.6869		0.9140		0.752
103 - 108	0.4613		0.5895		0.783	103 - 108	0.6514		0.8831		0.738
109 - 114	0.4384		0.5690		0.770	109 - 114	0.6193		0.8549		0.724
115 - 120	0.4177		0.5502		0.759	115 - 120	0.5902		0.8291		0.712

36 Month Critical Period Rates

Term of Coverage In Months	<u>30 Day Non-Retro</u>			Ratio	<u>14 Day Non-Retro</u>			Ratio		
	36		Ratio		36		Ratio			
	G	G			G	G				
(n)	30	n	30	n	14	n	14	n		
37 - 42	0.9398		0.9431		0.997		37 - 42	1.4343	1.4414	0.995
43 - 48	0.8535		0.8656		0.986		43 - 48	1.3070	1.3305	0.982
49 - 54	0.7804		0.8028		0.972		49 - 54	1.1979	1.2400	0.966
55 - 60	0.7181		0.7507		0.957		55 - 60	1.1042	1.1647	0.948
61 - 66	0.6645		0.7067		0.940		61 - 66	1.0233	1.1007	0.930
67 - 72	0.6181		0.6690		0.924		67 - 72	0.9530	1.0457	0.911
73 - 78	0.5776		0.6362		0.908		73 - 78	0.8914	0.9977	0.893
79 - 84	0.5419		0.6074		0.892		79 - 84	0.8370	0.9555	0.876
85 - 90	0.5103		0.5820		0.877		85 - 90	0.7888	0.9179	0.859
91 - 96	0.4822		0.5592		0.862		91 - 96	0.7457	0.8842	0.843
97 - 102	0.4569		0.5387		0.848		97 - 102	0.7070	0.8538	0.828
103 - 108	0.4341		0.5201		0.835		103 - 108	0.6720	0.8262	0.813
109 - 114	0.4135		0.5032		0.822		109 - 114	0.6403	0.8009	0.799
115 - 120	0.3947		0.4877		0.809		115 - 120	0.6115	0.7777	0.786

Term of Coverage In Months	<u>30 Day Retro</u>			Ratio	<u>14 Day Retro</u>			Ratio		
	36		Ratio		36		Ratio			
	G	G			G	G				
(n)	30	n	30	n	14	n	14	n		
37 - 42	1.1130		1.1163		0.997		37 - 42	1.5777	1.5848	0.996
43 - 48	1.0060		1.0180		0.988		43 - 48	1.4330	1.4565	0.984
49 - 54	0.9165		0.9389		0.976		49 - 54	1.3103	1.3524	0.969
55 - 60	0.8411		0.8737		0.963		55 - 60	1.2056	1.2661	0.952
61 - 66	0.7766		0.8188		0.948		61 - 66	1.1157	1.1932	0.935
67 - 72	0.7211		0.7720		0.934		67 - 72	1.0378	1.1306	0.918
73 - 78	0.6729		0.7315		0.920		73 - 78	0.9698	1.0762	0.901
79 - 84	0.6306		0.6961		0.906		79 - 84	0.9100	1.0284	0.885
85 - 90	0.5932		0.6649		0.892		85 - 90	0.8569	0.9861	0.869
91 - 96	0.5600		0.6370		0.879		91 - 96	0.8097	0.9482	0.854
97 - 102	0.5302		0.6120		0.866		97 - 102	0.7673	0.9140	0.839
103 - 108	0.5035		0.5895		0.854		103 - 108	0.7290	0.8831	0.826
109 - 114	0.4792		0.5690		0.842		109 - 114	0.6943	0.8549	0.812
115 - 120	0.4572		0.5502		0.831		115 - 120	0.6628	0.8291	0.799

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>
1	0.00	1.000	0.00	61	4.41	0.779	3.44
2	0.56	1.000	0.56	62	4.44	0.779	3.46
3	0.91	1.000	0.91	63	4.47	0.779	3.48
4	1.17	1.000	1.17	64	4.50	0.779	3.51
5	1.38	1.000	1.38	65	4.53	0.779	3.53
6	1.54	1.000	1.54	66	4.56	0.779	3.55
7	1.69	1.000	1.69	67	4.59	0.761	3.49
8	1.82	1.000	1.82	68	4.62	0.761	3.52
9	1.94	1.000	1.94	69	4.65	0.761	3.54
10	2.04	1.000	2.04	70	4.68	0.761	3.56
11	2.14	1.000	2.14	71	4.71	0.761	3.58
12	2.23	1.000	2.23	72	4.74	0.761	3.61
13	2.32	0.985	2.29	73	4.77	0.744	3.55
14	2.40	0.985	2.36	74	4.80	0.744	3.57
15	2.47	0.985	2.43	75	4.83	0.744	3.59
16	2.55	0.985	2.51	76	4.86	0.744	3.62
17	2.61	0.985	2.57	77	4.89	0.744	3.64
18	2.68	0.985	2.64	78	4.92	0.744	3.66
19	2.74	0.955	2.62	79	4.95	0.729	3.61
20	2.80	0.955	2.67	80	4.98	0.729	3.63
21	2.85	0.955	2.72	81	5.01	0.729	3.65
22	2.91	0.955	2.78	82	5.04	0.729	3.67
23	2.96	0.955	2.83	83	5.07	0.729	3.70
24	3.02	0.955	2.88	84	5.10	0.729	3.72
25	3.06	0.923	2.82	85	5.13	0.715	3.67
26	3.12	0.923	2.88	86	5.16	0.715	3.69
27	3.16	0.923	2.92	87	5.19	0.715	3.71
28	3.21	0.923	2.96	88	5.22	0.715	3.73
29	3.26	0.923	3.01	89	5.25	0.715	3.75
30	3.30	0.923	3.05	90	5.28	0.715	3.78
31	3.35	0.893	2.99	91	5.31	0.701	3.72
32	3.39	0.893	3.03	92	5.34	0.701	3.74
33	3.43	0.893	3.06	93	5.37	0.701	3.76
34	3.47	0.893	3.10	94	5.40	0.701	3.79
35	3.51	0.893	3.13	95	5.43	0.701	3.81
36	3.55	0.893	3.17	96	5.47	0.701	3.83
37	3.59	0.866	3.11	97	5.50	0.689	3.79
38	3.63	0.866	3.14	98	5.53	0.689	3.81
39	3.67	0.866	3.18	99	5.56	0.689	3.83
40	3.71	0.866	3.21	100	5.59	0.689	3.85
41	3.75	0.866	3.25	101	5.62	0.689	3.87
42	3.78	0.866	3.27	102	5.65	0.689	3.89
43	3.82	0.841	3.21	103	5.68	0.677	3.85
44	3.85	0.841	3.24	104	5.71	0.677	3.87
45	3.89	0.841	3.27	105	5.74	0.677	3.89
46	3.93	0.841	3.31	106	5.77	0.677	3.91
47	3.96	0.841	3.33	107	5.80	0.677	3.93
48	4.00	0.841	3.36	108	5.83	0.677	3.95
49	4.03	0.819	3.30	109	5.86	0.666	3.90
50	4.06	0.819	3.33	110	5.89	0.666	3.92
51	4.10	0.819	3.36	111	5.92	0.666	3.94
52	4.13	0.819	3.38	112	5.95	0.666	3.96
53	4.16	0.819	3.41	113	5.98	0.666	3.98
54	4.19	0.819	3.43	114	6.01	0.666	4.00
55	4.22	0.798	3.37	115	6.04	0.655	3.96
56	4.25	0.798	3.39	116	6.07	0.655	3.98
57	4.29	0.798	3.42	117	6.10	0.655	4.00
58	4.32	0.798	3.45	118	6.13	0.655	4.02
59	4.35	0.798	3.47	119	6.16	0.655	4.03
60	4.38	0.798	3.50	120	6.19	0.655	4.05

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>Pf SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>	<u>Term</u>	<u>Pf SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>
1	0.00	1.000	0.00	61	4.41	0.886	3.91
2	0.56	1.000	0.56	62	4.44	0.886	3.93
3	0.91	1.000	0.91	63	4.47	0.886	3.96
4	1.17	1.000	1.17	64	4.50	0.886	3.99
5	1.38	1.000	1.38	65	4.53	0.886	4.01
6	1.54	1.000	1.54	66	4.56	0.886	4.04
7	1.69	1.000	1.69	67	4.59	0.869	3.99
8	1.82	1.000	1.82	68	4.62	0.869	4.01
9	1.94	1.000	1.94	69	4.65	0.869	4.04
10	2.04	1.000	2.04	70	4.68	0.869	4.07
11	2.14	1.000	2.14	71	4.71	0.869	4.09
12	2.23	1.000	2.23	72	4.74	0.869	4.12
13	2.32	1.000	2.32	73	4.77	0.852	4.06
14	2.40	1.000	2.40	74	4.80	0.852	4.09
15	2.47	1.000	2.47	75	4.83	0.852	4.12
16	2.55	1.000	2.55	76	4.86	0.852	4.14
17	2.61	1.000	2.61	77	4.89	0.852	4.17
18	2.68	1.000	2.68	78	4.92	0.852	4.19
19	2.74	1.000	2.74	79	4.95	0.837	4.14
20	2.80	1.000	2.80	80	4.98	0.837	4.17
21	2.85	1.000	2.85	81	5.01	0.837	4.19
22	2.91	1.000	2.91	82	5.04	0.837	4.22
23	2.96	1.000	2.96	83	5.07	0.837	4.24
24	3.02	1.000	3.02	84	5.10	0.837	4.27
25	3.06	0.994	3.04	85	5.13	0.822	4.22
26	3.12	0.994	3.10	86	5.16	0.822	4.24
27	3.16	0.994	3.14	87	5.19	0.822	4.27
28	3.21	0.994	3.19	88	5.22	0.822	4.29
29	3.26	0.994	3.24	89	5.25	0.822	4.32
30	3.30	0.994	3.28	90	5.28	0.822	4.34
31	3.35	0.980	3.28	91	5.31	0.808	4.29
32	3.39	0.980	3.32	92	5.34	0.808	4.31
33	3.43	0.980	3.36	93	5.37	0.808	4.34
34	3.47	0.980	3.40	94	5.40	0.808	4.36
35	3.51	0.980	3.44	95	5.43	0.808	4.39
36	3.55	0.980	3.48	96	5.47	0.808	4.42
37	3.59	0.961	3.45	97	5.50	0.795	4.37
38	3.63	0.961	3.49	98	5.53	0.795	4.40
39	3.67	0.961	3.53	99	5.56	0.795	4.42
40	3.71	0.961	3.57	100	5.59	0.795	4.44
41	3.75	0.961	3.60	101	5.62	0.795	4.47
42	3.78	0.961	3.63	102	5.65	0.795	4.49
43	3.82	0.942	3.60	103	5.68	0.783	4.45
44	3.85	0.942	3.63	104	5.71	0.783	4.47
45	3.89	0.942	3.66	105	5.74	0.783	4.49
46	3.93	0.942	3.70	106	5.77	0.783	4.52
47	3.96	0.942	3.73	107	5.80	0.783	4.54
48	4.00	0.942	3.77	108	5.83	0.783	4.56
49	4.03	0.923	3.72	109	5.86	0.770	4.51
50	4.06	0.923	3.75	110	5.89	0.770	4.54
51	4.10	0.923	3.78	111	5.92	0.770	4.56
52	4.13	0.923	3.81	112	5.95	0.770	4.58
53	4.16	0.923	3.84	113	5.98	0.770	4.60
54	4.19	0.923	3.87	114	6.01	0.770	4.63
55	4.22	0.904	3.81	115	6.04	0.759	4.58
56	4.25	0.904	3.84	116	6.07	0.759	4.61
57	4.29	0.904	3.88	117	6.10	0.759	4.63
58	4.32	0.904	3.91	118	6.13	0.759	4.65
59	4.35	0.904	3.93	119	6.16	0.759	4.68
60	4.38	0.904	3.96	120	6.19	0.759	4.70

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>
1	0.00	1.000	0.00	61	4.41	0.948	4.18
2	0.56	1.000	0.56	62	4.44	0.948	4.21
3	0.91	1.000	0.91	63	4.47	0.948	4.24
4	1.17	1.000	1.17	64	4.50	0.948	4.27
5	1.38	1.000	1.38	65	4.53	0.948	4.29
6	1.54	1.000	1.54	66	4.56	0.948	4.32
7	1.69	1.000	1.69	67	4.59	0.934	4.29
8	1.82	1.000	1.82	68	4.62	0.934	4.32
9	1.94	1.000	1.94	69	4.65	0.934	4.34
10	2.04	1.000	2.04	70	4.68	0.934	4.37
11	2.14	1.000	2.14	71	4.71	0.934	4.40
12	2.23	1.000	2.23	72	4.74	0.934	4.43
13	2.32	1.000	2.32	73	4.77	0.920	4.39
14	2.40	1.000	2.40	74	4.80	0.920	4.42
15	2.47	1.000	2.47	75	4.83	0.920	4.44
16	2.55	1.000	2.55	76	4.86	0.920	4.47
17	2.61	1.000	2.61	77	4.89	0.920	4.50
18	2.68	1.000	2.68	78	4.92	0.920	4.53
19	2.74	1.000	2.74	79	4.95	0.906	4.48
20	2.80	1.000	2.80	80	4.98	0.906	4.51
21	2.85	1.000	2.85	81	5.01	0.906	4.54
22	2.91	1.000	2.91	82	5.04	0.906	4.57
23	2.96	1.000	2.96	83	5.07	0.906	4.59
24	3.02	1.000	3.02	84	5.10	0.906	4.62
25	3.06	1.000	3.06	85	5.13	0.892	4.58
26	3.12	1.000	3.12	86	5.16	0.892	4.60
27	3.16	1.000	3.16	87	5.19	0.892	4.63
28	3.21	1.000	3.21	88	5.22	0.892	4.66
29	3.26	1.000	3.26	89	5.25	0.892	4.68
30	3.30	1.000	3.30	90	5.28	0.892	4.71
31	3.35	1.000	3.35	91	5.31	0.879	4.67
32	3.39	1.000	3.39	92	5.34	0.879	4.69
33	3.43	1.000	3.43	93	5.37	0.879	4.72
34	3.47	1.000	3.47	94	5.40	0.879	4.75
35	3.51	1.000	3.51	95	5.43	0.879	4.77
36	3.55	1.000	3.55	96	5.47	0.879	4.81
37	3.59	0.997	3.58	97	5.50	0.866	4.76
38	3.63	0.997	3.62	98	5.53	0.866	4.79
39	3.67	0.997	3.66	99	5.56	0.866	4.81
40	3.71	0.997	3.70	100	5.59	0.866	4.84
41	3.75	0.997	3.74	101	5.62	0.866	4.87
42	3.78	0.997	3.77	102	5.65	0.866	4.89
43	3.82	0.988	3.77	103	5.68	0.854	4.85
44	3.85	0.988	3.80	104	5.71	0.854	4.88
45	3.89	0.988	3.84	105	5.74	0.854	4.90
46	3.93	0.988	3.88	106	5.77	0.854	4.93
47	3.96	0.988	3.91	107	5.80	0.854	4.95
48	4.00	0.988	3.95	108	5.83	0.854	4.98
49	4.03	0.976	3.93	109	5.86	0.842	4.93
50	4.06	0.976	3.96	110	5.89	0.842	4.96
51	4.10	0.976	4.00	111	5.92	0.842	4.98
52	4.13	0.976	4.03	112	5.95	0.842	5.01
53	4.16	0.976	4.06	113	5.98	0.842	5.04
54	4.19	0.976	4.09	114	6.01	0.842	5.06
55	4.22	0.963	4.06	115	6.04	0.831	5.02
56	4.25	0.963	4.09	116	6.07	0.831	5.04
57	4.29	0.963	4.13	117	6.10	0.831	5.07
58	4.32	0.963	4.16	118	6.13	0.831	5.09
59	4.35	0.963	4.19	119	6.16	0.831	5.12
60	4.38	0.963	4.22	120	6.19	0.831	5.14

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>
1	0.40	1.000	0.40	61	4.55	0.729	3.32
2	0.81	1.000	0.81	62	4.58	0.729	3.34
3	1.12	1.000	1.12	63	4.61	0.729	3.36
4	1.36	1.000	1.36	64	4.64	0.729	3.38
5	1.55	1.000	1.55	65	4.67	0.729	3.40
6	1.71	1.000	1.71	66	4.70	0.729	3.43
7	1.86	1.000	1.86	67	4.73	0.709	3.35
8	1.98	1.000	1.98	68	4.76	0.709	3.37
9	2.10	1.000	2.10	69	4.79	0.709	3.40
10	2.20	1.000	2.20	70	4.82	0.709	3.42
11	2.30	1.000	2.30	71	4.85	0.709	3.44
12	2.39	1.000	2.39	72	4.88	0.709	3.46
13	2.47	0.979	2.42	73	4.91	0.690	3.39
14	2.55	0.979	2.50	74	4.94	0.690	3.41
15	2.62	0.979	2.56	75	4.97	0.690	3.43
16	2.69	0.979	2.63	76	5.00	0.690	3.45
17	2.76	0.979	2.70	77	5.03	0.690	3.47
18	2.82	0.979	2.76	78	5.06	0.690	3.49
19	2.88	0.939	2.70	79	5.09	0.674	3.43
20	2.94	0.939	2.76	80	5.12	0.674	3.45
21	3.00	0.939	2.82	81	5.15	0.674	3.47
22	3.05	0.939	2.86	82	5.18	0.674	3.49
23	3.11	0.939	2.92	83	5.21	0.674	3.51
24	3.16	0.939	2.97	84	5.24	0.674	3.53
25	3.21	0.900	2.89	85	5.27	0.658	3.47
26	3.26	0.900	2.93	86	5.30	0.658	3.49
27	3.31	0.900	2.98	87	5.33	0.658	3.51
28	3.35	0.900	3.02	88	5.36	0.658	3.53
29	3.40	0.900	3.06	89	5.39	0.658	3.55
30	3.44	0.900	3.10	90	5.42	0.658	3.57
31	3.49	0.863	3.01	91	5.45	0.643	3.50
32	3.53	0.863	3.05	92	5.48	0.643	3.52
33	3.57	0.863	3.08	93	5.51	0.643	3.54
34	3.61	0.863	3.12	94	5.54	0.643	3.56
35	3.65	0.863	3.15	95	5.57	0.643	3.58
36	3.69	0.863	3.18	96	5.60	0.643	3.60
37	3.73	0.830	3.10	97	5.63	0.630	3.55
38	3.77	0.830	3.13	98	5.66	0.630	3.57
39	3.81	0.830	3.16	99	5.69	0.630	3.58
40	3.85	0.830	3.20	100	5.72	0.630	3.60
41	3.89	0.830	3.23	101	5.75	0.630	3.62
42	3.92	0.830	3.25	102	5.78	0.630	3.64
43	3.96	0.801	3.17	103	5.81	0.617	3.58
44	3.99	0.801	3.20	104	5.83	0.617	3.60
45	4.03	0.801	3.23	105	5.86	0.617	3.62
46	4.06	0.801	3.25	106	5.89	0.617	3.63
47	4.10	0.801	3.28	107	5.92	0.617	3.65
48	4.13	0.801	3.31	108	5.95	0.617	3.67
49	4.17	0.774	3.23	109	5.98	0.605	3.62
50	4.20	0.774	3.25	110	6.01	0.605	3.64
51	4.23	0.774	3.27	111	6.04	0.605	3.65
52	4.27	0.774	3.30	112	6.07	0.605	3.67
53	4.30	0.774	3.33	113	6.10	0.605	3.69
54	4.33	0.774	3.35	114	6.13	0.605	3.71
55	4.36	0.750	3.27	115	6.16	0.594	3.66
56	4.39	0.750	3.29	116	6.19	0.594	3.68
57	4.42	0.750	3.32	117	6.22	0.594	3.69
58	4.45	0.750	3.34	118	6.25	0.594	3.71
59	4.49	0.750	3.37	119	6.28	0.594	3.73
60	4.52	0.750	3.39	120	6.31	0.594	3.75

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>
1	0.40	1.000	0.40	61	4.55	0.855	3.89
2	0.81	1.000	0.81	62	4.58	0.855	3.92
3	1.12	1.000	1.12	63	4.61	0.855	3.94
4	1.36	1.000	1.36	64	4.64	0.855	3.97
5	1.55	1.000	1.55	65	4.67	0.855	3.99
6	1.71	1.000	1.71	66	4.70	0.855	4.02
7	1.86	1.000	1.86	67	4.73	0.835	3.95
8	1.98	1.000	1.98	68	4.76	0.835	3.97
9	2.10	1.000	2.10	69	4.79	0.835	4.00
10	2.20	1.000	2.20	70	4.82	0.835	4.02
11	2.30	1.000	2.30	71	4.85	0.835	4.05
12	2.39	1.000	2.39	72	4.88	0.835	4.07
13	2.47	1.000	2.47	73	4.91	0.816	4.01
14	2.55	1.000	2.55	74	4.94	0.816	4.03
15	2.62	1.000	2.62	75	4.97	0.816	4.06
16	2.69	1.000	2.69	76	5.00	0.816	4.08
17	2.76	1.000	2.76	77	5.03	0.816	4.10
18	2.82	1.000	2.82	78	5.06	0.816	4.13
19	2.88	1.000	2.88	79	5.09	0.799	4.07
20	2.94	1.000	2.94	80	5.12	0.799	4.09
21	3.00	1.000	3.00	81	5.15	0.799	4.11
22	3.05	1.000	3.05	82	5.18	0.799	4.14
23	3.11	1.000	3.11	83	5.21	0.799	4.16
24	3.16	1.000	3.16	84	5.24	0.799	4.19
25	3.21	0.991	3.18	85	5.27	0.782	4.12
26	3.26	0.991	3.23	86	5.30	0.782	4.14
27	3.31	0.991	3.28	87	5.33	0.782	4.17
28	3.35	0.991	3.32	88	5.36	0.782	4.19
29	3.40	0.991	3.37	89	5.39	0.782	4.21
30	3.44	0.991	3.41	90	5.42	0.782	4.24
31	3.49	0.970	3.39	91	5.45	0.766	4.17
32	3.53	0.970	3.42	92	5.48	0.766	4.20
33	3.57	0.970	3.46	93	5.51	0.766	4.22
34	3.61	0.970	3.50	94	5.54	0.766	4.24
35	3.65	0.970	3.54	95	5.57	0.766	4.27
36	3.69	0.970	3.58	96	5.60	0.766	4.29
37	3.73	0.947	3.53	97	5.63	0.752	4.23
38	3.77	0.947	3.57	98	5.66	0.752	4.26
39	3.81	0.947	3.61	99	5.69	0.752	4.28
40	3.85	0.947	3.65	100	5.72	0.752	4.30
41	3.89	0.947	3.68	101	5.75	0.752	4.32
42	3.92	0.947	3.71	102	5.78	0.752	4.35
43	3.96	0.923	3.66	103	5.81	0.738	4.29
44	3.99	0.923	3.68	104	5.83	0.738	4.30
45	4.03	0.923	3.72	105	5.86	0.738	4.32
46	4.06	0.923	3.75	106	5.89	0.738	4.35
47	4.10	0.923	3.78	107	5.92	0.738	4.37
48	4.13	0.923	3.81	108	5.95	0.738	4.39
49	4.17	0.899	3.75	109	5.98	0.724	4.33
50	4.20	0.899	3.78	110	6.01	0.724	4.35
51	4.23	0.899	3.80	111	6.04	0.724	4.37
52	4.27	0.899	3.84	112	6.07	0.724	4.39
53	4.30	0.899	3.87	113	6.10	0.724	4.42
54	4.33	0.899	3.89	114	6.13	0.724	4.44
55	4.36	0.877	3.82	115	6.16	0.712	4.39
56	4.39	0.877	3.85	116	6.19	0.712	4.41
57	4.42	0.877	3.88	117	6.22	0.712	4.43
58	4.45	0.877	3.90	118	6.25	0.712	4.45
59	4.49	0.877	3.94	119	6.28	0.712	4.47
60	4.52	0.877	3.96	120	6.31	0.712	4.49

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>
1	0.40	1.000	0.40	61	4.55	0.935	4.25
2	0.81	1.000	0.81	62	4.58	0.935	4.28
3	1.12	1.000	1.12	63	4.61	0.935	4.31
4	1.36	1.000	1.36	64	4.64	0.935	4.34
5	1.55	1.000	1.55	65	4.67	0.935	4.37
6	1.71	1.000	1.71	66	4.70	0.935	4.39
7	1.86	1.000	1.86	67	4.73	0.918	4.34
8	1.98	1.000	1.98	68	4.76	0.918	4.37
9	2.10	1.000	2.10	69	4.79	0.918	4.40
10	2.20	1.000	2.20	70	4.82	0.918	4.42
11	2.30	1.000	2.30	71	4.85	0.918	4.45
12	2.39	1.000	2.39	72	4.88	0.918	4.48
13	2.47	1.000	2.47	73	4.91	0.901	4.42
14	2.55	1.000	2.55	74	4.94	0.901	4.45
15	2.62	1.000	2.62	75	4.97	0.901	4.48
16	2.69	1.000	2.69	76	5.00	0.901	4.51
17	2.76	1.000	2.76	77	5.03	0.901	4.53
18	2.82	1.000	2.82	78	5.06	0.901	4.56
19	2.88	1.000	2.88	79	5.09	0.885	4.50
20	2.94	1.000	2.94	80	5.12	0.885	4.53
21	3.00	1.000	3.00	81	5.15	0.885	4.56
22	3.05	1.000	3.05	82	5.18	0.885	4.58
23	3.11	1.000	3.11	83	5.21	0.885	4.61
24	3.16	1.000	3.16	84	5.24	0.885	4.64
25	3.21	1.000	3.21	85	5.27	0.869	4.58
26	3.26	1.000	3.26	86	5.30	0.869	4.61
27	3.31	1.000	3.31	87	5.33	0.869	4.63
28	3.35	1.000	3.35	88	5.36	0.869	4.66
29	3.40	1.000	3.40	89	5.39	0.869	4.68
30	3.44	1.000	3.44	90	5.42	0.869	4.71
31	3.49	1.000	3.49	91	5.45	0.854	4.65
32	3.53	1.000	3.53	92	5.48	0.854	4.68
33	3.57	1.000	3.57	93	5.51	0.854	4.71
34	3.61	1.000	3.61	94	5.54	0.854	4.73
35	3.65	1.000	3.65	95	5.57	0.854	4.76
36	3.69	1.000	3.69	96	5.60	0.854	4.78
37	3.73	0.996	3.72	97	5.63	0.839	4.72
38	3.77	0.996	3.75	98	5.66	0.839	4.75
39	3.81	0.996	3.79	99	5.69	0.839	4.77
40	3.85	0.996	3.83	100	5.72	0.839	4.80
41	3.89	0.996	3.87	101	5.75	0.839	4.82
42	3.92	0.996	3.90	102	5.78	0.839	4.85
43	3.96	0.984	3.90	103	5.81	0.826	4.80
44	3.99	0.984	3.93	104	5.83	0.826	4.82
45	4.03	0.984	3.97	105	5.86	0.826	4.84
46	4.06	0.984	4.00	106	5.89	0.826	4.87
47	4.10	0.984	4.03	107	5.92	0.826	4.89
48	4.13	0.984	4.06	108	5.95	0.826	4.91
49	4.17	0.969	4.04	109	5.98	0.812	4.86
50	4.20	0.969	4.07	110	6.01	0.812	4.88
51	4.23	0.969	4.10	111	6.04	0.812	4.90
52	4.27	0.969	4.14	112	6.07	0.812	4.93
53	4.30	0.969	4.17	113	6.10	0.812	4.95
54	4.33	0.969	4.20	114	6.13	0.812	4.98
55	4.36	0.952	4.15	115	6.16	0.799	4.92
56	4.39	0.952	4.18	116	6.19	0.799	4.95
57	4.42	0.952	4.21	117	6.22	0.799	4.97
58	4.45	0.952	4.24	118	6.25	0.799	4.99
59	4.49	0.952	4.27	119	6.28	0.799	5.02
60	4.52	0.952	4.30	120	6.31	0.799	5.04

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>
1	0.00	1.000	0.00	61	3.60	0.743	2.67
2	0.13	1.000	0.13	62	3.63	0.743	2.70
3	0.35	1.000	0.35	63	3.66	0.743	2.72
4	0.53	1.000	0.53	64	3.69	0.743	2.74
5	0.70	1.000	0.70	65	3.72	0.743	2.76
6	0.85	1.000	0.85	66	3.75	0.743	2.79
7	0.98	1.000	0.98	67	3.78	0.724	2.74
8	1.09	1.000	1.09	68	3.81	0.724	2.76
9	1.20	1.000	1.20	69	3.84	0.724	2.78
10	1.30	1.000	1.30	70	3.87	0.724	2.80
11	1.39	1.000	1.39	71	3.90	0.724	2.82
12	1.48	1.000	1.48	72	3.93	0.724	2.85
13	1.56	0.982	1.53	73	3.96	0.706	2.80
14	1.63	0.982	1.60	74	3.99	0.706	2.82
15	1.70	0.982	1.67	75	4.02	0.706	2.84
16	1.77	0.982	1.74	76	4.05	0.706	2.86
17	1.83	0.982	1.80	77	4.08	0.706	2.88
18	1.89	0.982	1.86	78	4.11	0.706	2.90
19	1.95	0.945	1.84	79	4.14	0.690	2.86
20	2.01	0.945	1.90	80	4.17	0.690	2.88
21	2.07	0.945	1.96	81	4.20	0.690	2.90
22	2.12	0.945	2.00	82	4.23	0.690	2.92
23	2.17	0.945	2.05	83	4.26	0.690	2.94
24	2.22	0.945	2.10	84	4.29	0.690	2.96
25	2.27	0.908	2.06	85	4.32	0.674	2.91
26	2.32	0.908	2.11	86	4.35	0.674	2.93
27	2.37	0.908	2.15	87	4.38	0.674	2.95
28	2.41	0.908	2.19	88	4.41	0.674	2.97
29	2.46	0.908	2.23	89	4.44	0.674	2.99
30	2.50	0.908	2.27	90	4.47	0.674	3.01
31	2.54	0.873	2.22	91	4.50	0.660	2.97
32	2.59	0.873	2.26	92	4.53	0.660	2.99
33	2.63	0.873	2.30	93	4.56	0.660	3.01
34	2.67	0.873	2.33	94	4.59	0.660	3.03
35	2.71	0.873	2.37	95	4.62	0.660	3.05
36	2.75	0.873	2.40	96	4.65	0.660	3.07
37	2.79	0.842	2.35	97	4.68	0.646	3.02
38	2.83	0.842	2.38	98	4.71	0.646	3.04
39	2.86	0.842	2.41	99	4.74	0.646	3.06
40	2.90	0.842	2.44	100	4.77	0.646	3.08
41	2.94	0.842	2.48	101	4.80	0.646	3.10
42	2.98	0.842	2.51	102	4.83	0.646	3.12
43	3.01	0.813	2.45	103	4.86	0.634	3.08
44	3.05	0.813	2.48	104	4.89	0.634	3.10
45	3.08	0.813	2.50	105	4.92	0.634	3.12
46	3.12	0.813	2.54	106	4.95	0.634	3.14
47	3.15	0.813	2.56	107	4.98	0.634	3.16
48	3.18	0.813	2.59	108	5.01	0.634	3.18
49	3.22	0.788	2.54	109	5.04	0.622	3.13
50	3.25	0.788	2.56	110	5.07	0.622	3.15
51	3.28	0.788	2.58	111	5.10	0.622	3.17
52	3.32	0.788	2.62	112	5.13	0.622	3.19
53	3.35	0.788	2.64	113	5.16	0.622	3.21
54	3.38	0.788	2.66	114	5.19	0.622	3.23
55	3.42	0.765	2.62	115	5.22	0.611	3.19
56	3.44	0.765	2.63	116	5.25	0.611	3.21
57	3.47	0.765	2.65	117	5.28	0.611	3.23
58	3.50	0.765	2.68	118	5.31	0.611	3.24
59	3.54	0.765	2.71	119	5.34	0.611	3.26
60	3.57	0.765	2.73	120	5.37	0.611	3.28

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>
1	0.00	1.000	0.00	61	3.60	0.868	3.12
2	0.13	1.000	0.13	62	3.63	0.868	3.15
3	0.35	1.000	0.35	63	3.66	0.868	3.18
4	0.53	1.000	0.53	64	3.69	0.868	3.20
5	0.70	1.000	0.70	65	3.72	0.868	3.23
6	0.85	1.000	0.85	66	3.75	0.868	3.26
7	0.98	1.000	0.98	67	3.78	0.848	3.21
8	1.09	1.000	1.09	68	3.81	0.848	3.23
9	1.20	1.000	1.20	69	3.84	0.848	3.26
10	1.30	1.000	1.30	70	3.87	0.848	3.28
11	1.39	1.000	1.39	71	3.90	0.848	3.31
12	1.48	1.000	1.48	72	3.93	0.848	3.33
13	1.56	1.000	1.56	73	3.96	0.830	3.29
14	1.63	1.000	1.63	74	3.99	0.830	3.31
15	1.70	1.000	1.70	75	4.02	0.830	3.34
16	1.77	1.000	1.77	76	4.05	0.830	3.36
17	1.83	1.000	1.83	77	4.08	0.830	3.39
18	1.89	1.000	1.89	78	4.11	0.830	3.41
19	1.95	1.000	1.95	79	4.14	0.813	3.37
20	2.01	1.000	2.01	80	4.17	0.813	3.39
21	2.07	1.000	2.07	81	4.20	0.813	3.41
22	2.12	1.000	2.12	82	4.23	0.813	3.44
23	2.17	1.000	2.17	83	4.26	0.813	3.46
24	2.22	1.000	2.22	84	4.29	0.813	3.49
25	2.27	0.993	2.25	85	4.32	0.797	3.44
26	2.32	0.993	2.30	86	4.35	0.797	3.47
27	2.37	0.993	2.35	87	4.38	0.797	3.49
28	2.41	0.993	2.39	88	4.41	0.797	3.51
29	2.46	0.993	2.44	89	4.44	0.797	3.54
30	2.50	0.993	2.48	90	4.47	0.797	3.56
31	2.54	0.976	2.48	91	4.50	0.782	3.52
32	2.59	0.976	2.53	92	4.53	0.782	3.54
33	2.63	0.976	2.57	93	4.56	0.782	3.57
34	2.67	0.976	2.61	94	4.59	0.782	3.59
35	2.71	0.976	2.64	95	4.62	0.782	3.61
36	2.75	0.976	2.68	96	4.65	0.782	3.64
37	2.79	0.954	2.66	97	4.68	0.767	3.59
38	2.83	0.954	2.70	98	4.71	0.767	3.61
39	2.86	0.954	2.73	99	4.74	0.767	3.64
40	2.90	0.954	2.77	100	4.77	0.767	3.66
41	2.94	0.954	2.80	101	4.80	0.767	3.68
42	2.98	0.954	2.84	102	4.83	0.767	3.70
43	3.01	0.932	2.81	103	4.86	0.754	3.66
44	3.05	0.932	2.84	104	4.89	0.754	3.69
45	3.08	0.932	2.87	105	4.92	0.754	3.71
46	3.12	0.932	2.91	106	4.95	0.754	3.73
47	3.15	0.932	2.94	107	4.98	0.754	3.75
48	3.18	0.932	2.96	108	5.01	0.754	3.78
49	3.22	0.909	2.93	109	5.04	0.740	3.73
50	3.25	0.909	2.95	110	5.07	0.740	3.75
51	3.28	0.909	2.98	111	5.10	0.740	3.77
52	3.32	0.909	3.02	112	5.13	0.740	3.80
53	3.35	0.909	3.05	113	5.16	0.740	3.82
54	3.38	0.909	3.07	114	5.19	0.740	3.84
55	3.42	0.888	3.04	115	5.22	0.728	3.80
56	3.44	0.888	3.05	116	5.25	0.728	3.82
57	3.47	0.888	3.08	117	5.28	0.728	3.84
58	3.50	0.888	3.11	118	5.31	0.728	3.87
59	3.54	0.888	3.14	119	5.34	0.728	3.89
60	3.57	0.888	3.17	120	5.37	0.728	3.91

ARKANSAS CREDIT DISABILITY INSURANCE
30 DAY NON-RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>	<u>Term</u>	<u>PF SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>
1	0.00	1.000	0.00	61	3.60	0.940	3.38
2	0.13	1.000	0.13	62	3.63	0.940	3.41
3	0.35	1.000	0.35	63	3.66	0.940	3.44
4	0.53	1.000	0.53	64	3.69	0.940	3.47
5	0.70	1.000	0.70	65	3.72	0.940	3.50
6	0.85	1.000	0.85	66	3.75	0.940	3.53
7	0.98	1.000	0.98	67	3.78	0.924	3.49
8	1.09	1.000	1.09	68	3.81	0.924	3.52
9	1.20	1.000	1.20	69	3.84	0.924	3.55
10	1.30	1.000	1.30	70	3.87	0.924	3.58
11	1.39	1.000	1.39	71	3.90	0.924	3.60
12	1.48	1.000	1.48	72	3.93	0.924	3.63
13	1.56	1.000	1.56	73	3.96	0.908	3.60
14	1.63	1.000	1.63	74	3.99	0.908	3.62
15	1.70	1.000	1.70	75	4.02	0.908	3.65
16	1.77	1.000	1.77	76	4.05	0.908	3.68
17	1.83	1.000	1.83	77	4.08	0.908	3.70
18	1.89	1.000	1.89	78	4.11	0.908	3.73
19	1.95	1.000	1.95	79	4.14	0.892	3.69
20	2.01	1.000	2.01	80	4.17	0.892	3.72
21	2.07	1.000	2.07	81	4.20	0.892	3.75
22	2.12	1.000	2.12	82	4.23	0.892	3.77
23	2.17	1.000	2.17	83	4.26	0.892	3.80
24	2.22	1.000	2.22	84	4.29	0.892	3.83
25	2.27	1.000	2.27	85	4.32	0.877	3.79
26	2.32	1.000	2.32	86	4.35	0.877	3.81
27	2.37	1.000	2.37	87	4.38	0.877	3.84
28	2.41	1.000	2.41	88	4.41	0.877	3.87
29	2.46	1.000	2.46	89	4.44	0.877	3.89
30	2.50	1.000	2.50	90	4.47	0.877	3.92
31	2.54	1.000	2.54	91	4.50	0.862	3.88
32	2.59	1.000	2.59	92	4.53	0.862	3.90
33	2.63	1.000	2.63	93	4.56	0.862	3.93
34	2.67	1.000	2.67	94	4.59	0.862	3.96
35	2.71	1.000	2.71	95	4.62	0.862	3.98
36	2.75	1.000	2.75	96	4.65	0.862	4.01
37	2.79	0.997	2.78	97	4.68	0.848	3.97
38	2.83	0.997	2.82	98	4.71	0.848	3.99
39	2.86	0.997	2.85	99	4.74	0.848	4.02
40	2.90	0.997	2.89	100	4.77	0.848	4.04
41	2.94	0.997	2.93	101	4.80	0.848	4.07
42	2.98	0.997	2.97	102	4.83	0.848	4.10
43	3.01	0.986	2.97	103	4.86	0.835	4.06
44	3.05	0.986	3.01	104	4.89	0.835	4.08
45	3.08	0.986	3.04	105	4.92	0.835	4.11
46	3.12	0.986	3.08	106	4.95	0.835	4.13
47	3.15	0.986	3.11	107	4.98	0.835	4.16
48	3.18	0.986	3.14	108	5.01	0.835	4.18
49	3.22	0.972	3.13	109	5.04	0.822	4.14
50	3.25	0.972	3.16	110	5.07	0.822	4.17
51	3.28	0.972	3.19	111	5.10	0.822	4.19
52	3.32	0.972	3.23	112	5.13	0.822	4.22
53	3.35	0.972	3.26	113	5.16	0.822	4.24
54	3.38	0.972	3.29	114	5.19	0.822	4.27
55	3.42	0.957	3.27	115	5.22	0.809	4.22
56	3.44	0.957	3.29	116	5.25	0.809	4.25
57	3.47	0.957	3.32	117	5.28	0.809	4.27
58	3.50	0.957	3.35	118	5.31	0.809	4.30
59	3.54	0.957	3.39	119	5.34	0.809	4.32
60	3.57	0.957	3.42	120	5.37	0.809	4.34

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY NON-RETRO WITH 12 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>
1	0.13	1.000	0.13	61	4.03	0.706	2.85
2	0.42	1.000	0.42	62	4.06	0.706	2.87
3	0.68	1.000	0.68	63	4.09	0.706	2.89
4	0.90	1.000	0.90	64	4.12	0.706	2.91
5	1.08	1.000	1.08	65	4.15	0.706	2.93
6	1.24	1.000	1.24	66	4.18	0.706	2.95
7	1.37	1.000	1.37	67	4.21	0.685	2.88
8	1.50	1.000	1.50	68	4.24	0.685	2.90
9	1.61	1.000	1.61	69	4.27	0.685	2.92
10	1.71	1.000	1.71	70	4.30	0.685	2.95
11	1.81	1.000	1.81	71	4.33	0.685	2.97
12	1.89	1.000	1.89	72	4.36	0.685	2.99
13	1.97	0.976	1.92	73	4.39	0.666	2.92
14	2.05	0.976	2.00	74	4.42	0.666	2.94
15	2.12	0.976	2.07	75	4.45	0.666	2.96
16	2.19	0.976	2.14	76	4.48	0.666	2.98
17	2.26	0.976	2.21	77	4.51	0.666	3.00
18	2.32	0.976	2.26	78	4.54	0.666	3.02
19	2.38	0.932	2.22	79	4.57	0.649	2.97
20	2.44	0.932	2.27	80	4.60	0.649	2.99
21	2.49	0.932	2.32	81	4.63	0.649	3.00
22	2.55	0.932	2.38	82	4.66	0.649	3.02
23	2.60	0.932	2.42	83	4.69	0.649	3.04
24	2.65	0.932	2.47	84	4.72	0.649	3.06
25	2.70	0.888	2.40	85	4.75	0.633	3.01
26	2.75	0.888	2.44	86	4.78	0.633	3.03
27	2.80	0.888	2.49	87	4.81	0.633	3.04
28	2.84	0.888	2.52	88	4.84	0.633	3.06
29	2.89	0.888	2.57	89	4.87	0.633	3.08
30	2.93	0.888	2.60	90	4.90	0.633	3.10
31	2.97	0.849	2.52	91	4.93	0.618	3.05
32	3.02	0.849	2.56	92	4.96	0.618	3.07
33	3.06	0.849	2.60	93	4.99	0.618	3.08
34	3.10	0.849	2.63	94	5.02	0.618	3.10
35	3.14	0.849	2.67	95	5.05	0.618	3.12
36	3.18	0.849	2.70	96	5.08	0.618	3.14
37	3.22	0.813	2.62	97	5.11	0.604	3.09
38	3.26	0.813	2.65	98	5.14	0.604	3.10
39	3.30	0.813	2.68	99	5.17	0.604	3.12
40	3.34	0.813	2.72	100	5.20	0.604	3.14
41	3.37	0.813	2.74	101	5.23	0.604	3.16
42	3.41	0.813	2.77	102	5.26	0.604	3.18
43	3.45	0.782	2.70	103	5.29	0.591	3.13
44	3.48	0.782	2.72	104	5.32	0.591	3.14
45	3.52	0.782	2.75	105	5.35	0.591	3.16
46	3.55	0.782	2.78	106	5.38	0.591	3.18
47	3.59	0.782	2.81	107	5.41	0.591	3.20
48	3.62	0.782	2.83	108	5.44	0.591	3.22
49	3.65	0.754	2.75	109	5.47	0.578	3.16
50	3.69	0.754	2.78	110	5.50	0.578	3.18
51	3.72	0.754	2.80	111	5.53	0.578	3.20
52	3.75	0.754	2.83	112	5.56	0.578	3.21
53	3.79	0.754	2.86	113	5.59	0.578	3.23
54	3.82	0.754	2.88	114	5.62	0.578	3.25
55	3.85	0.729	2.81	115	5.65	0.567	3.20
56	3.88	0.729	2.83	116	5.68	0.567	3.22
57	3.91	0.729	2.85	117	5.71	0.567	3.24
58	3.94	0.729	2.87	118	5.74	0.567	3.25
59	3.97	0.729	2.89	119	5.77	0.567	3.27
60	4.00	0.729	2.92	120	5.80	0.567	3.29

ARKANSAS CREDIT DISABILITY INSURANCE
14 DAY NON-RETRO WITH 24 MONTH CRITICAL PERIOD COVERAGE
SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>Pf SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>	<u>Term</u>	<u>Pf SP</u> <u>Rate</u>	<u>Critical</u> <u>Period</u> <u>Factor</u>	<u>SP</u> <u>Critical</u> <u>Period</u> <u>Rate</u>
1	0.13	1.000	0.13	61	4.03	0.843	3.40
2	0.42	1.000	0.42	62	4.06	0.843	3.42
3	0.68	1.000	0.68	63	4.09	0.843	3.45
4	0.90	1.000	0.90	64	4.12	0.843	3.47
5	1.08	1.000	1.08	65	4.15	0.843	3.50
6	1.24	1.000	1.24	66	4.18	0.843	3.52
7	1.37	1.000	1.37	67	4.21	0.822	3.46
8	1.50	1.000	1.50	68	4.24	0.822	3.49
9	1.61	1.000	1.61	69	4.27	0.822	3.51
10	1.71	1.000	1.71	70	4.30	0.822	3.53
11	1.81	1.000	1.81	71	4.33	0.822	3.56
12	1.89	1.000	1.89	72	4.36	0.822	3.58
13	1.97	1.000	1.97	73	4.39	0.802	3.52
14	2.05	1.000	2.05	74	4.42	0.802	3.54
15	2.12	1.000	2.12	75	4.45	0.802	3.57
16	2.19	1.000	2.19	76	4.48	0.802	3.59
17	2.26	1.000	2.26	77	4.51	0.802	3.62
18	2.32	1.000	2.32	78	4.54	0.802	3.64
19	2.38	1.000	2.38	79	4.57	0.783	3.58
20	2.44	1.000	2.44	80	4.60	0.783	3.60
21	2.49	1.000	2.49	81	4.63	0.783	3.63
22	2.55	1.000	2.55	82	4.66	0.783	3.65
23	2.60	1.000	2.60	83	4.69	0.783	3.67
24	2.65	1.000	2.65	84	4.72	0.783	3.70
25	2.70	0.990	2.67	85	4.75	0.766	3.64
26	2.75	0.990	2.72	86	4.78	0.766	3.66
27	2.80	0.990	2.77	87	4.81	0.766	3.68
28	2.84	0.990	2.81	88	4.84	0.766	3.71
29	2.89	0.990	2.86	89	4.87	0.766	3.73
30	2.93	0.990	2.90	90	4.90	0.766	3.75
31	2.97	0.967	2.87	91	4.93	0.749	3.69
32	3.02	0.967	2.92	92	4.96	0.749	3.72
33	3.06	0.967	2.96	93	4.99	0.749	3.74
34	3.10	0.967	3.00	94	5.02	0.749	3.76
35	3.14	0.967	3.04	95	5.05	0.749	3.78
36	3.18	0.967	3.08	96	5.08	0.749	3.80
37	3.22	0.941	3.03	97	5.11	0.734	3.75
38	3.26	0.941	3.07	98	5.14	0.734	3.77
39	3.30	0.941	3.11	99	5.17	0.734	3.79
40	3.34	0.941	3.14	100	5.20	0.734	3.82
41	3.37	0.941	3.17	101	5.23	0.734	3.84
42	3.41	0.941	3.21	102	5.26	0.734	3.86
43	3.45	0.915	3.16	103	5.29	0.719	3.80
44	3.48	0.915	3.18	104	5.32	0.719	3.83
45	3.52	0.915	3.22	105	5.35	0.719	3.85
46	3.55	0.915	3.25	106	5.38	0.719	3.87
47	3.59	0.915	3.28	107	5.41	0.719	3.89
48	3.62	0.915	3.31	108	5.44	0.719	3.91
49	3.65	0.890	3.25	109	5.47	0.706	3.86
50	3.69	0.890	3.28	110	5.50	0.706	3.88
51	3.72	0.890	3.31	111	5.53	0.706	3.90
52	3.75	0.890	3.34	112	5.56	0.706	3.93
53	3.79	0.890	3.37	113	5.59	0.706	3.95
54	3.82	0.890	3.40	114	5.62	0.706	3.97
55	3.85	0.866	3.33	115	5.65	0.693	3.92
56	3.88	0.866	3.36	116	5.68	0.693	3.94
57	3.91	0.866	3.39	117	5.71	0.693	3.96
58	3.94	0.866	3.41	118	5.74	0.693	3.98
59	3.97	0.866	3.44	119	5.77	0.693	4.00
60	4.00	0.866	3.46	120	5.80	0.693	4.02

ARKANSAS CREDIT DISABILITY INSURANCE
 14 DAY NON-RETRO WITH 36 MONTH CRITICAL PERIOD COVERAGE
 SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>	<u>Term</u>	<u>PF SP Rate</u>	<u>Critical Period Factor</u>	<u>SP Critical Period Rate</u>
1	0.13	1.000	0.13	61	4.03	0.930	3.75
2	0.42	1.000	0.42	62	4.06	0.930	3.78
3	0.68	1.000	0.68	63	4.09	0.930	3.80
4	0.90	1.000	0.90	64	4.12	0.930	3.83
5	1.08	1.000	1.08	65	4.15	0.930	3.86
6	1.24	1.000	1.24	66	4.18	0.930	3.89
7	1.37	1.000	1.37	67	4.21	0.911	3.84
8	1.50	1.000	1.50	68	4.24	0.911	3.86
9	1.61	1.000	1.61	69	4.27	0.911	3.89
10	1.71	1.000	1.71	70	4.30	0.911	3.92
11	1.81	1.000	1.81	71	4.33	0.911	3.94
12	1.89	1.000	1.89	72	4.36	0.911	3.97
13	1.97	1.000	1.97	73	4.39	0.893	3.92
14	2.05	1.000	2.05	74	4.42	0.893	3.95
15	2.12	1.000	2.12	75	4.45	0.893	3.97
16	2.19	1.000	2.19	76	4.48	0.893	4.00
17	2.26	1.000	2.26	77	4.51	0.893	4.03
18	2.32	1.000	2.32	78	4.54	0.893	4.05
19	2.38	1.000	2.38	79	4.57	0.876	4.00
20	2.44	1.000	2.44	80	4.60	0.876	4.03
21	2.49	1.000	2.49	81	4.63	0.876	4.06
22	2.55	1.000	2.55	82	4.66	0.876	4.08
23	2.60	1.000	2.60	83	4.69	0.876	4.11
24	2.65	1.000	2.65	84	4.72	0.876	4.13
25	2.70	1.000	2.70	85	4.75	0.859	4.08
26	2.75	1.000	2.75	86	4.78	0.859	4.11
27	2.80	1.000	2.80	87	4.81	0.859	4.13
28	2.84	1.000	2.84	88	4.84	0.859	4.16
29	2.89	1.000	2.89	89	4.87	0.859	4.18
30	2.93	1.000	2.93	90	4.90	0.859	4.21
31	2.97	1.000	2.97	91	4.93	0.843	4.16
32	3.02	1.000	3.02	92	4.96	0.843	4.18
33	3.06	1.000	3.06	93	4.99	0.843	4.21
34	3.10	1.000	3.10	94	5.02	0.843	4.23
35	3.14	1.000	3.14	95	5.05	0.843	4.26
36	3.18	1.000	3.18	96	5.08	0.843	4.28
37	3.22	0.995	3.20	97	5.11	0.828	4.23
38	3.26	0.995	3.24	98	5.14	0.828	4.26
39	3.30	0.995	3.28	99	5.17	0.828	4.28
40	3.34	0.995	3.32	100	5.20	0.828	4.31
41	3.37	0.995	3.35	101	5.23	0.828	4.33
42	3.41	0.995	3.39	102	5.26	0.828	4.36
43	3.45	0.982	3.39	103	5.29	0.813	4.30
44	3.48	0.982	3.42	104	5.32	0.813	4.33
45	3.52	0.982	3.46	105	5.35	0.813	4.35
46	3.55	0.982	3.49	106	5.38	0.813	4.37
47	3.59	0.982	3.53	107	5.41	0.813	4.40
48	3.62	0.982	3.55	108	5.44	0.813	4.42
49	3.65	0.966	3.53	109	5.47	0.799	4.37
50	3.69	0.966	3.56	110	5.50	0.799	4.39
51	3.72	0.966	3.59	111	5.53	0.799	4.42
52	3.75	0.966	3.62	112	5.56	0.799	4.44
53	3.79	0.966	3.66	113	5.59	0.799	4.47
54	3.82	0.966	3.69	114	5.62	0.799	4.49
55	3.85	0.948	3.65	115	5.65	0.786	4.44
56	3.88	0.948	3.68	116	5.68	0.786	4.46
57	3.91	0.948	3.71	117	5.71	0.786	4.49
58	3.94	0.948	3.74	118	5.74	0.786	4.51
59	3.97	0.948	3.76	119	5.77	0.786	4.54
60	4.00	0.948	3.79	120	5.80	0.786	4.56

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

RETROACTIVE BENEFITS
 30-DAY WAITING PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.00	41	3.75	81	5.01
2	0.56	42	3.78	82	5.04
3	0.91	43	3.82	83	5.07
4	1.17	44	3.85	84	5.10
5	1.38	45	3.89	85	5.13
6	1.54	46	3.93	86	5.16
7	1.69	47	3.96	87	5.19
8	1.82	48	4.00	88	5.22
9	1.94	49	4.03	89	5.25
10	2.04	50	4.06	90	5.28
11	2.14	51	4.10	91	5.31
12	2.23	52	4.13	92	5.34
13	2.32	53	4.16	93	5.37
14	2.40	54	4.19	94	5.40
15	2.47	55	4.22	95	5.43
16	2.55	56	4.25	96	5.47
17	2.61	57	4.29	97	5.50
18	2.68	58	4.32	98	5.53
19	2.74	59	4.35	99	5.56
20	2.80	60	4.38	100	5.59
21	2.85	61	4.41	101	5.62
22	2.91	62	4.44	102	5.65
23	2.96	63	4.47	103	5.68
24	3.02	64	4.50	104	5.71
25	3.06	65	4.53	105	5.74
26	3.12	66	4.56	106	5.77
27	3.16	67	4.59	107	5.80
28	3.21	68	4.62	108	5.83
29	3.26	69	4.65	109	5.86
30	3.30	70	4.68	110	5.89
31	3.35	71	4.71	111	5.92
32	3.39	72	4.74	112	5.95
33	3.43	73	4.77	113	5.98
34	3.47	74	4.80	114	6.01
35	3.51	75	4.83	115	6.04
36	3.55	76	4.86	116	6.07
37	3.59	77	4.89	117	6.10
38	3.63	78	4.92	118	6.13
39	3.67	79	4.95	119	6.16
40	3.71	80	4.98	120	6.19

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

RETROACTIVE BENEFITS
 30-DAY WAITING PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.00	41	1.79	81	1.22
2	3.73	42	1.76	82	1.21
3	4.55	43	1.74	83	1.21
4	4.68	44	1.71	84	1.20
5	4.60	45	1.69	85	1.19
6	4.40	46	1.67	86	1.19
7	4.23	47	1.65	87	1.18
8	4.04	48	1.63	88	1.17
9	3.88	49	1.61	89	1.17
10	3.71	50	1.59	90	1.16
11	3.57	51	1.58	91	1.15
12	3.43	52	1.56	92	1.15
13	3.31	53	1.54	93	1.14
14	3.20	54	1.52	94	1.14
15	3.09	55	1.51	95	1.13
16	3.00	56	1.49	96	1.13
17	2.90	57	1.48	97	1.12
18	2.82	58	1.46	98	1.12
19	2.74	59	1.45	99	1.11
20	2.67	60	1.44	100	1.11
21	2.59	61	1.42	101	1.10
22	2.53	62	1.41	102	1.10
23	2.47	63	1.40	103	1.09
24	2.42	64	1.38	104	1.09
25	2.35	65	1.37	105	1.08
26	2.31	66	1.36	106	1.08
27	2.26	67	1.35	107	1.07
28	2.21	68	1.34	108	1.07
29	2.17	69	1.33	109	1.07
30	2.13	70	1.32	110	1.06
31	2.09	71	1.31	111	1.06
32	2.05	72	1.30	112	1.05
33	2.02	73	1.29	113	1.05
34	1.98	74	1.28	114	1.05
35	1.95	75	1.27	115	1.04
36	1.92	76	1.26	116	1.04
37	1.89	77	1.25	117	1.03
38	1.86	78	1.25	118	1.03
39	1.84	79	1.24	119	1.03
40	1.81	80	1.23	120	1.02

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

RETROACTIVE BENEFITS
 30-DAY WAITING PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.00	41	1.96	81	1.45
2	3.76	42	1.94	82	1.45
3	4.60	43	1.92	83	1.45
4	4.74	44	1.89	84	1.44
5	4.67	45	1.87	85	1.43
6	4.48	46	1.85	86	1.43
7	4.32	47	1.83	87	1.42
8	4.13	48	1.82	88	1.41
9	3.98	49	1.80	89	1.41
10	3.81	50	1.78	90	1.41
11	3.67	51	1.77	91	1.40
12	3.54	52	1.75	92	1.40
13	3.42	53	1.73	93	1.39
14	3.31	54	1.71	94	1.39
15	3.21	55	1.71	95	1.39
16	3.12	56	1.69	96	1.39
17	3.02	57	1.68	97	1.38
18	2.95	58	1.66	98	1.38
19	2.87	59	1.65	99	1.37
20	2.80	60	1.64	100	1.37
21	2.72	61	1.63	101	1.37
22	2.67	62	1.62	102	1.37
23	2.61	63	1.61	103	1.36
24	2.56	64	1.59	104	1.36
25	2.49	65	1.58	105	1.35
26	2.46	66	1.57	106	1.35
27	2.41	67	1.56	107	1.34
28	2.36	68	1.56	108	1.34
29	2.32	69	1.55	109	1.34
30	2.28	70	1.54	110	1.34
31	2.25	71	1.53	111	1.34
32	2.21	72	1.52	112	1.33
33	2.18	73	1.51	113	1.33
34	2.14	74	1.50	114	1.33
35	2.11	75	1.50	115	1.33
36	2.09	76	1.49	116	1.33
37	2.06	77	1.48	117	1.32
38	2.03	78	1.48	118	1.32
39	2.01	79	1.47	119	1.32
40	1.98	80	1.46	120	1.31

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

RETROACTIVE BENEFITS
 14-DAY WAITING PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.40	41	3.89	81	5.15
2	0.81	42	3.92	82	5.18
3	1.12	43	3.96	83	5.21
4	1.36	44	3.99	84	5.24
5	1.55	45	4.03	85	5.27
6	1.71	46	4.06	86	5.30
7	1.86	47	4.10	87	5.33
8	1.98	48	4.13	88	5.36
9	2.10	49	4.17	89	5.39
10	2.20	50	4.20	90	5.42
11	2.30	51	4.23	91	5.45
12	2.39	52	4.27	92	5.48
13	2.47	53	4.30	93	5.51
14	2.55	54	4.33	94	5.54
15	2.62	55	4.36	95	5.57
16	2.69	56	4.39	96	5.60
17	2.76	57	4.42	97	5.63
18	2.82	58	4.45	98	5.66
19	2.88	59	4.49	99	5.69
20	2.94	60	4.52	100	5.72
21	3.00	61	4.55	101	5.75
22	3.05	62	4.58	102	5.78
23	3.11	63	4.61	103	5.81
24	3.16	64	4.64	104	5.83
25	3.21	65	4.67	105	5.86
26	3.26	66	4.70	106	5.89
27	3.31	67	4.73	107	5.92
28	3.35	68	4.76	108	5.95
29	3.40	69	4.79	109	5.98
30	3.44	70	4.82	110	6.01
31	3.49	71	4.85	111	6.04
32	3.53	72	4.88	112	6.07
33	3.57	73	4.91	113	6.10
34	3.61	74	4.94	114	6.13
35	3.65	75	4.97	115	6.16
36	3.69	76	5.00	116	6.19
37	3.73	77	5.03	117	6.22
38	3.77	78	5.06	118	6.25
39	3.81	79	5.09	119	6.28
40	3.85	80	5.12	120	6.31

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

RETROACTIVE BENEFITS
 14-DAY WAITING PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	4.00	41	1.85	81	1.26
2	5.40	42	1.82	82	1.25
3	5.60	43	1.80	83	1.24
4	5.44	44	1.77	84	1.23
5	5.17	45	1.75	85	1.23
6	4.89	46	1.73	86	1.22
7	4.65	47	1.71	87	1.21
8	4.40	48	1.69	88	1.20
9	4.20	49	1.67	89	1.20
10	4.00	50	1.65	90	1.19
11	3.83	51	1.63	91	1.18
12	3.68	52	1.61	92	1.18
13	3.53	53	1.59	93	1.17
14	3.40	54	1.57	94	1.17
15	3.28	55	1.56	95	1.16
16	3.16	56	1.54	96	1.15
17	3.07	57	1.52	97	1.15
18	2.97	58	1.51	98	1.14
19	2.88	59	1.50	99	1.14
20	2.80	60	1.48	100	1.13
21	2.73	61	1.47	101	1.13
22	2.65	62	1.45	102	1.12
23	2.59	63	1.44	103	1.12
24	2.53	64	1.43	104	1.11
25	2.47	65	1.42	105	1.11
26	2.41	66	1.40	106	1.10
27	2.36	67	1.39	107	1.10
28	2.31	68	1.38	108	1.09
29	2.27	69	1.37	109	1.09
30	2.22	70	1.36	110	1.08
31	2.18	71	1.35	111	1.08
32	2.14	72	1.34	112	1.07
33	2.10	73	1.33	113	1.07
34	2.06	74	1.32	114	1.07
35	2.03	75	1.31	115	1.06
36	1.99	76	1.30	116	1.06
37	1.96	77	1.29	117	1.05
38	1.93	78	1.28	118	1.05
39	1.91	79	1.27	119	1.05
40	1.88	80	1.26	120	1.04

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

RETROACTIVE BENEFITS
 14-DAY WAITING PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	4.03	41	2.03	81	1.50
2	5.45	42	2.00	82	1.49
3	5.66	43	1.98	83	1.48
4	5.51	44	1.96	84	1.48
5	5.25	45	1.94	85	1.48
6	4.98	46	1.92	86	1.47
7	4.74	47	1.90	87	1.46
8	4.50	48	1.88	88	1.45
9	4.30	49	1.86	89	1.45
10	4.11	50	1.85	90	1.44
11	3.94	51	1.83	91	1.44
12	3.80	52	1.81	92	1.44
13	3.65	53	1.79	93	1.43
14	3.52	54	1.77	94	1.43
15	3.40	55	1.76	95	1.42
16	3.29	56	1.74	96	1.41
17	3.20	57	1.73	97	1.41
18	3.10	58	1.72	98	1.41
19	3.02	59	1.71	99	1.41
20	2.94	60	1.69	100	1.40
21	2.87	61	1.68	101	1.40
22	2.79	62	1.66	102	1.39
23	2.74	63	1.65	103	1.39
24	2.68	64	1.65	104	1.39
25	2.62	65	1.64	105	1.39
26	2.56	66	1.62	106	1.38
27	2.51	67	1.61	107	1.38
28	2.47	68	1.60	108	1.37
29	2.43	69	1.59	109	1.37
30	2.38	70	1.59	110	1.36
31	2.34	71	1.58	111	1.36
32	2.30	72	1.57	112	1.36
33	2.27	73	1.56	113	1.36
34	2.23	74	1.55	114	1.36
35	2.20	75	1.54	115	1.35
36	2.16	76	1.53	116	1.35
37	2.13	77	1.53	117	1.34
38	2.11	78	1.52	118	1.34
39	2.09	79	1.51	119	1.34
40	2.06	80	1.50	120	1.34

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

NON-RETROACTIVE BENEFITS
 30-DAY ELIMINATION PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.00	41	2.94	81	4.20
2	0.13	42	2.98	82	4.23
3	0.35	43	3.01	83	4.26
4	0.53	44	3.05	84	4.29
5	0.70	45	3.08	85	4.32
6	0.85	46	3.12	86	4.35
7	0.98	47	3.15	87	4.38
8	1.09	48	3.18	88	4.41
9	1.20	49	3.22	89	4.44
10	1.30	50	3.25	90	4.47
11	1.39	51	3.28	91	4.50
12	1.48	52	3.32	92	4.53
13	1.56	53	3.35	93	4.56
14	1.63	54	3.38	94	4.59
15	1.70	55	3.42	95	4.62
16	1.77	56	3.44	96	4.65
17	1.83	57	3.47	97	4.68
18	1.89	58	3.50	98	4.71
19	1.95	59	3.54	99	4.74
20	2.01	60	3.57	100	4.77
21	2.07	61	3.60	101	4.80
22	2.12	62	3.63	102	4.83
23	2.17	63	3.66	103	4.86
24	2.22	64	3.69	104	4.89
25	2.27	65	3.72	105	4.92
26	2.32	66	3.75	106	4.95
27	2.37	67	3.78	107	4.98
28	2.41	68	3.81	108	5.01
29	2.46	69	3.84	109	5.04
30	2.50	70	3.87	110	5.07
31	2.54	71	3.90	111	5.10
32	2.59	72	3.93	112	5.13
33	2.63	73	3.96	113	5.16
34	2.67	74	3.99	114	5.19
35	2.71	75	4.02	115	5.22
36	2.75	76	4.05	116	5.25
37	2.79	77	4.08	117	5.28
38	2.83	78	4.11	118	5.31
39	2.86	79	4.14	119	5.34
40	2.90	80	4.17	120	5.37

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

NON-RETROACTIVE BENEFITS
 30-DAY ELIMINATION PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.00	41	1.40	81	1.02
2	0.87	42	1.39	82	1.02
3	1.75	43	1.37	83	1.01
4	2.12	44	1.36	84	1.01
5	2.33	45	1.34	85	1.00
6	2.43	46	1.33	86	1.00
7	2.45	47	1.31	87	1.00
8	2.42	48	1.30	88	0.99
9	2.40	49	1.29	89	0.99
10	2.36	50	1.27	90	0.98
11	2.32	51	1.26	91	0.98
12	2.28	52	1.25	92	0.97
13	2.23	53	1.24	93	0.97
14	2.17	54	1.23	94	0.97
15	2.13	55	1.22	95	0.96
16	2.08	56	1.21	96	0.96
17	2.03	57	1.20	97	0.96
18	1.99	58	1.19	98	0.95
19	1.95	59	1.18	99	0.95
20	1.91	60	1.17	100	0.94
21	1.88	61	1.16	101	0.94
22	1.84	62	1.15	102	0.94
23	1.81	63	1.14	103	0.93
24	1.78	64	1.14	104	0.93
25	1.75	65	1.13	105	0.93
26	1.72	66	1.12	106	0.93
27	1.69	67	1.11	107	0.92
28	1.66	68	1.10	108	0.92
29	1.64	69	1.10	109	0.92
30	1.61	70	1.09	110	0.91
31	1.59	71	1.08	111	0.91
32	1.57	72	1.08	112	0.91
33	1.55	73	1.07	113	0.91
34	1.53	74	1.06	114	0.90
35	1.51	75	1.06	115	0.90
36	1.49	76	1.05	116	0.90
37	1.47	77	1.05	117	0.89
38	1.45	78	1.04	118	0.89
39	1.43	79	1.04	119	0.89
40	1.41	80	1.03	120	0.89

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

NON-RETROACTIVE BENEFITS
 30-DAY ELIMINATION PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.00	41	1.54	81	1.22
2	0.88	42	1.53	82	1.22
3	1.77	43	1.51	83	1.21
4	2.15	44	1.50	84	1.21
5	2.37	45	1.48	85	1.20
6	2.47	46	1.48	86	1.20
7	2.50	47	1.46	87	1.20
8	2.47	48	1.45	88	1.20
9	2.46	49	1.44	89	1.20
10	2.42	50	1.42	90	1.19
11	2.39	51	1.41	91	1.19
12	2.35	52	1.40	92	1.18
13	2.30	53	1.40	93	1.18
14	2.25	54	1.39	94	1.18
15	2.21	55	1.38	95	1.18
16	2.16	56	1.37	96	1.18
17	2.12	57	1.36	97	1.18
18	2.08	58	1.35	98	1.17
19	2.04	59	1.34	99	1.17
20	2.00	60	1.34	100	1.16
21	1.98	61	1.33	101	1.16
22	1.94	62	1.32	102	1.16
23	1.91	63	1.31	103	1.16
24	1.88	64	1.31	104	1.16
25	1.86	65	1.30	105	1.16
26	1.83	66	1.30	106	1.16
27	1.80	67	1.29	107	1.16
28	1.77	68	1.28	108	1.16
29	1.75	69	1.28	109	1.16
30	1.73	70	1.27	110	1.15
31	1.71	71	1.26	111	1.15
32	1.69	72	1.26	112	1.15
33	1.67	73	1.26	113	1.15
34	1.65	74	1.25	114	1.15
35	1.64	75	1.25	115	1.15
36	1.62	76	1.24	116	1.15
37	1.60	77	1.24	117	1.14
38	1.58	78	1.23	118	1.14
39	1.56	79	1.23	119	1.14
40	1.54	80	1.23	120	1.14

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 SINGLE PREMIUM RATES PER \$100 OF INITIAL INDEBTEDNESS

NON-RETROACTIVE BENEFITS
 14-DAY ELIMINATION PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	0.13	41	3.37	81	4.63
2	0.42	42	3.41	82	4.66
3	0.68	43	3.45	83	4.69
4	0.90	44	3.48	84	4.72
5	1.08	45	3.52	85	4.75
6	1.24	46	3.55	86	4.78
7	1.37	47	3.59	87	4.81
8	1.50	48	3.62	88	4.84
9	1.61	49	3.65	89	4.87
10	1.71	50	3.69	90	4.90
11	1.81	51	3.72	91	4.93
12	1.89	52	3.75	92	4.96
13	1.97	53	3.79	93	4.99
14	2.05	54	3.82	94	5.02
15	2.12	55	3.85	95	5.05
16	2.19	56	3.88	96	5.08
17	2.26	57	3.91	97	5.11
18	2.32	58	3.94	98	5.14
19	2.38	59	3.97	99	5.17
20	2.44	60	4.00	100	5.20
21	2.49	61	4.03	101	5.23
22	2.55	62	4.06	102	5.26
23	2.60	63	4.09	103	5.29
24	2.65	64	4.12	104	5.32
25	2.70	65	4.15	105	5.35
26	2.75	66	4.18	106	5.38
27	2.80	67	4.21	107	5.41
28	2.84	68	4.24	108	5.44
29	2.89	69	4.27	109	5.47
30	2.93	70	4.30	110	5.50
31	2.97	71	4.33	111	5.53
32	3.02	72	4.36	112	5.56
33	3.06	73	4.39	113	5.59
34	3.10	74	4.42	114	5.62
35	3.14	75	4.45	115	5.65
36	3.18	76	4.48	116	5.68
37	3.22	77	4.51	117	5.71
38	3.26	78	4.54	118	5.74
39	3.30	79	4.57	119	5.77
40	3.34	80	4.60	120	5.80

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF GROSS INDEBTEDNESS

NON-RETROACTIVE BENEFITS
 14-DAY ELIMINATION PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	1.30	41	1.60	81	1.13
2	2.80	42	1.59	82	1.12
3	3.40	43	1.57	83	1.12
4	3.60	44	1.55	84	1.11
5	3.60	45	1.53	85	1.10
6	3.54	46	1.51	86	1.10
7	3.43	47	1.50	87	1.09
8	3.33	48	1.48	88	1.09
9	3.22	49	1.46	89	1.08
10	3.11	50	1.45	90	1.08
11	3.02	51	1.43	91	1.07
12	2.91	52	1.42	92	1.07
13	2.81	53	1.40	93	1.06
14	2.73	54	1.39	94	1.06
15	2.65	55	1.38	95	1.05
16	2.58	56	1.36	96	1.05
17	2.51	57	1.35	97	1.04
18	2.44	58	1.34	98	1.04
19	2.38	59	1.32	99	1.03
20	2.32	60	1.31	100	1.03
21	2.26	61	1.30	101	1.03
22	2.22	62	1.29	102	1.02
23	2.17	63	1.28	103	1.02
24	2.12	64	1.27	104	1.01
25	2.08	65	1.26	105	1.01
26	2.04	66	1.25	106	1.01
27	2.00	67	1.24	107	1.00
28	1.96	68	1.23	108	1.00
29	1.93	69	1.22	109	0.99
30	1.89	70	1.21	110	0.99
31	1.86	71	1.20	111	0.99
32	1.83	72	1.19	112	0.98
33	1.80	73	1.19	113	0.98
34	1.77	74	1.18	114	0.98
35	1.74	75	1.17	115	0.97
36	1.72	76	1.16	116	0.97
37	1.69	77	1.16	117	0.97
38	1.67	78	1.15	118	0.96
39	1.65	79	1.14	119	0.96
40	1.63	80	1.14	120	0.96

ARKANSAS
 100% of prima facie

CREDIT ACCIDENT AND HEALTH INSURANCE PREMIUM RATES
 OUTSTANDING BALANCE RATES PER \$1000 OF NET INDEBTEDNESS

NON-RETROACTIVE BENEFITS
 14-DAY ELIMINATION PERIOD

<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>	<u>Number of Months</u>	<u>Premium Rate</u>
1	1.31	41	1.76	81	1.35
2	2.82	42	1.75	82	1.34
3	3.44	43	1.73	83	1.34
4	3.65	44	1.71	84	1.33
5	3.66	45	1.69	85	1.32
6	3.60	46	1.68	86	1.32
7	3.50	47	1.67	87	1.32
8	3.40	48	1.65	88	1.32
9	3.30	49	1.63	89	1.31
10	3.19	50	1.62	90	1.31
11	3.11	51	1.60	91	1.30
12	3.00	52	1.60	92	1.30
13	2.90	53	1.58	93	1.29
14	2.83	54	1.57	94	1.29
15	2.75	55	1.56	95	1.29
16	2.68	56	1.54	96	1.29
17	2.62	57	1.53	97	1.28
18	2.55	58	1.52	98	1.28
19	2.49	59	1.50	99	1.27
20	2.43	60	1.50	100	1.27
21	2.38	61	1.49	101	1.27
22	2.34	62	1.48	102	1.27
23	2.29	63	1.47	103	1.27
24	2.24	64	1.46	104	1.26
25	2.21	65	1.45	105	1.26
26	2.17	66	1.45	106	1.26
27	2.13	67	1.44	107	1.26
28	2.09	68	1.43	108	1.26
29	2.06	69	1.42	109	1.25
30	2.03	70	1.41	110	1.25
31	2.00	71	1.40	111	1.25
32	1.97	72	1.39	112	1.24
33	1.94	73	1.39	113	1.24
34	1.91	74	1.39	114	1.24
35	1.89	75	1.38	115	1.24
36	1.87	76	1.37	116	1.24
37	1.84	77	1.37	117	1.24
38	1.82	78	1.36	118	1.23
39	1.80	79	1.35	119	1.23
40	1.79	80	1.35	120	1.23

ARKANSAS
 100% of prima facie

**ARKANSAS INSURANCE DEPARTMENT
LIFE AND HEALTH DIVISION**

Company Name: Minnesota Life Insurance Company

Company NAIC Code: 66168

Company Contact Person & Telephone # Steven Halverson (651) 665-4403

 * **INSURANCE DEPARTMENT USE ONLY** *
 * *
 * ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____ *

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF
BUSINESS, UNLESS OTHERWISE INDICATED**

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, 1_ x \$50 = \$50
 contract, annuity form per each insurer, per each filing. ** Retaliatory \$__

Life and/or Disability -- Filing and review of each rate filing or loss ration guarantee filing, per each insurer. 1_ x \$50 = \$50
 ** Retaliatory \$__

Life and/or Disability Policy, Contract or Annuity Forms: * __ x \$20 = \$__
 Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. ** Retaliatory \$__

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer: * __ x \$25 = \$__
 ** Retaliatory \$__

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * __ x \$400 = \$__

Filing to amend Certificate of Authority. *** __ x \$400 = \$__

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX

*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

March 25, 2008

Mr. Dan Honey, Deputy Commissioner
Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

SENT VIA SERFF

RE: MINNESOTA LIFE FILE NO.: SRH-522

06-60225.3 Group Credit Life Insurance Policy
06-60226.3 Group Credit Disability Insurance Policy
06-60227.3 Group Credit Life/Disability Single Premium Application/Certificate
06-60228.3 Group Credit Life/Disability Outstanding Balance Application/Certificate
06-60229.3 Group Credit Life/Disability Single Premium Evidence Application
06-60230.3 Group Credit Life/Disability Outstanding Balance Evidence Application
06-60213 Group Policyholder Credit Insurance Application
Credit Insurance Rates

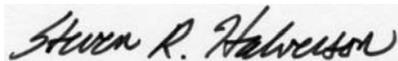
We are submitting the above-referenced forms and rates for your consideration and approval. We have recently acquired the credit insurance book of business of American United Life Insurance Company (AUL). The AUL forms package includes benefit and coverage types that are not a part of our current forms. We have taken our currently approved forms and have created new forms to include the following AUL benefit and coverage types – truncated term coverage and critical period disability insurance coverage.

The premium rates (and actuarial information) that we intend to use with these forms are enclosed.

It is our intention that these forms eventually replace our currently approved forms, and, in addition to AUL clients, to be available for use with any of our clients.

May we have approval of the above-referenced forms and rates for use in Arkansas?

Sincerely,



Steven R. Halverson, FLMI, ACS, AIAA, AIRC
Senior Product Compliance Analyst
Law Department
Phone: (651) 665-4403 Fax: (651) 665-5424
e-mail: steven.halverson@securian.com

Enclosures

SERFF Tracking Number: MNNL-125353810 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 38506
 Company Tracking Number: SRH-522
 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.006 Truncated
 Product Name: AUL Credit Life and Disability Insurance
 Project Name/Number: AUL Credit Life and Disability Insurance /SRH-522

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	Group Credit Life/Disability Single Premium Application/Certificate	04/08/2008	LA0660227.17A&BspappcertMar242008.pdf
No original date	Form	Group Credit Life/Disability Outstanding Balance Application/Certificate	04/08/2008	LA0660228.17A&BobappcertMar242008.pdf
No original date	Form	Group Credit Life/Disability Single Premium Evidence Application	04/08/2008	LA0660229.17A&BspevidappMar252008.pdf
No original date	Form	Group Credit Life/Disability Outstanding Balance Evidence Application	04/08/2008	LA0660230.17A&BobevidappMar252008.pdf
No original date	Form	Group Credit Life/Disability Single Premium Application/Certificate	03/25/2008	AR0660227.3A&BspappcertMar192008.pdf
No original date	Form	Group Credit Life/Disability Outstanding Balance Application/Certificate	03/25/2008	AR0660228.3A&BobappcertMar202008.pdf
No original date	Form	Group Credit Life/Disability Single Premium Evidence Application	03/25/2008	AR0660229.3A&BspevidappMar202008.pdf

SERFF Tracking Number: MNNL-125353810 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 38506
Company Tracking Number: SRH-522
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.006 Truncated
Product Name: AUL Credit Life and Disability Insurance
Project Name/Number: AUL Credit Life and Disability Insurance /SRH-522

No original date Form Group Credit Life/Disability 03/25/2008 AR0660230.3A&
Outstanding Balance Evidence BobevidappMar2
Application 02008.pdf

**APPLICATION/CERTIFICATE GROUP CREDIT INSURANCE
SINGLE PREMIUM**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE		DATE OF BIRTH 05/05/1955	SOCIAL SECURITY NO. 111-22-3333	LOAN NUMBER 12345
CO-APPLICANT (JOINT [OR SHARED] INSURANCE ONLY) (First, Middle, Last)		DATE OF BIRTH	LOAN TERM 60 MO	LOAN EFFECTIVE DATE 04/01/2008
				LOAN MATURITY DATE 04/01/2013
INTEREST RATE 8%	AMOUNT FINANCED \$11138.51	PAYMENT AMOUNT \$25.83	FINAL PAYMENT AMOUNT (if different) \$225.70	NO. OF PAYMENTS 60 MO
CREDITOR BENEFICIARY (POLICYHOLDER) ABC FINANCIAL INSTITUTION		LOAN OFFICER PJM	IS THIS A REFINANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WAS PRIOR LOAN INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LOAN # _____
CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER 23451	INSURANCE MAXIMUM \$100,000.00	GROUP POLICY NUMBER 34512	MAXIMUM MONTHLY DISABILITY BENEFIT \$1,000.00	WAITING PERIOD 30
MAXIMUM LOAN REPAYMENT PERIOD 60 MONTHS	TYPE OF COVERAGE <input checked="" type="checkbox"/> NET <input type="checkbox"/> GROSS <input type="checkbox"/> LEVEL	MAXIMUM LOAN REPAYMENT PERIOD 60 MONTHS	MAXIMUM AGGREGATE DISABILITY BENEFIT \$100,000.00	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 04/01/2013	TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 04/01/2013	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:

<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE [WITH DISMEMBERMENT]	Total Premium \$[474.57]	<input checked="" type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	Total Premium \$[663.94]
<input type="checkbox"/> JOINT LIFE INSURANCE [WITH DISMEMBERMENT]	\$[]	<input type="checkbox"/> JOINT DISABILITY INSURANCE (100% Monthly Disability Benefit Amount for either applicant. Only one monthly disability benefit is payable.)	\$[]
		<input type="checkbox"/> SHARED DISABILITY INSURANCE (Percentage of Monthly Disability Benefit: Applicant [50]% Co-Applicant [50]% No more than 100% the Monthly Disability Benefit Amount payable.)	\$[]

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence. You are covered only for the types of coverage for which a selection is indicated on this application.

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I will be under age [65] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above.
- If joint life insurance is selected, we are eligible if the older applicant will be under age [65] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
- I am eligible for disability insurance if I will be under age [65] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date.
- A person signing this application as co-applicant is not eligible for single disability insurance.
- If [joint] [shared] disability insurance is selected, we are eligible if the older applicant will be under age [65] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We also must both be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. We must be jointly and individually liable under the loan. Co-signers and guarantors are not eligible for insurance.]

[The following question must be answered to determine my (our) eligibility for insurance:

PRIMARY APPLICANT	CO-APPLICANT (JOINT [OR SHARED] INSURANCE ONLY)
Yes No	Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

During the last [two years]: have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.]

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE X /S/ JOHN C DOE	DATE 03/01/2007	CO-APPLICANT'S SIGNATURE X	DATE
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06-60227.17 A

NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

IF CRITICAL PERIOD DISABILITY INSURANCE COVERAGE, A MAXIMUM OF [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.

CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE

This certificate is issued in consideration of your application and the payment of the required premium. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours.

Notice of your right to examine this certificate for 30 days. It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation. **IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN - YOUR INSURANCE WILL TERMINATE ON THE DATE INDICATED IN YOUR APPLICATION. THE DEATH BENEFIT WILL ONLY BE PAYABLE IF DEATH OCCURS DURING THE TERM OF THE INSURANCE. [THE DISMEMBERMENT BENEFIT WILL ONLY BE PAYABLE IF DISMEMBERMENT OCCURS DURING THE TERM OF THE INSURANCE.]** DISABILITY INSURANCE, IF IN FORCE, WILL NOT COVER YOUR ENTIRE INDEBTEDNESS AND THE DISABILITY INSURANCE BENEFITS AVAILABLE WILL BE LESS THAN THE AMOUNT NECESSARY TO PAY OFF YOUR LOAN. TOTAL DISABILITY WILL NOT BE PAID FOR ANY PERIOD OF TOTAL DISABILITY COMMENCING OR CONTINUING AFTER THE TERMINATION DATE OF INSURANCE SHOWN IN THE SCHEDULE.

LIFE INSURANCE

What is the amount of the death benefit? If benefits are to be payable on a net decreasing basis: the initial amount of insurance shall be defined as the lesser of the initial amount financed or the insurance maximum; and the amount of the unpaid balance will be equal to the scheduled remaining principal balance plus accrued interest.

If benefits are to be payable on a gross decreasing basis: the initial amount of insurance shall be defined as the lesser of the initial total of payments or the insurance maximum; and the amount of the unpaid balance will be equal to the sum of the scheduled remaining loan payments.

The death benefit provided on a gross decreasing or net decreasing basis will be calculated by determining the ratio that the initial amount of your insurance bears to the unpaid balance of your loan on the same date. This ratio will then be applied to the unpaid balance of your loan on the date of your death to determine the amount of the death benefit.

If benefits are to be payable on a level basis, the amount of the death benefit is equal to the initial amount of insurance as shown in your application.

If you are jointly insured and your co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

PREMIUM REFUND

EFFECTIVE DATE OF LOAN	TERM OF LOAN	CANCELLATION DATE	REFUND AMOUNT	Life: \$ Disability: \$
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06-60227.17 B

Is there a suicide exclusion? We will not pay any life claim if you, whether sane or insane, die by suicide within one year from the effective date of your insurance, but we will refund your premium.

If you applied for joint life insurance, this exclusion also applies to your co-debtor.

[What is dismemberment? (1) With regard to a hand or foot, the complete severance through or above the wrist or ankle; or (2) with regard to an eye, the entire and irrecoverable loss of sight. The dismemberment must be the direct result of accidental bodily injury occurring while the insurance is in force and must occur within 90 days from the date of the accidental bodily injury.

What is the amount of the dismemberment benefit? We will pay the unpaid balance of your eligible loan on the date of the dismemberment, up to the maximum amount of life insurance specified in your application. Payment is subject to receipt of due proof of dismemberment. Only one benefit will be paid under a certificate if one or more insured losses are suffered. After one benefit has been paid, all insurance under the certificate automatically stops.

Written notice of a claim for dismemberment must be furnished to us within 60 days after the date of the loss, or as soon as reasonably possible. Written proof of dismemberment must be sent to us no later than 90 days after the date of the loss. If it is not possible to give proof within 90 days, the proof must be given as soon as possible. The proof must be filed within 1 year from the time specified unless the claimant was legally incapacitated.

What dismemberments are not covered? We will not pay a claim if dismemberment is caused by or results from: (1) an intentionally self-inflicted injury; (2) a disease of the body or mind in any form; (3) a bacterial infection other than an infection caused by an accidental bodily injury; (4) an insurrection from war or any act of war, whether declared or undeclared; or (5) service in the military.

If you applied for joint dismemberment insurance, this also applies to your co-debtor.]

DISABILITY INSURANCE

What is the amount of your monthly disability benefit? Your monthly disability benefit will be an amount equal to the lesser of: (1) your minimum scheduled installment payment as specified in your loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the maximum monthly disability benefit specified in your application.

If your minimum scheduled installment payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided: (1) the date of scheduled installment payment increase is after total disability commences; and (2) the maximum monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

In no event will any other increase (or decrease) in your minimum scheduled installment payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

[If **joint disability insurance** is in force and both jointly insured debtors are totally disabled at any given time, the amount of the monthly disability benefit will be determined based on the first jointly insured debtor to become disabled and only one monthly disability benefit is payable. Where one of the insured debtors becomes no longer totally disabled, the monthly disability benefit is determined based on the remaining totally disabled insured debtor.]

[If **shared disability insurance** is in force, the amount of the benefit will be the percentage of the monthly disability benefit amount shown in your application for that insured. If both of you are totally disabled at the same time, the benefit will be 100% of the monthly disability benefit while you are both totally disabled. In no event will we pay more than 100% of the monthly disability benefit amount.]

Will the monthly disability benefit be prorated? Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

What is the definition of total disability? Your complete and continuous inability, due to either sickness or injury, to engage in any occupation for which you are reasonably suited by age, education, training or experience.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in your application.

For how long will monthly disability benefits be paid? We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) if **shared disability insurance coverage is in force**, the payments in conjunction with one of the debtors total an amount equal to the percentage of the monthly disability benefit amount shown in your application for that debtor, applied to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (3) the maximum aggregate disability benefit specified in your application has been paid; or (4) your loan reaches its initial scheduled maturity date or; if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or (5) the termination date of insurance as shown in your application is reached; or (6) if **critical period disability insurance coverage is in force**, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (7) you reach age [65].

What if you suffer recurrent periods of total disability? If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of [three months] or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability.

However, if the period during which you engage in any occupation is less than [three months], any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

What disabilities are not covered? We will not insure any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of your insurance and which results in total disability commencing within six months after the effective date of your insurance.

GENERAL PROVISIONS

To whom will benefits be payable? Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be made to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

When will benefits be payable? The death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder.

Disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your [65th] birthday. Also, you must be under the regular care of a physician, when medically necessary, for the sickness or injury. We will pay the monthly disability benefit at the end of each month of continuous total disability following the expiration of the waiting period. If the retroactive benefit is effective, we will pay the monthly disability benefit at the end of each month of continuous total disability from the date total disability commences but benefits will not begin until the waiting period expires.

When must notice of a disability claim be given? You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

How are premiums calculated? The premium for your insurance is calculated on a single premium basis using the premium rate in effect under the group policy.

How are refunds calculated? If your insurance terminates before the termination date of insurance or the premium you were charged is greater than the premium required for your age and amount of insurance, the unearned premium will be refunded to you. The method of calculating refunds is the "Rule of 78" formula for decreasing term coverage and the "Pro Rata" formula for level term life coverage. However, refunds of less than \$1.00 will not be made.

When does your insurance terminate? Your insurance will terminate on the date any of the following events occurs: (1) your loan is discharged through payment, prepayment, renewal or refinancing; or (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or (3) the termination date of insurance as shown in your application is reached; or (4) you request in writing that your insurance be terminated; or (5) you die. If joint [or shared] insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor die and a life [or dismemberment] benefit is paid.

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

What if your age is misstated? If you stated you would be under age [65] on the termination date of insurance and you applied for disability insurance or you stated you would be under age [65] on the termination date of insurance and you applied for life insurance but you were not, we will refund your premium when we discover this and no benefits will be paid. If you applied for joint [or shared] insurance, these also apply to your co-debtor.

Can we contest your insurance? After your insurance has been in force during your lifetime for two years from the effective date of your insurance (excluding any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premium.

What if joint [or shared] insurance is terminated because of suicide, contestability, or eligibility? In the case of joint insurance, if coverage is terminated with respect to one of the joint insureds in accordance with the provisions on suicide, contestability or age eligibility contained in this certificate, a refund will be made which is equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and insurance will continue on the other insured under a single coverage basis.

[With respect to **shared disability insurance**, coverage under any such single coverage basis for the remaining insured will be provided for 100% of the monthly disability benefit for disabilities commencing after the date coverage continues under the single coverage. Coverage for disabilities commencing with respect to the remaining insured prior to the date coverage continues under the single coverage basis will, for the duration of the disability claim, continue at the percentage rate of the monthly disability benefit shown in the application for the remaining insured.]

**APPLICATION/CERTIFICATE GROUP CREDIT INSURANCE
OUTSTANDING BALANCE**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE		DATE OF BIRTH 05/05/1955	SOCIAL SECURITY NO. 111-22-3333	LOAN NUMBER 12345
CO-APPLICANT (JOINT [OR SHARED] INSURANCE ONLY) (First, Middle, Last)		DATE OF BIRTH	LOAN TERM 48 MO	LOAN EFFECTIVE DATE 04/01/2008
TYPE OF COVERAGE <input checked="" type="checkbox"/> CLOSED-END <input type="checkbox"/> OPEN-END		INTEREST RATE 8%	AMOUNT FINANCED \$10,000.00	PAYMENT AMOUNT \$264.17
CREDITOR BENEFICIARY (POLICYHOLDER) ABC FINANCIAL INSTITUTION		NO. OF PAYMENTS 48		PAYMENT FREQUENCY MONTHLY
CREDIT LIFE INSURANCE			LOAN OFFICER PJM	
GROUP POLICY NUMBER 12345	INSURANCE MAXIMUM (PER INDEBTEDNESS) \$100,000.00	GROUP POLICY NUMBER 23451	MAXIMUM MONTHLY DISABILITY BENEFIT \$1,000.00	WAITING PERIOD 30 DAYS
MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS		MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS	MAXIMUM AGGREGATE DISABILITY BENEFIT (PER INDEBTEDNESS) \$100,000.00	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 04/01/2012	TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 03/01/2012	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:

CLOSED-END: Estimated Total Premium OPEN-END: Monthly Rate Per \$1000 of Insured Amount

<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE [WITH DISMEMBERMENT BENEFIT]	\$[324.88]	\$[]
<input checked="" type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	\$[594.26]	\$[]
<input type="checkbox"/> JOINT LIFE INSURANCE [WITH DISMEMBERMENT BENEFIT]	\$[]	\$[]
<input type="checkbox"/> JOINT DISABILITY INSURANCE (100% Monthly Disability Benefit Amount for either applicant. Only one monthly disability benefit is payable.)	\$[]	\$[]
<input type="checkbox"/> SHARED DISABILITY INSURANCE (Percentage of Monthly Disability Benefit: Applicant [50% Co-Applicant [50% No more than 100% of the Monthly Disability Benefit Amount payable.)]	\$[]	\$[]

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence. You are covered only for the types of coverage for which a selection is indicated on this application.

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM OF [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

1. I am eligible for life insurance if I am presently under age [65] and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age [65]. Please read the "When does your insurance terminate?" provision.**
2. If joint life insurance is selected, we are eligible if the older applicant is presently under age [65] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age [65]. Please read the "When does your insurance terminate?" provision.**
3. I am eligible for disability insurance if I am presently under age [65] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age [65]. Please read the "When does your insurance terminate?" provision.**
4. A person signing this application as co-applicant is not eligible for single disability insurance.
5. If [joint] [shared] disability insurance is selected, we are eligible if the older applicant is presently under age [65] and our loan is repayable within the maximum loan repayment period shown above. We also must both be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. We must be jointly and individually liable under the loan. Co-signers and guarantors are not eligible for insurance. **In no event is [joint] [shared] disability insurance coverage to remain in force beyond the date the older of the two of you reaches age [65]. Please read the "When does your insurance terminate?" provision.**

[The following question must be answered to determine my (our) eligibility for insurance:

PRIMARY APPLICANT	CO-APPLICANT (JOINT [OR SHARED] INSURANCE ONLY)
Yes No	Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

During the last [two years]: have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.]

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE X /S/ JOHN C DOE	DATE 04/01/2008	CO-APPLICANT'S SIGNATURE X	DATE
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06-60228.17 A

NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

IF CRITICAL PERIOD DISABILITY INSURANCE COVERAGE, A MAXIMUM OF [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.

CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE

This certificate is issued in consideration of your application and the payment of the required premium. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours.

Notice of your right to examine this certificate for 30 days. It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us or to your insurance representative within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation.

IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN – YOUR INSURANCE WILL TERMINATE ON THE DATE INDICATED IN YOUR APPLICATION. THE DEATH BENEFIT WILL ONLY BE PAYABLE IF DEATH OCCURS DURING THE TERM OF THE INSURANCE. [THE DISMEMBERMENT BENEFIT WILL ONLY BE PAYABLE IF DISMEMBERMENT OCCURS DURING THE TERM OF THE INSURANCE.] DISABILITY INSURANCE, IF IN FORCE, WILL NOT COVER YOUR ENTIRE INDEBTEDNESS AND THE DISABILITY INSURANCE BENEFITS AVAILABLE WILL BE LESS THAN THE AMOUNT NECESSARY TO PAY OFF YOUR LOAN. TOTAL DISABILITY WILL NOT BE PAID FOR ANY PERIOD OF TOTAL DISABILITY COMMENCING OR CONTINUING AFTER THE TERMINATION DATE OF INSURANCE SHOWN IN THE SCHEDULE.

LIFE INSURANCE

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of your loan on the date of your death; or (2) the maximum amount of insurance specified on your application.

If you are jointly insured and you co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

Is there a suicide exclusion? As to each advance on your loan, we will not pay a claim but we will refund premium paid for insurance on that advance if death occurs within one year after the date of the advance and is caused by suicide, whether sane or insane.

If you applied for joint life insurance, this exclusion also applies to your co-debtor.

[What is dismemberment? (1) With regard to a hand or foot, the complete severance through or above the wrist or ankle; or (2) with regard to an eye, the entire and irrecoverable loss of sight. The dismemberment must be the direct result of accidental bodily injury occurring while the insurance is in force and must occur within 90 days from the date of the accidental bodily injury.

What is the amount of the dismemberment benefit? We will pay the unpaid balance of your eligible loan on the date of the dismemberment, up to the maximum amount of life insurance specified in your application. Payment is subject to receipt of due proof of dismemberment. Only one benefit will be paid under a certificate if one or more insured losses are suffered. After one benefit has been paid, all insurance under the certificate automatically stops.

Written notice of a claim for dismemberment must be furnished to us within 60 days after the date of the loss, or as soon as reasonably possible. Written proof of dismemberment must be sent to us no later than 90 days after the date of the loss. If it is not possible to give proof within 90 days, the proof must be given as soon as possible. The proof must be filed within 1 year from the time specified unless the claimant was legally incapacitated.

What dismemberments are not covered? We will not pay a claim if dismemberment is caused by or results from: (1) an intentionally self-inflicted injury; (2) a disease of the body or mind in any form; (3) a bacterial infection other than an infection caused by an accidental bodily injury; (4) an insurrection from war or any act of war, whether declared or undeclared; or (5) service in the military.

If you applied for joint dismemberment insurance, this also applies to your co-debtor.]

DISABILITY INSURANCE

What is the amount of your monthly disability benefit? Your monthly disability benefit will be an amount equal to the lesser of: (1) your minimum scheduled installment payment as specified in your loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the maximum monthly disability benefit specified in your application.

If your minimum scheduled installment payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided: (1) the date of scheduled installment payment increase is after total disability commences; and (2) the maximum monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

In no event will any other increase (or decrease) in your minimum scheduled installment payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

[If **joint disability insurance** is in force and both jointly insured debtors are totally disabled at any given time, the amount of the monthly disability benefit will be determined based on the first jointly insured debtor to become disabled and only one monthly disability benefit is payable. Where one of the insured debtors becomes no longer totally disabled, the monthly disability benefit is determined based on the remaining totally disabled insured debtor.]

[If **shared disability insurance** is in force, the amount of the benefit will be the percentage of the monthly disability benefit amount shown in your application for that insured. If both of you are totally disabled at the same time, the benefit will be 100% of the monthly disability benefit while you are both totally disabled. In no event will we pay more than 100% of the monthly disability benefit amount.]

Will the monthly disability benefit be prorated? Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

What is the definition of total disability? Your complete and continuous inability, due to either sickness or injury, to engage in any occupation for which you are reasonably suited by age, education, training or experience.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in your application.

For how long will monthly disability benefits be paid? We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) if **shared disability insurance coverage is in force**, the payments in conjunction with one of the debtors total an amount equal to the percentage of the monthly disability benefit amount shown in your application for that debtor, applied to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (3) the maximum aggregate disability benefit specified in your application has been paid; or (4) your loan reaches its initial scheduled maturity date or; if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or (5) the termination date of insurance as shown in your application is reached; or (6) if **critical period disability insurance coverage is in force**, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (7) you reach age [65].

What if you suffer recurrent periods of total disability? If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of [three months] or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability. However, if the period during which you engage in any occupation is less than [three months], any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

What disabilities are not covered? We will not insure any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on your loan; a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance and which results in total disability commencing within six months after the date of the advance.

GENERAL PROVISIONS

To whom will benefits be payable? Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be made to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

When will benefits be payable? The death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder. Disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your [65th] birthday. Also, you must be under the regular care of a physician, when medically necessary, for the sickness or injury. We will pay the monthly disability benefit at the end of each month of continuous total disability following the expiration of the waiting period. If the retroactive benefit is effective, we will pay the monthly disability benefit at the end of each month of continuous total disability from the date total disability commences but benefits will not begin until the waiting period expires.

When must notice of a disability claim be given? You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

How are premiums calculated? Premiums for your insurance are calculated each month on the remaining insured outstanding balance of your loan using the premium rate in effect under the group policy. The premium rate is subject to change not more than once each year upon 30 days prior written notice to you (45 days for disability premium rate increases of 20 percent or more).

How are refunds calculated? If your insurance terminates before the termination date of insurance or the premium you were charged is greater than the premium required for your age and amount of insurance, the unearned premium will be refunded to you. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.

When does your insurance terminate? Your insurance will terminate on the date any of the following events occurs: (1) your loan is discharged through payment, prepayment, renewal or refinancing; or (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in your application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the policyholder transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes your insurance premium is more than [90 days] overdue; or (7) you request in writing that your insurance be terminated; or (8) the group policy terminates provided you receive 30 days written notice; or (9) you die. If joint [or shared] insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor die and a life [or dismemberment] benefit is paid; or (10) you reach age [65] and have disability insurance. If [joint] [shared] disability insurance is in force and insurance terminates on one of you due to attainment of age [65], insurance will continue on the other insured under single disability coverage if that person is under age [65]; or (11) you reach age [65] and have life insurance. If joint life insurance is in force and insurance terminates on one of you due to attainment of age [65], insurance will continue on the other insured under single life coverage if that person is under age [65].

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

What if your age is misstated? If you stated you were under age [65] and you applied for disability coverage or you stated you were under age [65] and you applied for life coverage but you were not, we will refund your premium when we discover this and no benefits will be paid. If you applied for joint [or shared] insurance, these also apply to your co-debtor.

Can we contest your insurance? After your insurance has been in force during your lifetime for two years from the effective date of your insurance (excluding any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premium.

What if joint [or shared] insurance is terminated because of suicide, contestability, or eligibility? In the case of joint insurance, if coverage is terminated with respect to one of the joint insureds in accordance with the provisions on suicide, contestability or age eligibility contained in this certificate, a refund will be made which is equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and insurance will continue on the other insured under a single coverage basis.

[With respect to **shared disability insurance**, coverage under any such single coverage basis for the remaining insured will be provided for 100% of the monthly disability benefit for disabilities commencing after the date coverage continues under the single coverage. Coverage for disabilities commencing with respect to the

remaining insured prior to the date coverage continues under the single coverage basis will, for the duration of the disability claim, continue at the percentage rate of the monthly disability benefit shown in the application for the remaining insured.]

**APPLICATION GROUP CREDIT INSURANCE
SINGLE PREMIUM**

MINNESOTA LIFE

Minnesota Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE	SOCIAL SECURITY NO. 111-22-3333	DATE OF BIRTH 05/05/1955
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ADDRESS (Street, City, State & Zip Code) 123 MAIN STREET ANYTOWN DC 12345	TELEPHONE NUMBER (000) 111-2222
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PRIMARY APPLICANT'S HEIGHT 5'10"	PRIMARY APPLICANT'S WEIGHT 175	PRIMARY APPLICANT'S OCCUPATION TEACHER
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CO-APPLICANT (JOINT [OR SHARED] INSURANCE ONLY) (First, Middle, Last)	DATE OF BIRTH
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CO-APPLICANT'S HEIGHT	CO-APPLICANT'S WEIGHT	CO-APPLICANT'S OCCUPATION
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LOAN TERM 60 MO	LOAN MATURITY DATE 04/01/2013	INTEREST RATE 8%	AMOUNT FINANCED \$11,138.51	PAYMENT AMOUNT \$225.83	FINAL PAYMENT AMOUNT (if different) \$225.70	NO. OF PAYMENTS 60	PAYMENT FREQUENCY MONTHLY
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CREDITOR BENEFICIARY (POLICYHOLDER) AND ADDRESS ABC FINANCIAL INSTITUTION	LOAN NUMBER 12345	LOAN EFFECTIVE DATE 04/01/2008	LOAN OFFICER PJM
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CREDIT LIFE INSURANCE **CREDIT DISABILITY INSURANCE**

GROUP POLICY NUMBER 23451	INSURANCE MAXIMUM \$100,000.00	GROUP POLICY NUMBER 34512	MAXIMUM MONTHLY DISABILITY BENEFIT \$1,000.00	WAITING PERIOD 30 DAYS
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MAX. LOAN REPAYMENT PERIOD 60 MONTHS	TYPE OF COVERAGE <input checked="" type="checkbox"/> NET <input type="checkbox"/> GROSS <input type="checkbox"/> LEVEL	MAX. LOAN REPAYMENT PERIOD 60 MONTHS	MAX. AGGREGATE DISABILITY BENEFIT \$100,000.00	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 04/01/2013	TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 04/01/2013	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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CREDIT INSURANCE APPLIED FOR:

<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE [WITH DISMEMBERMENT]	Total Premium \$[474.57]	<input checked="" type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	Total Premium \$[663.94]
<input type="checkbox"/> JOINT LIFE INSURANCE [WITH DISMEMBERMENT]	\$[]	<input type="checkbox"/> JOINT DISABILITY INSURANCE (100% Monthly Disability Benefit Amount for either applicant. Only one monthly disability benefit is payable.)	\$[]
		<input type="checkbox"/> SHARED DISABILITY INSURANCE (Percentage of Monthly Disability Benefit: Applicant [50]% Co-Applicant [50]% No more than 100% the Monthly Disability Benefit Amount payable.)	\$[]

INITIAL AMOUNT OF LIFE INSURANCE \$100,000.00 MONTHLY DISABILITY BENEFIT \$225.83

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, that I (we) may terminate it at any time, and that I (we) may use alternative coverage or purchase insurance elsewhere: **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that

- If life insurance is selected, I will be under age [65] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above.
- If joint life insurance is selected, we are eligible if the older applicant will be under age [65] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
- If disability insurance is selected, I will be under age [65] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date.
- A person signing this application as co-applicant is not eligible for single disability insurance.
- If [joint] [shared] disability insurance is selected, we are eligible if the older applicant will be under age [65] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We also must both be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. We must be jointly and individually liable under the loan. Co-signers and guarantors are not eligible for insurance.]

The following questions must be answered:

PRIMARY APPLICANT	CO-APPLICANT	JOINT [OR SHARED] INSURANCE ONLY	QUESTIONS	
YES*	NO	YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any medical practitioner or institution, insurance company or the Medical Information Bureau to give any information about my (our) physical and mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life Insurance Company ("Company"), St. Paul, Minnesota 55101-2098, and its reinsurers. This authorization shall be valid for 26 months from the date this application is signed. A photo copy shall be as valid as the original. I (we) have read this authorization and the Consumer Privacy Notice which was provided, and understand I (we) may receive copies. The Company shall incur no liability until this application is approved by the Company while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE /S/ JOHN C DOE	DATE 04/01/2008	CO-APPLICANT'S SIGNATURE	DATE
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To Be Completed By the Insurance Company	LIFE APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____	DATE	EFFECTIVE DATE
	DISABILITY APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____		

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

The Company or its reinsurers may send your information, without your express authorization, to government agencies involved in regulation of insurance or, without identifying you, to insurance organizations for statistical studies.

The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, MA 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? The death benefit provided on a gross decreasing or net decreasing basis will be calculated by determining the ratio that the initial amount of insurance bears to the unpaid balance of the loan on that same date. This ratio will then be applied to the unpaid balance of the loan on the date of death to determine the amount of death benefit. If benefits are to be payable on a level basis, the amount of the death benefit will be equal to the initial amount of insurance. If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Is there a suicide exclusion? The Company will not pay any life claim if the insured debtor, whether sane or insane, dies by suicide within one year from the effective date of his or her insurance. The Company's liability will be limited to a refund of the insurance premium paid.

If there is joint life insurance in force, this exclusion applies to both jointly insured debtors.

What is dismemberment? (1) With regard to a hand or foot, the complete severance through or above the wrist or ankle; or (2) with regard to an eye, the entire and irrecoverable loss of sight. The dismemberment must be the direct result of accidental bodily injury occurring while the insurance is in force and must occur within 90 days from the date of the accidental bodily injury.

What is the amount of the dismemberment benefit? We will pay the unpaid balance of the insured debtor's eligible loan on the date of the dismemberment, up to the maximum amount of life insurance specified in the insured debtor's application. Payment is subject to receipt of due proof of dismemberment. Only one benefit will be paid under a certificate if one or more insured losses are suffered. After one benefit has been paid, all insurance under the certificate automatically stops.

What dismemberments are not covered? We will not pay a claim if dismemberment is caused by or results from: (1) an intentionally self-inflicted injury; (2) a disease of the body or mind in any form; (3) a bacterial infection other than an infection caused by an accidental bodily injury; (4) an insurrection from war or any act of war, whether declared or undeclared; or (5) service in the military.

If there is joint dismemberment insurance, this also applies to both jointly insured debtors.]

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of:

(1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

[If **joint disability insurance** is in force and both jointly insured debtors are totally disabled at any given time, the amount of the monthly disability benefit will be determined based on the first jointly insured debtor to become disabled and only one monthly disability benefit is payable. Where one of the insured debtors becomes no longer totally disabled, the monthly disability benefit is determined based on the remaining totally disabled insured debtor.]

[If **shared disability insurance** is in force, the amount of the benefit will be the percentage of the monthly disability benefit amount shown in your application for that insured. If both of you are totally disabled at the same time, the benefit will be 100% of the monthly disability benefit while you are both totally disabled. In no event will we pay more than 100% of the monthly disability benefit amount.]

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met:

(1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) if **shared disability insurance coverage is in force**, the payments in conjunction with one of the debtors total an amount equal to the percentage of the monthly disability benefit amount shown in your application for that debtor, applied to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (3) the Maximum Aggregate Disability Benefit has been paid; or (4) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (5) the termination date of insurance as shown in the debtor's application is reached; or (6) if **critical period disability insurance coverage is in force**, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (7) the insured debtor reaches age [65].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance and which results in total disability commencing within six months after the effective date of the insured debtor's insurance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) the debtor requests in writing that insurance be terminated; or (5) the insured debtor dies. If joint [or shared] insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life [or dismemberment] benefit is paid.

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the termination date of insurance or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Rule of 78" formula for decreasing term coverage and the "Pro Rata" formula for level term life coverage. However, refunds of less than \$1.00 will not be made.

**APPLICATION GROUP CREDIT INSURANCE
OUTSTANDING BALANCE**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE		SOCIAL SECURITY NO. 111-22-3333	DATE OF BIRTH 05/05/1955
ADDRESS (Street, City, State & Zip Code) 123 MAIN STREET ANYTOWN DC 54321			TELEPHONE NUMBER (000)111-2222

PRIMARY APPLICANT'S HEIGHT 5' 10"	PRIMARY APPLICANT'S WEIGHT 175	PRIMARY APPLICANT'S OCCUPATION TEACHER
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CO-APPLICANT (JOINT [OR SHARED] INSURANCE ONLY) (First, Middle, Last)	DATE OF BIRTH
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CO-APPLICANT'S HEIGHT	CO-APPLICANT'S WEIGHT	CO-APPLICANT'S OCCUPATION
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LOAN TERM 48 MONTHS	LOAN MATURITY DATE 04/01/2012	INTEREST RATE 8%	AMOUNT FINANCED \$10,000.00	PAYMENT AMOUNT \$264.17	NO. OF PAYMENTS 48	PAYMENT FREQUENCY MONTHLY
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CREDITOR BENEFICIARY (POLICYHOLDER) ABC FINANCIAL INSTITUTION	LOAN NUMBER 12345	LOAN EFFECTIVE DATE 04/01/2008	LOAN OFFICER PJM	TYPE OF COVERAGE <input checked="" type="checkbox"/> CLOSED-END <input type="checkbox"/> OPEN-END
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CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER 12345	INSURANCE MAXIMUM \$100,000.00	GROUP POLICY NUMBER 23451	MAXIMUM MONTHLY DISABILITY BENEFIT \$100,000.00	WAITING PERIOD 30 DAYS

MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS	MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS	MAXIMUM AGGREGATE DISABILITY BENEFIT \$1,000.00	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 04/01/2012	TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 04/01/2012	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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CREDIT INSURANCE APPLIED FOR:	CLOSED-END: Estimated Total Premium	OPEN-END: Monthly Rate Per \$1000 of Insured Amount
<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE [WITH DISMEMBERMENT BENEFIT]	\$[324.88]	\$[]
<input checked="" type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	\$[594.26]	\$[]
<input type="checkbox"/> JOINT LIFE INSURANCE [WITH DISMEMBERMENT BENEFIT]	\$[]	\$[]
<input type="checkbox"/> JOINT DISABILITY INSURANCE (100% Monthly Disability Benefit Amount for either applicant. Only one monthly disability benefit is payable.)	\$[]	\$[]
<input type="checkbox"/> SHARED DISABILITY INSURANCE (Percentage of Monthly Disability Benefit: Applicant [50]% Co-Applicant [50]% No more than 100% of the Monthly Disability Benefit Amount payable.)	\$[]	\$[]

INITIAL AMOUNT OF INSURANCE \$10,000.00 MONTHLY DISABILITY BENEFIT \$264.17

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. I (we) understand that if **Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I am presently under age [65] and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age [65]. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older applicant is presently under age [65] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age [65]. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age [65] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age [65]. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-applicant is not eligible for single disability insurance.
- If [joint] [shared] disability insurance is selected, we are eligible if the older applicant is presently under age [65] and our loan is repayable within the maximum loan repayment period shown above. We also must both be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. We must be jointly and individually liable under the loan. Co-signers and guarantors are not eligible for insurance. **In no event is [joint] [shared] disability insurance coverage to remain in force beyond the date the older of the two of you reaches age [65]. Please read the "When does your insurance terminate?" provision.**

The following questions must be answered:

PRIMARY APPLICANT		CO-APPLICANT JOINT [OR SHARED] INSURANCE ONLY		
YES*	NO	YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any medical practitioner or institution, insurance company or the Medical Information Bureau to give any information about my (our) physical and mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life Insurance Company ("Company"), St. Paul, Minnesota 55101-2098, and its reinsurers. This authorization shall be valid for 26 months from the date this application is signed. A photo copy shall be as valid as the original. I (we) have read this authorization and the Consumer Privacy Notice which was provided, and understand I (we) may receive copies. The Company shall incur no liability until this application is approved by the Company while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE /S/ JOHN C DOE	DATE 04/01/2008	CO-APPLICANT'S SIGNATURE	DATE
To Be Completed By the Insurance Company	<input type="checkbox"/> LIFE APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE
	<input type="checkbox"/> DISABILITY APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

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The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, MA 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of the loan on the date of death; or (2) the maximum amount of insurance specified in the group policy.

If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Is there a suicide exclusion? As to each advance on an insured debtor's loan, the Company will not pay a claim but it will refund premium paid for insurance on that advance if death occurs within one year after the date of the advance and is caused by suicide, whether sane or insane.

If there is joint life insurance in force, this exclusion applies to both jointly insured debtors.

What is dismemberment? (1) With regard to a hand or foot, the complete severance through or above the wrist or ankle; or (2) with regard to an eye, the entire and irrecoverable loss of sight. The dismemberment must be the direct result of accidental bodily injury occurring while the insurance is in force and must occur within 90 days from the date of the accidental bodily injury.

What is the amount of the dismemberment benefit? We will pay the unpaid balance of the insured debtor's eligible loan on the date of the dismemberment, up to the maximum amount of life insurance specified in the insured debtor's application. Payment is subject to receipt of due proof of dismemberment. Only one benefit will be paid under a certificate if one or more insured losses are suffered. After one benefit has been paid, all insurance under the certificate automatically stops.

What dismemberments are not covered? We will not pay a claim if dismemberment is caused by or results from: (1) an intentionally self-inflicted injury; (2) a disease of the body or mind in any form; (3) a bacterial infection other than an infection caused by an accidental bodily injury; (4) an insurrection from war or any act of war, whether declared or undeclared; or (5) service in the military.

If there is joint dismemberment insurance, this also applies to both jointly insured debtors.]

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of: (1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

If joint disability insurance is in force and both jointly insured debtors are totally disabled at any given time, the amount of the monthly disability benefit will be determined based on the first jointly insured debtor to become disabled and only one monthly disability benefit is payable. Where one of the insured debtors becomes no longer totally disabled, the monthly disability benefit is determined based on the remaining totally disabled insured debtor.]

If shared disability insurance is in force, the amount of the benefit will be the percentage of the monthly disability benefit amount shown in your application for that insured. If both of you are totally disabled at the same time, the benefit will be 100% of the monthly disability benefit while you are both totally disabled. In no event will we pay more than 100% of the monthly disability benefit amount.]

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) if shared disability insurance coverage is in force, the payments in conjunction with one of the debtors total an amount equal to the percentage of the monthly disability benefit amount shown in your application for that debtor, applied to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (3) the Maximum Aggregate Disability Benefit has been paid; or (4) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (5) the termination date of insurance as shown in the debtor's application is reached; or (6) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (7) the insured debtor reaches age [65].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on the loan; a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance and which results in total disability commencing within six months after the date of the advance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the Creditor Beneficiary transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes the insured debtor's insurance premium is more than [90 days] overdue; or (7) the Creditor Beneficiary receives the insured debtor's written request to terminate his or her insurance; or (8) the group policy(ies) terminate provided the insured debtor receives 30 days written notice; or (9) the insured debtor dies. If joint [or shared] insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life [or dismemberment] benefit is paid; or (10) the insured debtor reaches age [65] and has disability insurance. If [joint] [shared] disability insurance is in force and insurance terminates on one of the debtors due to the attainment of age [65], insurance will continue on the other insured under single disability coverage if that person is under age [65]; or (11) the insured debtor reaches age [65] and has life insurance. If joint life insurance is in force and insurance terminates on one of the debtors due to the attainment of age [65], insurance will continue on the other insured under single life coverage if that person is under age [65]. Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the scheduled maturity date of the loan or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.

**APPLICATION/CERTIFICATE GROUP CREDIT INSURANCE
SINGLE PREMIUM**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE		DATE OF BIRTH 05/05/1955		SOCIAL SECURITY NO. 111-22-3333		LOAN NUMBER 12345	
CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)				DATE OF BIRTH	LOAN TERM 60 MO	LOAN EFFECTIVE DATE 05/01/2008	LOAN MATURITY DATE 05/01/2013
INTEREST RATE 8%	AMOUNT FINANCED 10,846.64	PAYMENT AMOUNT 219.96	FINAL PAYMENT AMOUNT (if different) 219.89		NO. OF PAYMENTS 60	PAYMENT FREQUENCY MONTHLY	
CREDITOR BENEFICIARY (POLICYHOLDER) ABC FINANCIAL INSTITUTION			LOAN OFFICER PJM	IS THIS A REFINANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WAS PRIOR LOAN INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LOAN # _____		
CREDIT LIFE INSURANCE				CREDIT DISABILITY INSURANCE			
GROUP POLICY NUMBER 23451	INSURANCE MAXIMUM \$100,000.00			GROUP POLICY NUMBER 34512	MAXIMUM MONTHLY DISABILITY BENEFIT \$1,000.00		WAITING PERIOD 31 DAYS
MAXIMUM LOAN REPAYMENT PERIOD 60 MONTHS	TYPE OF COVERAGE <input checked="" type="checkbox"/> NET <input type="checkbox"/> GROSS <input type="checkbox"/> LEVEL			MAXIMUM LOAN REPAYMENT PERIOD 60 MONTHS	MAXIMUM AGGREGATE DISABILITY BENEFIT \$100,000.00		RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2013			TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2013		CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:

<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE	Total Premium \$[375.49]	<input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	Total Premium \$[471.15]
<input type="checkbox"/> JOINT LIFE INSURANCE	[\$]		

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence. You are covered only for the types of coverage for which a selection is indicated on this application.

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above.
- If joint life insurance is selected, we are eligible if the older applicant will be under age [67] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
- I am eligible for disability insurance if I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date.
- A person signing this application as co-applicant is not eligible for single disability insurance.

[The following question must be answered to determine my (our) eligibility for insurance:

PRIMARY APPLICANT	CO-APPLICANT (JOINT LIFE INSURANCE ONLY)
Yes No	Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

During the last [two years]: have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.]

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE X /S/ JOHN C DOE	DATE 05/01/2008	CO-APPLICANT'S SIGNATURE X	DATE
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06-60227.3 A

NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

IF CRITICAL PERIOD DISABILITY INSURANCE COVERAGE, A MAXIMUM OF [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.

CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE

This certificate is issued in consideration of your application and the payment of the required premium. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours.

Notice of your right to examine this certificate for 30 days. It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation.

IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN – YOUR INSURANCE WILL TERMINATE ON THE DATE INDICATED IN YOUR APPLICATION. THE DEATH BENEFIT WILL ONLY BE PAYABLE IF DEATH OCCURS DURING THE TERM OF THE INSURANCE. DISABILITY INSURANCE, IF IN FORCE, WILL NOT COVER YOUR ENTIRE INDEBTEDNESS AND THE DISABILITY INSURANCE BENEFITS AVAILABLE WILL BE LESS THAN THE AMOUNT NECESSARY TO PAY OFF YOUR LOAN. TOTAL DISABILITY WILL NOT BE PAID FOR ANY PERIOD OF TOTAL DISABILITY COMMENCING OR CONTINUING AFTER THE TERMINATION DATE OF INSURANCE SHOWN IN THE SCHEDULE.

LIFE INSURANCE

What is the amount of the death benefit? If benefits are to be payable on a net decreasing basis: the initial amount of insurance shall be defined as the lesser of the initial amount financed or the insurance maximum; and the amount of the unpaid balance will be equal to the scheduled remaining principal balance plus accrued interest.

If benefits are to be payable on a gross decreasing basis: the initial amount of insurance shall be defined as the lesser of the initial total of payments or the insurance maximum; and the amount of the unpaid balance will be equal to the sum of the scheduled remaining loan payments.

The death benefit provided on a gross decreasing or net decreasing basis will be calculated by determining the ratio that the initial amount of your insurance bears to the unpaid balance of your loan on the same date. This ratio will then be applied to the unpaid balance of your loan on the date of your death to determine the amount of the death benefit.

If benefits are to be payable on a level basis, the amount of the death benefit is equal to the initial amount of insurance as shown in your application.

If you are jointly insured and your co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

Are there limitations/exclusions affecting the amount of the death benefit? We will not pay a claim if death occurs within 6 months after the effective date of your insurance and is caused by a pre-existing medical condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of your insurance.

We will not pay any life claim if you, whether sane or insane, die by suicide within 6 months from the effective date of your insurance, but we will refund your premium. If you applied for joint life insurance, these limitations/exclusions also apply to your co-debtor.

DISABILITY INSURANCE

What is the amount of your monthly disability benefit? Your monthly disability benefit will be an amount equal to the lesser of: (1) your minimum scheduled installment payment as specified in your loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the maximum monthly disability benefit specified in your application.

PREMIUM REFUND

EFFECTIVE DATE OF LOAN	TERM OF LOAN	CANCELLATION DATE	REFUND AMOUNT	Life: \$ Disability: \$
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06-60227.3 B

If your minimum scheduled installment payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided: (1) the date of scheduled installment payment increase is after total disability commences; and (2) the maximum monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

In no event will any other increase (or decrease) in your minimum scheduled installment payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

Will the monthly disability benefit be prorated? Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

What is the definition of total disability? Your complete and continuous inability, due to either sickness or injury, to engage in any occupation for which you are reasonably suited by age, education, training or experience.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in your application.

For how long will monthly disability benefits be paid? We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the maximum aggregate disability benefit specified in your application has been paid; or (3) your loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in your application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) your loan is discharged through payment or prepayment; or (7) you reach age [67].

What if you suffer recurrent periods of total disability? If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of [three months] or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability.

However, if the period during which you engage in any occupation is less than [three months], any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

What disabilities are not covered? We will not insure any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of your insurance and which results in total disability commencing within six months after the effective date of your insurance.

GENERAL PROVISIONS

To whom will benefits be payable? Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be made to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

When will benefits be payable? The death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder.

Disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your [67th] birthday. Also, you must be under the regular care of a physician, when medically necessary, for the sickness or injury. We will pay the monthly disability benefit at the end of each month of continuous total disability following the expiration of the waiting period. If the retroactive benefit is effective, we will pay the monthly disability benefit at the end of each month of continuous total disability from the date total disability commences but benefits will not begin until the waiting period expires.

When must notice of a disability claim be given? You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

How are premiums calculated? The premium for your insurance is calculated on a single premium basis using the premium rate in effect under the group policy.

How are refunds calculated? If your insurance terminates before the termination date of insurance or the premium you were charged is greater than the premium required for your age and amount of insurance, the unearned premium will be refunded to you. The method of calculating refunds is the "Rule of 78" formula for decreasing term coverage and the "Pro Rata" formula for level term life coverage. However, refunds of less than \$1.00 will not be made.

When does your insurance terminate? Your insurance will terminate on the date any of the following events occurs: (1) your loan is discharged through payment, prepayment, renewal or refinancing; or (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or (3) the termination date of insurance as shown in your application is reached; or (4) you request in writing that your insurance be terminated; or (5) you die. If joint life insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor die and a life benefit is paid.

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

What if your age is misstated? If you stated you would be under age [67] on the termination date of insurance and you applied for disability insurance or you stated you would be under age [67] on the termination date of insurance and you applied for life insurance but you were not, we will refund your premium when we discover this and no benefits will be paid. If you applied for joint life insurance, these also apply to your co-debtor.

Can we contest your insurance? After your insurance has been in force during your lifetime for two years from the effective date of your insurance (excluding any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premium.

What if joint life insurance is terminated because of suicide, contestability, or eligibility? In the case of joint life insurance, if coverage is terminated with respect to one of the joint insureds in accordance with the provisions on suicide, contestability or age eligibility contained in this certificate, a refund will be made which is equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and insurance will continue on the other insured under a single coverage basis.

**APPLICATION/CERTIFICATE GROUP CREDIT INSURANCE
OUTSTANDING BALANCE**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE		DATE OF BIRTH 05/05/1955	SOCIAL SECURITY NO. 111-22-3333	LOAN NUMBER 12345
CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)		DATE OF BIRTH	LOAN TERM	LOAN EFFECTIVE DATE
TYPE OF COVERAGE <input checked="" type="checkbox"/> CLOSED-END <input type="checkbox"/> OPEN-END	INTEREST RATE 8%	AMOUNT FINANCED \$10,000.00	PAYMENT AMOUNT \$260.47	NO. OF PAYMENTS 48
CREDITOR BENEFICIARY (POLICYHOLDER) ABC FINANCIAL INSTITUTION			LOAN OFFICER PJM	

CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER 12345	INSURANCE MAXIMUM (PER INDEBTEDNESS) \$100,000.00	GROUP POLICY NUMBER 23451	MAXIMUM MONTHLY DISABILITY BENEFIT 1,000.00	WAITING PERIOD 30 DAYS
MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS		MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS	MAXIMUM AGGREGATE DISABILITY BENEFIT (PER INDEBTEDNESS) \$100,000.00	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2012	TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2012	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:	CLOSED-END: Estimated Total Premium	OPEN-END: Monthly Rate Per \$1000 of Insured Amount
<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE	\$[262.97]	\$([])
<input checked="" type="checkbox"/> JOINT LIFE INSURANCE	\$[486.47]	\$([])
<input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	\$([])	\$([])

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence. You are covered only for the types of coverage for which a selection is indicated on this application.

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older applicant is presently under age [66] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age [67]. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-applicant is not eligible for single disability insurance.

[The following question must be answered to determine my (our) eligibility for insurance:

PRIMARY APPLICANT	CO-APPLICANT (JOINT LIFE INSURANCE ONLY)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

During the last [two years]: have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured.]

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE X /S/ JOHN C DOE	DATE 05/01/2008	CO-APPLICANT'S SIGNATURE X	DATE
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06-60228.3 A

NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

IF CRITICAL PERIOD DISABILITY INSURANCE COVERAGE, A MAXIMUM OF [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.

CERTIFICATE OF GROUP CREDIT LIFE AND DISABILITY INSURANCE

This certificate is issued in consideration of your application and the payment of the required premium. It summarizes the main provisions of the group policy(ies) that affect you. You may examine the group policy(ies) at the principal office of the policyholder during regular business hours.

Notice of your right to examine this certificate for 30 days. It is important to us that you are satisfied with this insurance. If you are not satisfied, you may return this certificate to us or to your insurance representative within 30 days of its receipt, and you will receive a full refund of any premiums you have paid within 30 days after we receive your notice of cancellation.

IF THE TERM OF YOUR INSURANCE IS LESS THAN THE TERM OF YOUR LOAN – YOUR INSURANCE WILL TERMINATE ON THE DATE INDICATED IN YOUR APPLICATION. THE DEATH BENEFIT WILL ONLY BE PAYABLE IF DEATH OCCURS DURING THE TERM OF THE INSURANCE. DISABILITY INSURANCE, IF IN FORCE, WILL NOT COVER YOUR ENTIRE INDEBTEDNESS AND THE DISABILITY INSURANCE BENEFITS AVAILABLE WILL BE LESS THAN THE AMOUNT NECESSARY TO PAY OFF YOUR LOAN. TOTAL DISABILITY WILL NOT BE PAID FOR ANY PERIOD OF TOTAL DISABILITY COMMENCING OR CONTINUING AFTER THE TERMINATION DATE OF INSURANCE SHOWN IN THE SCHEDULE.

LIFE INSURANCE

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of your loan on the date of your death; or (2) the maximum amount of insurance specified on your application.

If you are jointly insured and you co-debtor dies, the death benefit will be determined on the same basis. Only one death benefit is payable, even if both jointly insured debtors should die on the same date.

Are there limitations/exclusions affecting the amount of the death benefit? As to each advance on your loan, we will not pay a claim on that advance if death occurs within six months after the date of the advance and is caused by a pre-existing medical condition as defined below.

A pre-existing medical condition is a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance.

As to each advance on your loan, we will not pay a claim but we will refund premium paid for insurance on that advance if death occurs within 6 months after the date of the advance and is caused by suicide, whether sane or insane.

If you applied for joint life insurance, these limitations/exclusions also apply to your co-debtor.

DISABILITY INSURANCE

What is the amount of your monthly disability benefit? Your monthly disability benefit will be an amount equal to the lesser of: (1) your minimum scheduled installment payment as specified in your loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the maximum monthly disability benefit specified in your application.

If your minimum scheduled installment payment increases according to a procedure specified in your loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), we will increase your monthly disability benefit accordingly provided: (1) the date of scheduled installment payment increase is after total disability commences; and (2) the maximum monthly disability benefit we were paying immediately prior to the increase was not limited to the maximum monthly disability benefit available.

06-60228.3 B

In no event will any other increase (or decrease) in your minimum scheduled installment payment, after total disability commences, serve to change the amount of monthly disability benefit payable.

Will the monthly disability benefit be prorated? Yes. Benefits will accrue on a daily basis; that is, we will pay the monthly disability benefit for a full month of total disability and we will prorate the monthly disability benefit on the basis of a 30 day month for a period of continuous total disability that is less than one month in duration.

What is the definition of total disability? Your complete and continuous inability, due to either sickness or injury, to engage in any occupation for which you are reasonably suited by age, education, training or experience.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in your application.

For how long will monthly disability benefits be paid? We will pay the monthly disability benefit for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of your loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the maximum aggregate disability benefit specified in your application has been paid; or (3) your loan reaches its initial scheduled maturity date or; if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), your loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in your application is reached; or (5) if **critical period disability insurance coverage is in force**, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) your loan is discharged through payment or prepayment; or (7) you reach age [67].

What if you suffer recurrent periods of total disability? If, following a period of total disability, you engage on a full-time basis in any occupation for a continuous period of [three months] or more, any subsequent period of total disability resulting from the same or related cause or causes will be considered a new period of total disability. However, if the period during which you engage in any occupation is less than [three months], any subsequent period of total disability resulting from the same or related cause or causes will be considered a continuation of the preceding period of total disability.

If you are totally disabled and sustain an additional sickness or injury which would be in and of itself totally disabling, the additional sickness or injury will not be considered a new period of total disability.

What disabilities are not covered? We will not insure any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on your loan; a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance and which results in total disability commencing within six months after the date of the advance.

GENERAL PROVISIONS

To whom will benefits be payable? Claim payments will be made to the policyholder to reduce or extinguish your loan. If claim payments are more than the balance of your loan, remaining payments will be made to you or to your estate or, if required by law and you have named one, to a secondary beneficiary.

When will benefits be payable? The death benefit will be payable when we receive a certified copy of the death certificate and a statement from the policyholder. Disability benefits will be payable when we receive proof you have become totally disabled while you are insured and prior to your [67th] birthday. Also, you must be under the regular care of a physician, when medically necessary, for the sickness or injury. We will pay the monthly disability benefit at the end of each month of continuous total disability following the expiration of the waiting period. If the retroactive benefit is effective, we will pay the monthly disability benefit at the end of each month of continuous total disability from the date total disability commences but benefits will not begin until the waiting period expires.

When must notice of a disability claim be given? You must give us notice within 30 days or as soon as possible after the occurrence or commencement of any loss covered by the group policy. The notice of claim must be in writing and given to our authorized agent or sent to our home office in St. Paul, Minnesota. We shall have the right to have you examined at our own expense as often as may reasonably be required while a disability claim is being considered or paid.

As deemed necessary to determine continued disability we may also request written proof of loss during the course of a claim.

How are premiums calculated? Premiums for your insurance are calculated each month on the remaining insured outstanding balance of your loan using the premium rate in effect under the group policy. The premium rate is subject to change not more than once each year upon 30 days prior written notice to you.

How are refunds calculated? If your insurance terminates before the termination date of insurance or the premium you were charged is greater than the premium required for your age and amount of insurance, the unearned premium will be refunded to you. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.

When does your insurance terminate? Your insurance will terminate on the date any of the following events occurs: (1) your loan is discharged through payment, prepayment, renewal or refinancing; or (2) your loan reaches its scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date your loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in your application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the policyholder transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes your insurance premium is more than [90 days] overdue; or (7) you request in writing that your insurance be terminated; or (8) the group policy terminates provided you receive 30 days written notice; or (9) you die. If joint life insurance is in force, your insurance terminates on both you and your co-debtor on the date either you or your co-debtor die and a life benefit is paid; or (10) you reach age [67] and have disability insurance; or (11) you reach age [67] and have life insurance. If joint life insurance is in force and insurance terminates on one of you due to attainment of age [67], insurance will continue on the other insured under single life coverage if that person is under age [67].

Termination of your insurance shall be without prejudice to any claim that occurred prior to such termination.

What if your age is misstated? If you stated you were under age [66] and you applied for disability coverage or you stated you were under age [66] and you applied for life coverage but you were not, we will refund your premium when we discover this and no benefits will be paid. If you applied for joint life insurance, these also apply to your co-debtor.

Can we contest your insurance? After your insurance has been in force during your lifetime for two years from the effective date of your insurance (excluding any period during which you are disabled), we cannot contest your insurance for any loss that is incurred more than two years after the effective date, except for fraud or the nonpayment of premium.

What if joint life insurance is terminated because of suicide, contestability, or eligibility? In the case of joint life insurance, if coverage is terminated with respect to one of the joint insureds in accordance with the provisions on suicide, contestability or age eligibility contained in this certificate, a refund will be made which is equal to the difference between the premium actually charged for the joint coverage and the premium that would have been charged if only single coverage had been issued and insurance will continue on the other insured under a single coverage basis.

**APPLICATION GROUP CREDIT INSURANCE
SINGLE PREMIUM**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE	SOCIAL SECURITY NO. 111-22-3333	DATE OF BIRTH 05/05/1955
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ADDRESS (Street, City, State & Zip Code) 123 MAIN STREET ANYTOWN DC 12345	TELEPHONE NUMBER (000) 111-2222
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PRIMARY APPLICANT'S HEIGHT 5'10'	PRIMARY APPLICANT'S WEIGHT 175	PRIMARY APPLICANT'S OCCUPATION TEACHER
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CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)	DATE OF BIRTH
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CO-APPLICANT'S HEIGHT	CO-APPLICANT'S WEIGHT	CO-APPLICANT'S OCCUPATION
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LOAN TERM 60 MO	LOAN MATURITY DATE 05/01/2015	INTEREST RATE 8%	AMOUNT FINANCED 10,846.64	PAYMENT AMOUNT \$219.96	FINAL PAYMENT AMOUNT (if different) \$219.89	NO. OF PAYMENTS 60	PAYMENT FREQUENCY MONTHLY
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CREDITOR BENEFICIARY (POLICYHOLDER) AND ADDRESS ABC FINANCIAL INSTITUTION	LOAN NUMBER 12345	LOAN EFFECTIVE DATE 05/01/2008	LOAN OFFICER PJM
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CREDIT LIFE INSURANCE **CREDIT DISABILITY INSURANCE**

GROUP POLICY NUMBER 23451	INSURANCE MAXIMUM \$100,000.00	GROUP POLICY NUMBER 34512	MAXIMUM MONTHLY DISABILITY BENEFIT \$1,000.00	WAITING PERIOD 31 DAYS
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MAX. LOAN REPAYMENT PERIOD 60 MONTHS	TYPE OF COVERAGE <input checked="" type="checkbox"/> NET <input type="checkbox"/> GROSS <input type="checkbox"/> LEVEL	MAX. LOAN REPAYMENT PERIOD 60 MONTHS	MAX. AGGREGATE DISABILITY BENEFIT \$100,000.00	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2015	TERM OF INSURANCE 60 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2015	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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CREDIT INSURANCE APPLIED FOR:

<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE	Total Premium \$[375.49]	<input checked="" type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	Total Premium \$[471.15]
<input type="checkbox"/> JOINT LIFE INSURANCE	\$[]		

INITIAL AMOUNT OF LIFE INSURANCE **\$100,000.00** MONTHLY DISABILITY BENEFIT **\$219.96**

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, that I (we) may terminate it at any time, and that I (we) may use alternative coverage or purchase insurance elsewhere: **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that

- If life insurance is selected, I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above.
- If joint life insurance is selected, we are eligible if the older applicant will be under age [67] on the termination date of insurance and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
- If disability insurance is selected, I will be under age [67] on the termination date of insurance and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date.
- A person signing this application as co-applicant is not eligible for single disability insurance.

The following questions must be answered:

PRIMARY APPLICANT		CO-APPLICANT (JOINT LIFE INSURANCE ONLY)		
YES*	NO	YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any medical practitioner or institution, insurance company or the Medical Information Bureau to give any information about my (our) physical and mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life Insurance Company ("Company"), St. Paul, Minnesota 55101-2098, and its reinsurers. This authorization shall be valid for 26 months from the date this application is signed. A photo copy shall be as valid as the original. I (we) have read this authorization and the Consumer Privacy Notice which was provided, and understand I (we) may receive copies. The Company shall incur no liability until this application is approved by the Company while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE /S/ JOHN C DOE	DATE 05/01/2008	CO-APPLICANT'S SIGNATURE	DATE
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To Be Completed By the Insurance Company	LIFE APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____	DATE	EFFECTIVE DATE
	DISABILITY APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____		

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

The Company or its reinsurers may send your information, without your express authorization, to government agencies involved in regulation of insurance or, without identifying you, to insurance organizations for statistical studies.

The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, MA 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? The death benefit provided on a gross decreasing or net decreasing basis will be calculated by determining the ratio that the initial amount of insurance bears to the unpaid balance of the loan on that same date. This ratio will then be applied to the unpaid balance of the loan on the date of death to determine the amount of death benefit. If benefits are to be payable on a level basis, the amount of the death benefit will be equal to the initial amount of insurance. If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Are there limitations/exclusions affecting the amount of the death benefit? The Company will not pay a claim if the insured debtor's death occurs within 6 months after the effective date of insurance and is caused by a pre-existing medical condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance.

The Company will not pay any life claim if the insured debtor, whether sane or insane, dies by suicide within 6 months from the effective date of his or her insurance. The Company's liability will be limited to a refund of the insurance premium paid.

If there is joint life insurance in force, these limitations/exclusions apply to both jointly insured debtors.

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of:

(1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met:

(1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the Maximum Aggregate Disability Benefit has been paid; or (3) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in the debtor's application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) the loan is discharged through payment or prepayment; or (7) the insured debtor reaches age [67].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance and which results in total disability commencing within six months after the effective date of the insured debtor's insurance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) the debtor requests in writing that insurance be terminated; or (5) the insured debtor dies. If joint life insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life benefit is paid.

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the termination date of insurance or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Rule of 78" formula for decreasing term coverage and the "Pro Rata" formula for level term life coverage. However, refunds of less than \$1.00 will not be made.

**APPLICATION GROUP CREDIT INSURANCE
OUTSTANDING BALANCE**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY APPLICANT (First, Middle, Last) JOHN C DOE		SOCIAL SECURITY NO. 111-22-3333	DATE OF BIRTH 05/05/1955
ADDRESS (Street, City, State & Zip Code) 123 MAIN STREET ANYTOWN DC 54321			TELEPHONE NUMBER (000)111-2222

PRIMARY APPLICANT'S HEIGHT 5'10"	PRIMARY APPLICANT'S WEIGHT 175	PRIMARY APPLICANT'S OCCUPATION TEACHER
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CO-APPLICANT (JOINT LIFE INSURANCE ONLY) (First, Middle, Last)	DATE OF BIRTH
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CO-APPLICANT'S HEIGHT	CO-APPLICANT'S WEIGHT	CO-APPLICANT'S OCCUPATION
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LOAN TERM 48 MONTHS	LOAN MATURITY DATE 03/01/2011	INTEREST RATE 8%	AMOUNT FINANCED \$10,000.00	PAYMENT AMOUNT \$256.68	NO. OF PAYMENTS 48	PAYMENT FREQUENCY MONTHLY
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CREDITOR BENEFICIARY (POLICYHOLDER) ABC FINANCIAL INSTITUTION	LOAN NUMBER 12345	LOAN EFFECTIVE DATE 05/01/2008	LOAN OFFICER PJM	TYPE OF COVERAGE <input checked="" type="checkbox"/> CLOSED-END <input type="checkbox"/> OPEN-END
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CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER 12345	INSURANCE MAXIMUM \$100,000.00	GROUP POLICY NUMBER 23451	MAXIMUM MONTHLY DISABILITY BENEFIT \$1,000.00	WAITING PERIOD 30

MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS	MAXIMUM LOAN REPAYMENT PERIOD 48 MONTHS	MAXIMUM AGGREGATE DISABILITY BENEFIT \$100,000.00	RETROACTIVE BENEFIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2012	TERM OF INSURANCE 48 MONTHS	TERMINATION DATE OF INSURANCE 05/01/2012	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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CREDIT INSURANCE APPLIED FOR:	CLOSED-END: Estimated Total Premium	OPEN-END: Monthly Rate Per \$1000 of Insured Amount
<input checked="" type="checkbox"/> SINGLE LIFE INSURANCE	\$[262.97]	\$[]
<input type="checkbox"/> JOINT LIFE INSURANCE	\$[]	\$[]
<input checked="" type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	\$[486.47]	\$[]

INITIAL AMOUNT OF INSURANCE \$10,000.00 MONTHLY DISABILITY BENEFIT \$260.47

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. I (we) understand that if **Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older applicant is presently under age [66] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age [67]. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-applicant is not eligible for single disability insurance.

The following questions must be answered:

PRIMARY APPLICANT		CO-APPLICANT (JOINT LIFE INSURANCE ONLY)		
YES*	NO	YES*	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any medical practitioner or institution, insurance company or the Medical Information Bureau to give any information about my (our) physical and mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life Insurance Company ("Company"), St. Paul, Minnesota 55101-2098, and its reinsurers. This authorization shall be valid for 26 months from the date this application is signed. A photo copy shall be as valid as the original. I (we) have read this authorization and the Consumer Privacy Notice which was provided, and understand I (we) may receive copies. The Company shall incur no liability until this application is approved by the Company while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE /S/ JOHN C. DOE	DATE 05/01/2008	CO-APPLICANT'S SIGNATURE	DATE
To Be Completed By the Insurance Company	<input type="checkbox"/> LIFE APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE
	<input type="checkbox"/> DISABILITY APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE
			EFFECTIVE DATE

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

The Company or its reinsurers may send your information, without your express authorization, to government agencies involved in regulation of insurance or, without identifying you, to insurance organizations for statistical studies.

The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau Information Office
P.O. Box 105, Essex Station
Boston, MA 02112
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of the loan on the date of death; or (2) the maximum amount of insurance specified in the group policy.

If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Are there any limitations/exclusions affecting the amount of the death benefit? As to each advance on the loan, the Company will not pay a claim on that advance if death occurs within six months after the date of the advance and is caused by a pre-existing medical condition as defined below.

A pre-existing medical condition is a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance.

As to each advance on an insured debtor's loan, the Company will not pay a claim but it will refund premium paid for insurance on that advance if death occurs within 6 months after the date of the advance and is caused by suicide, whether sane or insane.

If there is joint life insurance in force, these limitations/exclusions apply to both jointly insured debtors.

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of: (1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the Maximum Aggregate Disability Benefit has been paid; or (3) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in the debtor's application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) the loan is discharged through payment or prepayment; or (7) the insured debtor reaches age [67].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on the loan; a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance and which results in total disability commencing within six months after the date of the advance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the Creditor Beneficiary transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes the insured debtor's insurance premium is more than [90 days] overdue; or (7) the Creditor Beneficiary receives the insured debtor's written request to terminate his or her insurance; or (8) the group policy(ies) terminate provided the insured debtor receives 30 days written notice; or (9) the insured debtor dies. If joint life insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life benefit is paid; or (10) the insured debtor reaches age [67] and has disability insurance; or (11) the insured debtor reaches age [67] and has life insurance. If joint life insurance is in force and insurance terminates on one of the debtors due to the attainment of age [67], insurance will continue on the other insured under single life coverage if that person is under age [67].

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the scheduled maturity date of the loan or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.