

<i>SERFF Tracking Number:</i>	<i>SEFL-125518811</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38537</i>
<i>Company Tracking Number:</i>	<i>I L0760</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>I L0760/I L0760</i>		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: Term Life

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: SEFL-125518811

SERFF Status: Closed

Co Tr Num: I L0760

Co Status: response sent

Author: Andrea Boring

Date Submitted: 03/27/2008

State: ArkansasLH

State Tr Num: 38537

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/10/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: I L0760

Project Number: I L0760

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/10/2008

State Status Changed: 04/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Form I L0760 is a term life insurance policy.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/05/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Issue Ages: 10 year: 18 – 65 up to and including \$350,000; 18 – 75 above \$350,000

15 year: 18 – 65

20 year: 18 – 60

30 year: 18 - 50

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TOI: L041 Individual Life - Term *Sub-TOI:* L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Life
Project Name/Number: I L0760/I L0760

Risk Classes: Male/Female

Up to and including \$350,000 – Select+ Non-tobacco, Select Non-tobacco, Standard Non-tobacco, Select+ Tobacco, Select Tobacco and Standard Tobacco

Above \$350,000 – Preferred+ Non-tobacco, Preferred Non-tobacco, Standard Non-tobacco, Preferred Tobacco and Standard Tobacco

Underwriting: Automated underwriting will be utilized on face amounts up to \$350,000; full underwriting will be utilized on face amounts above \$350,000

Benefits: minimum: 50,000

Term Periods: 10 Year, 15 year, 20 year and 30 year

Form R I0761 is a rider that provides an accelerated payment of life insurance proceeds if the insured terminally ill or expected to continue living in a nursing home until death. This is no premium for this rider and it will be attached to all issued I L0760 policies.

Form R I0762 is a rider that provides a lump sum benefit if the insured receives a first ever diagnosis or undergoes a procedure for the first time ever for a specified critical illness.

Form R I0763 is a rider that provides a lump sum benefit if the insured receives a first ever diagnosis or undergoes a procedure for the first time ever for a specified critical illness. This rider is available if there is an other insured on the policy.

Form R I0764 is a rider that provides a refund of some or all of the premiums paid if the policy reaches the end of the level period or the policy terminates for any reason other than death.

Form R I0765 is a rider that insures another adult on the policy.

Form R I0766 is a rider that provides for the waiver of premiums if the insured on the policy is totally disabled, as defined in the rider.

Form 47-350-05051 (R02-08) is utilized to record the personal information of the proposed insured, policyowner,

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<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>I L0760/I L0760</i>		

beneficiaries, and proposed joint-insured, if any. This page also records the premium payment mode and payor information if the payor is different than the policyowner or proposed insured.

Form 47-352-05051 (R02-08) is utilized to record the answers to the general questions.

Form 47-353-05051 (R02-08) is utilized to record the answers to the general health questions.

Form 47-355-05051 (R02-08) is utilized when applying for life insurance sold by our licensed brokers and agents.

Form 47-354-05051 (R02-08) is utilized to record the primary physician's information and all necessary signatures.

Form 47-362-05051 (R02-08) provides additional underwriting information to the Company from the licensed broker/agent.

Company and Contact

Filing Contact Information

Andrea Boring, Policy Filing Specialist
1526 K St.
Lincoln, NE 68501-2533

policyfiling@assurity.com
(800) 276-7619 [Phone]
(402) 437-3802[FAX]

Filing Company Information

Assurity Life Insurance Company
1526 K Street
P.O. Box 82533
Lincoln, NE 68501-2533
(800) 276-7619 ext. [Phone]

CoCode: 71439
Group Code: -99

State of Domicile: Nebraska
Company Type: Life/Health

Group Name:
FEIN Number: 38-1843471

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$50.00	03/27/2008	19011572

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/10/2008	04/10/2008

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	04/09/2008	04/09/2008	Andrea Boring	04/09/2008	04/09/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Term Life Insurance	Form	Andrea Boring	04/04/2008	04/04/2008

SERFF Tracking Number: SEFL-125518811

State: Arkansas

Filing Company: Assurity Life Insurance Company

State Tracking Number: 38537

Company Tracking Number: 1 L0760

TOI: L041 Individual Life - Term

*Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: Term Life

Project Name/Number: 1 L0760/1 L0760

Disposition

Disposition Date: 04/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-125518811 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 38537
 Company Tracking Number: IL0760
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Term Life
 Project Name/Number: IL0760/1 L0760

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Policy Cost IL0760		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Accelerated Benefits Rider Disclosure and Description		Yes
Supporting Document	Response Letter		Yes
Form (revised)	Term Life Insurance		Yes
Form	Term Life Insurance		Yes
Form	Accelerated Benefit Rider		Yes
Form	Critical Illness Benefit Rider		Yes
Form	Critical Illness Benefit Rider- Other Insured		Yes
Form	Return of Premium Benefit Rider		Yes
Form	Other insured Term Insurance Benefit Rider		Yes
Form	Disability Waiver of Premium Benefit Rider		Yes
Form	Application for Life Insurance		Yes
Form	General Section of application		Yes
Form	Health Section of application		Yes
Form	Primary Physician Information/Agreement sections of application		Yes
Form	Life Product Section of application		Yes
Form	Field Underwriter's Statement of application		Yes

SERFF Tracking Number: SEFL-125518811 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Life
Project Name/Number: I L0760/I L0760

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/09/2008
Submitted Date 04/09/2008
Respond By Date
Dear Andrea Boring,
This will acknowledge receipt of the captioned filing.

Objection 1

- Accelerated Benefit Rider (Form)

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/09/2008
Submitted Date 04/09/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Please find the response to your April 9, 2008 objection.

Related Objection 1

Applies To:

- Accelerated Benefit Rider (Form)

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

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TOI: L041 Individual Life - Term *Sub-TOI:* L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Term Life
Project Name/Number: 1 L0760/1 L0760

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Accelerated Benefits Rider Disclosure and Description

Comment:

Satisfied -Name: Response Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Andrea Boring

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 Product Name: Term Life
 Project Name/Number: I L0760/I L0760

Amendment Letter

Amendment Date:
 Submitted Date: 04/04/2008

Comments:

We have noticed that page 3A was missing from the original submission of the policy. Please find this has been corrected.

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
I L0760 (AR)	Policy/Contr	Term Life	Initial				53	I L0760_Policy_AR.pdf

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 Company Tracking Number: I L0760
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Term Life
 Project Name/Number: I L0760/I L0760

Form Schedule

Lead Form Number: I L0760

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	I L0760 (AR)	Policy/Cont	Term Life Insurance ract/Fratern al Certificate	Initial		53	I L0760_Policy _AR.pdf
	R I0761	Policy/Cont	Accelerated Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	R I0761_ABRid er.pdf
	R I0762 (AR)	Policy/Cont	Critical Illness Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	R I0762_CIRide r_AR.pdf
	R I0763 (AR)	Policy/Cont	Critical Illness Benefit ract/Fratern Rider- Other Insured al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	R I0763_CIRide r_OITR_AR.p df

SERFF Tracking Number: SEFL-125518811 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 38537
 Company Tracking Number: I L0760
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Term Life
 Project Name/Number: I L0760/I L0760

R I0764	Policy/Cont Return of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	R I0764_ROPRi der.pdf
R I0765	Policy/Cont Other insured Term ract/Fratern Insurance Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54	R I0765_OITRid er.pdf
R I0766	Policy/Cont Disability Waiver of ract/Fratern Premium Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	R I0766_WOPR ider.pdf
47-350- 05051 (R02-08)	Application/ Application for Life Enrollment Insurance Form	Revised	Replaced Form #: 47-350-05051 Previous Filing #:	50	47-350- 05051_R02- 08_.pdf
47-352- 05051 (R02-08)	Application/ General Section of Enrollment application Form	Revised	Replaced Form #: 47-352-05051 Previous Filing #:	50	47-352-05051 _R02-08_.pdf
47-353- 05051 (R02-08)	Application/ Health Section of Enrollment application Form	Revised	Replaced Form #: 47-353-05051 Previous Filing #:	50	47-353-05051 _R02-08_.pdf

SERFF Tracking Number: SEFL-125518811 State: Arkansas
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 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
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 Project Name/Number: I L0760/I L0760

47-354-05051 (R02-08)	Application/Primary Physician Enrollment Information/Agreement sections of application	Revised	Replaced Form #: 47-354-05051	50	47-354-05051_R02-08_.pdf
47-355-05051 (R02-08)	Application/Life Product Section Enrollment of application	Revised	Replaced Form #: 47-355-05051	50	47-355-05051_R02-08_.pdf
47-362-05051 (R02-08)	Application/Field Underwriter's Enrollment Statement of application	Revised	Replaced Form #: 47-362-05051	50	47-362-05051_R02-08_.pdf



READ YOUR POLICY CAREFULLY! This Policy is a legal contract between the Owner (You or Your) and Assurity Life Insurance Company (We, Us, Our or Assurity), a stock company. Terms that begin with capital letters are used as defined in this Policy or on the Policy Schedule. The Index lists all such terms on page 2.

We will pay the Proceeds of this Policy to the Beneficiary if:

- the Insured dies while this Policy is in force; and
- We receive due proof of the Insured's death; and
- all Policy provisions are met.

RIGHT TO CANCEL

You may examine and cancel this Policy within 30 days of delivery for a full Premium refund. To cancel this Policy, return it to Our Administrative Office or the representative from whom it was purchased. Cancellation is effective on the date We receive the returned Policy at Our Administrative Office or the date it is received by the representative from whom it was purchased. When returned within 30 days of delivery, this Policy will be void from the Issue Date. We will refund the full Premium paid for this Policy and treat it as if it had never been issued.

You may cancel this Policy at any time after the 30-day Right to Cancel period by delivering or mailing a written request to Our Administrative Office. You may specify the date on which you want cancellation to be effective. However, cancellation will only be effective on the date You specify if We receive Your written request before that date. If We do not receive Your written request prior to the date You specify for cancellation, cancellation will be effective on the date We receive Your written request. Upon cancellation, We will promptly return the unearned portion of any Premium paid.

Assurity Life Insurance Company has signed this Policy on the Issue Date.

[President's signature]

[Secretary's signature]

President

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

**TERM LIFE INSURANCE
Renewable to Age 95 – Nonparticipating Policy
Guaranteed Level Premiums during the Level Term Period
Guaranteed and Increasing Premiums after the Level Term Period
Convertible as shown on the Policy Schedule**

Representative name: []
Address: []
[]
[]
Telephone: []

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POLICY SCHEDULE

FORM	BENEFIT	FACE AMOUNT	ANNUAL PREMIUM	YEARS PAYABLE	MATURITY OR EXPIRATION DATE
I L0760 (AR)	Term Life Insurance	[\$#,###]	[\$#,###.##]	[##]	[Date]
[R I0761	Accelerated Benefits Rider]		Included		[Date]
[R I0762	Critical Illness Benefit Rider]	[##,###]	[###.##]	[##]	[Date]
[R I0763	Critical Illness Benefit Rider – Other Insured [Jane Doe]]	[##,###]	[###.##]	[##]	[Date]
[R I0764	Return of Premium Benefit Rider]		[###.##]	[##]	[Date]
[R I0765	Other Insured Term Rider – [Jane Doe]]	[##,###]	[###.##]	[##]	[Date]
[R I0766	Disability Waiver of Premium Benefit Rider]		[###.##]	[##]	[Date]
[A-R M35	Children’s Term Insurance Rider]	[##,###]	[###.##]	[##]	[Date]
[R T25	Disability Income Rider [John Doe]		[###.##]	[##]	[Date]
	Monthly Benefit	[#,###]			
	Maximum Benefit Period	2 years			
	Elimination Period	90 consecutive days]			
[R T27	Accident Only Disability Income Rider [John Doe]		[###.##]	[##]	[Date]
	Monthly Benefit	[#,###]			
	Maximum Benefit Period	2 years			
	Elimination Period	90 consecutive days]			

[The benefit provided by the Return of Premium Benefit Rider will be a percentage of the sum of the Policy Premium and all optional benefit rider premium, less any benefits paid. See the rider contract for calculation of benefit.]

Renewal premiums are the amounts We charge to keep this Policy in force. Renewal Premiums for the Policy are level and guaranteed for [10, 15, 20 or 30] years, then the Renewal Premiums are guaranteed but will increase annually until age 95. All Renewal Premiums are shown on page 3A. Premiums may change if riders are added or terminated.

Conversion option: Convertible during the conversion period which begins on the Issue Date and ends on the earlier of [one year prior to the end of the level term period for 10 year plan or two years prior to the end of the level term period for 15, 20 and 30 year plans] or the Policy Anniversary on which the Insured has attained age 65.

Insured: [	]	(primary)	Policy Number: []	
Owner: [	]		Age: []	
Issue Date: [	]		Gender: []	
Policy Fee: \$70.00			Class: []	
First Premium: \$[	]		Premium Period: []	
Amount of Insurance: \$[	]		Policy Term: [	] Years
Modes of Premium Payment Available:		Annual: \$[]	Quarterly: \$[]
		Semi-Annual: \$[]	Monthly: \$[]

YOUR POLICY

Entire Contract. The Entire Contract between You and Assurity includes:

- this Policy, which is the contract of insurance;
- Your Application, which consists of the papers You signed to purchase this Policy. We have attached a copy of Your Application to this Policy on the Issue Date; and
- any riders or endorsements We have attached to this Policy.

Your Policy is issued in return for:

- the attached Application; and
- advance payment of the first Premium (see Premiums provision).

Issue Date. Your Policy is effective on the Issue Date. The Policy Schedule shows the Issue Date. The Issue Date is the date from which We measure Policy Anniversaries and Policy Years. A Policy Anniversary occurs in each succeeding calendar year Your Policy remains in force. The month and day of each Policy Anniversary corresponds to the month and day of the Issue Date. A Policy Year is a period of 12 consecutive calendar months. The first Policy Year begins on the Issue Date. Policy Years after the first begin on the first Policy Anniversary and on each successive Policy Anniversary thereafter.

Policy Termination. Your Policy will terminate on the earliest of the following:

- the date of the Insured's death;
- the Policy Anniversary the Insured has attained age 95 (shown as the Expiration Date on the Policy Schedule);
- the Due Date of any Premium not paid on or before the Due Date unless this Policy's Grace Period Provision applies;
- the date the Grace Period expires for any Premium to which the Grace Period provision applies;
- when You establish residence in a foreign country;
- the effective date this Policy is converted to a new policy; or
- the date You request termination.

Contract Changes. We cannot change Your Policy unless You agree to the change. Only Our President, Secretary or one of Our Vice Presidents can change or waive the terms and conditions of Your contract. Changes must be in writing and signed by one of these officers. No sales representative or any other person has the authority to change Your Policy or waive the terms and conditions of Your contract.

PREMIUMS

Premium Payment. Premiums are payments made to place and keep this Policy in force. Each Premium is due on or before its Due Date. The Due Date for the first Premium is the Issue Date. Payment of the first Premium is required to issue this Policy.

After paying the first Premium, You pay Renewal Premiums to renew Your Policy to the next Due Date. The Due Date for a Renewal Premium occurs and recurs after a Premium Period. A Premium Period is a fixed number of consecutive calendar months measured from the Issue Date. Four different Premium Periods are available under Your Policy. The Policy Schedule shows the amount of Premium payable for each Premium Period. You determine when Renewal Premiums are paid by selecting one of the four Premium Periods described below.

Note: Month(s) refer to calendar month(s):

1. **Annual.** Twelve months separate each Due Date. Annual Renewal Premiums are due on the first and each subsequent Policy Anniversary. Annual Due Dates, like Policy Anniversaries, correspond to the month and day of the Issue Date.

2. **Semi-Annual.** Six months separate each Due Date. Semi-annual Due Dates correspond to the day of the month of the Issue Date in the next and each subsequent six-month period.
3. **Quarterly.** Three months separate each Due Date. Quarterly Due Dates correspond to the day off the month of the Issue Date in the next and each subsequent three-month period.
4. **Monthly.** One month separates each Due Date. Monthly due Dates correspond to the day of the month of the Issue Date in each subsequent calendar month.

Premiums are paid to Assurity at Our Administrative Office. You may request and receive a receipt for Premiums paid. This Policy will terminate on the Due Date of any Premium not paid on or before that Due Date unless the Policy's Grace Period provision applies.

Grace Period. A Premium not paid on or before its Due Date may be paid in that Premium's Grace Period. The Grace Period begins on a Premium's Due Date and ends 31 days later. Your Policy will remain in effect if a Premium is paid during its Grace Period. If the Insured's death occurs during the Grace Period, Proceeds, after deducting the unpaid Premium, remain payable. If You do not pay a Premium by the end of its Grace Period, Your Policy will terminate for nonpayment of Premium.

We will provide written notice that Your Policy will terminate for nonpayment of Premium at least 31 days before such termination would occur. Notice will be to the last known address of the Owner and of an Assignee of record. Notice will include the amount of Premium necessary to keep the Policy in force and the date by which such Premium must be received.

Reinstatement. You can reinstate Your lapsed Policy and any attached riders, if applicable, if:

- You apply for Reinstatement on Our application form within three years of the lapse;
- the Insured and Owner(s), if different, sign the application;
- You pay all past due Premiums together with 6% interest, compounded annually from each Due Date; and
- You provide Us satisfactory Evidence of Insurability. Evidence of Insurability is information about the Insured We use to determine whether to approve or reinstate Your Policy.

The reinstatement of Your Policy is effective on the date We approve Your reinstatement application. You cannot reinstate Your Policy:

- if You requested cancellation under the Right to Cancel provision; or
- after the Policy Anniversary in which the Insured has attained age 95 (shown as the Expiration Date on the Policy Schedule).

INSURED, OWNERSHIP & ASSIGNMENT

Insured. The Insured is the person:

- whose life is insured under this Policy; and
- who is named as the Insured on the Policy Schedule.

The Insured is the Owner of this Policy unless:

- a different Owner is named in the Application and shown on the Policy Schedule; or
- the Owner is changed.

Ownership. During the Insured's lifetime, an Owner, whether or not the Insured, may:

- receive all Policy benefits;
- exercise all rights under this Policy, including naming a new Owner; and
- name or change a Contingent Owner. The Contingent Owner is the person who will become the new Owner of this Policy if the present Owner dies before the Insured. Naming a new Owner or a new Contingent Owner voids any prior designation of a Contingent Owner unless stated otherwise in the new designation.

Change of Ownership. Policy Ownership may be changed while the Insured is alive by:

- completing and signing a form approved by Us for changing Ownership; and
- returning the form to Our Administrative Office for Our written acknowledgement.

When We furnish You written acknowledgment of the change of Ownership the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Ownership change.

Assignment. You can transfer, or Assign, some or all of Your Policy rights to someone else by making a contract with that person, the Assignee. We are not responsible for the validity of any Assignment of this Policy, nor are We bound by any Assignment until We receive a copy of the Assignment at Our Administrative Office.

BENEFICIARY

Beneficiary Provisions. The Beneficiary is the person(s) named in the Application, or by later designation, to receive the Proceeds, if any. Unless otherwise stated:

- in this Policy;
- in any Payment Contract in effect under this Policy; or
- in a Beneficiary designation in effect under this Policy,

the following provisions apply to any and all Beneficiaries:

1. Only surviving Beneficiaries have an interest in any Proceeds. Surviving means living at least 120 hours beyond the Insured.
2. A Beneficiary is either a primary Beneficiary or a contingent Beneficiary. A surviving primary Beneficiary's interest in any Proceeds is superior to and exclusive of that of any contingent Beneficiary. Proceeds are payable to the contingent Beneficiary only if no primary Beneficiary survives the Insured.
3. We will pay Proceeds to the Beneficiaries surviving at the time of the Insured's death. We may require proof of age, gender or of the continued survival of any Beneficiary. We may rely on the affidavit of any responsible person to determine:
 - the identity of any Beneficiaries not identified by name; or
 - whether any Beneficiaries not identified by name are living.
4. All Beneficiaries in the same class will share equally unless You specify otherwise.

5. After the death of all designated Beneficiaries, We will pay:
 - any Proceeds payable, except for any guaranteed payments, to the Owner or to the Owner's successors, transferees or estate; or
 - the withdrawal value of any unpaid guaranteed payments to the estate of the person then receiving such payments. Payment will be in a lump sum.
6. To the extent allowed by law, We will protect the payment of Proceeds or interest to a Beneficiary from creditors' claims and legal process.

Change of Beneficiary. A Beneficiary may be changed while the Insured is alive by:

- completing and signing a form provided by Us for changing a Beneficiary; and
- returning the form to Our Administrative Office for Our written acknowledgement.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Beneficiary change.

PAYMENT OF PROCEEDS

If the Insured dies while this Policy is in force, We will pay this Policy's Proceeds to the Beneficiary. Payment will be made within two months of receiving proof of death at Our Administrative Office. Interest at 8% or the rate required by law will be included on any portion of the Proceeds not paid within 30 days of Our receipt of due proof of death. Such interest will continue until full payment is made.

Amount Payable. The amount of Proceeds payable is equal to the Face Amount in force, less the sum of any Premiums due and unpaid.

Payment will include interest on the Proceeds from the date of death until the date payment is made. The interest paid on Proceeds will be the higher of:

- the rate payable under Payment Option 3; or
- the rate required by state law, if any.

Optional Payment of Proceeds. Upon the death of the Insured, We will pay Proceeds in a lump sum or under a Payment Option. We will not pay Proceeds under a Payment Option unless so elected in a written statement sent to Our Administrative Office. All or part of the Proceeds may be applied to a Payment Option if the amount applied is at least \$5,000 and will provide an installment payment of at least \$50. We will protect Proceeds paid under a Payment Option from creditor's claims and legal process to the extent allowed by law.

You may elect a Payment Option during the Insured's lifetime. A Beneficiary may also elect a Payment Option if Proceeds are payable to the Beneficiary. The person receiving payments under a Payment Option is the Payee. If a Payee chooses lifetime payments, We may require proof of a Payee's age. We must agree to a Payment Option if the Payee is an Assignee or if the Payee is other than a natural person (such as a corporation or a partnership). If Your Policy is assigned as payment of a loan, We will pay the Assignee in a lump sum.

We will provide the Payee with a Payment Contract that explains how We make payments under the chosen Payment Option. The Payment Contract will control payments if a Payee dies before We make all payments. Payment Contracts cannot be assigned.

Payment Option 1: Payment for a Fixed Period. Payments are in equal installments for a fixed period of years not to exceed 30 years. Payments will not be less than as shown in Values for Payment Option 1 and may be increased by additional interest.

Payment Option 2: Payment of Fixed Amount. Fixed payments are made in installments until the Proceeds and interest at 3% are depleted. Additional interest may be paid which will extend the number of payments. Yearly payments must be at least \$60 for each \$1,000 of Proceeds applied.

Payment Option 3: Left at Interest. We will pay interest periodically on amounts left with Us. The Interest rate paid will not be less than 3% per year. Additional interest may be paid.

Payment Option 4: Alternate Payment for Life. Payments are chosen based on Our then published settlement option rates. Payment will not be less than the amount of a monthly annuity that can be purchased:

- as a single premium annuity;
- with the first payment made immediately; and
- at Our then published settlement option rates.

Withdrawal of Proceeds. Unless restricted, a Payee can withdraw unpaid Option 1, 2 or 3 balances. We will discount any Option 1 Proceeds at the Option 1 interest rate.

CONVERSION OPTION

You may elect to convert this Policy's insurance to a new policy without submitting Evidence of Insurability. Conversion will be to a permanent plan of insurance We offer for conversion at the time You elect to convert. Except as otherwise provided, conversion can only be made if all of the following conditions are met:

- the request for conversion is made prior to the end of the conversion period shown on the Policy Schedule (You may not convert this Policy after the conversion period expires);
- the Insured is living and this Policy is in force; and
- all Renewal Premiums have been paid.

Conversion will be effective upon Our receipt of Your request and payment of the new policy's first premium. The new policy's date of issue is the Due Date on which the conversion is made. Insurance coverage under the new policy is effective on the new policy's issue date.

The amount of insurance converted from this Policy cannot exceed this Policy's Face Amount and is subject to the balance, if any, of the Contestability and Suicide provisions, as measured from this Policy's Issue Date. Premiums for the new policy will be based on this Policy's rules for Premium Rate Class and the Insured's Attained Age on the Policy Anniversary nearest the new policy's issue date. Attained Age means the Insured's age at the last birthday plus months and days since the last birthday.

If this Policy includes a Waiver of Premium Benefit Rider, the new policy will include such a rider offered by Us unless the Insured is "totally disabled" as defined in such rider at the time of the conversion. If this Policy does not include a Waiver of Premium Benefit Rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

If this Policy includes a Critical Illness Benefit Rider, the new policy will include such a rider offered by Us unless the Insured has received the maximum percentage of benefit amount for each category or the rider is not in force at the time of the conversion. If any benefit amount has been paid under this rider, such condition(s) will be excluded from coverage under the conversion rider. If this Policy does not include a Critical Illness Benefit Rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

If this Policy includes a Disability Income Benefit Rider, the new policy will include such a rider offered by Us unless the Insured is "totally disabled" as defined in such rider or the rider is not in force at the time of the conversion. If this Policy does not include a Disability Income Benefit Rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

GENERAL PROVISIONS

Application Statements. No statement will void this Policy, or any attached riders, or be used to defend a claim unless You made the statement in Your Application. We can only use Application statements if We attach a copy of Your Application to this Policy on the Issue Date. State law also requires Us to inform You that the statements You make in Your Application are deemed Representations and not Warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements Warranties, We could cancel Your Policy for any inaccuracy – even an honest mistake. Therefore, We regard the statements made in Your Application as Representations, not as Warranties.

Contestable Period. We have the right to contest the validity of this Policy and any attached riders based on material misrepresentations made in the initial Application. However, We cannot contest the validity of the Policy or any attached riders, except for fraudulent misstatements in the Application, after it has been in force during the lifetime of the Insured for two years from the Issue Date.

We have the right to contest the validity of a reinstatement of the Policy and any attached riders based on material misrepresentations made in the application for reinstatement. However, We cannot contest a reinstatement, except for fraudulent misstatements in the reinstatement application, after the reinstatement has been in force during the lifetime of the Insured for two years from the reinstatement date.

Minimum Benefit. This Policy's benefits will not be less than the minimum benefits required by law in the Owner's state of residence.

Misstatement of Age or Gender. If the Insured's age or gender is misstated in the Application, We will revise the amount of the Policy's Face Amount. We will revise the Face Amount to the amount the Premium paid would have purchased for the correct age or gender using Our published rates in effect on the Issue Date.

Nonparticipating Policy. Your Policy is a Nonparticipating Policy, which means it does not participate, or share, in Assurity's earnings. Shares in company earnings are commonly called Dividends. Dividends will not be paid under Your Policy.

Reserves. We use the 2001 Commissioner's Standard Ordinary Smoker/Non-Smoker, Male/Female, Select and Ultimate Mortality Table to establish Policy Reserves. We have filed a detailed statement of calculation methods with the insurance regulator of the state in which this the Application is signed.

Suicide. If the Insured dies by Suicide within two years of the Issue Date, Our liability is limited to a refund of Premiums paid. This provision expires two years after the Issue Date.

VALUES FOR PAYMENT OPTION 1

Fixed Period (Years)	<i>Amount of Each Payment</i>				Fixed Period (Years)	<i>Amount of Each Payment</i>			
	<u>Annual</u>	<u>Semi- Annual</u>	<u>Quarterly</u>	<u>Monthly</u>		<u>Annual</u>	<u>Semi- Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
1	\$1,000.00	\$503.69	\$252.78	\$84.47	16	\$77.29	\$38.93	\$19.54	\$6.53
2	507.39	255.57	128.26	42.86	17	73.74	37.14	18.64	6.23
3	343.23	172.88	86.76	28.99	18	70.59	35.56	17.84	5.96
4	261.19	131.56	66.02	22.06	19	67.78	34.14	17.13	5.73
5	211.99	106.78	53.59	17.91	20	65.26	32.87	16.50	5.51
6	179.22	90.27	45.30	15.14	21	62.98	31.72	15.92	5.32
7	155.83	78.49	39.39	13.16	22	60.92	30.68	15.40	5.15
8	138.31	69.66	34.96	11.68	23	59.04	29.74	14.92	4.99
9	124.69	62.81	31.52	10.53	24	57.33	28.88	14.49	4.84
10	113.82	57.33	28.77	9.61	25	55.76	28.08	14.09	4.71
11	104.93	52.85	26.52	8.86	26	54.31	27.36	13.73	4.59
12	97.54	49.13	24.65	8.24	27	52.97	26.68	13.39	4.47
13	91.29	45.98	23.08	7.71	28	51.74	26.06	13.08	4.37
14	85.95	43.29	21.73	7.26	29	50.60	25.49	12.79	4.27
15	81.33	40.96	20.56	6.87	30	49.53	24.95	12.52	4.18

*Payments are shown for each \$1,000 applied under the Payment Option.
Figures not shown will be furnished on request.*

Assurity Life Insurance Company

TERM LIFE INSURANCE

**Renewable to Age 95 – Nonparticipating Policy
Guaranteed Level Premiums during the Level Term Period
Guaranteed and Increasing Premiums after the Level Term Period
Convertible as shown on the Policy Schedule**

READ YOUR POLICY CAREFULLY!



ACCELERATED BENEFITS RIDER

BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE.
YOU SHOULD CONSULT YOUR TAX ADVISOR TO DISCUSS THIS.

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application.

This rider provides an accelerated payment of life insurance proceeds under conditions specified in this rider. It is not intended to provide health, nursing home or long term care insurance. Cash values, loan values, if any, and death benefits will be reduced if You receive an accelerated benefit. Benefit payments may affect qualifications for entitlement payments.

DEFINITIONS

Eligible Proceeds means up to a total of \$250,000 of the Policy Face Amount of all in-force life insurance coverage on the life of the Insured from all policies and riders issued by Assurity Life Insurance Company.

Benefit Amount means the portion of the Eligible Proceeds You elect to receive, adjusted by a variety of factors. These factors include:

- reduced life expectancy;
- Insured's age and gender;
- expected future Premiums;
- current Dividends, if any; and
- interest rate. The maximum interest rate used will be no more than the greater of a) the current yield on 90-day treasury bills or b) the current maximum statutory adjustable policy loan interest rate.

We will also adjust the Benefit Amount by a processing charge. This charge will not exceed \$250. We will tell You what the charge is when You request this rider's benefit.

Nursing Home means an institution which is not primarily a residential facility and which:

- is a Medicare-approved Skilled Nursing facility;
- is state licensed as a Skilled Nursing or Intermediate Care Facility; or
- meets all of the following:
 - is state licensed as a Nursing Home;
 - primarily provides nursing care;
 - is supervised by a Registered or Licensed Practical Nurse;
 - keeps daily patient medical records; and
 - records and controls all medications it gives.

Terminally Ill means having an expected life span of 12 months or less. You must provide Us with a doctor's certification of the Insured's life expectancy.

RIDER BENEFIT

Subject to rider conditions, You can request to receive the Benefit Amount while the Insured is alive if the Insured qualifies for the Terminal Illness Option or Nursing Home Option. There are four types of rider conditions.

Conversion Conditions. These rider conditions have to do with what policies and riders You can convert to a Benefit Amount.

- You can combine together all of Your in-force life insurance coverage on the life of the Insured from all policies and riders issued by Assurity.
- You cannot convert more than \$250,000.
- You can only convert one time per policy or rider.

Election Conditions. These rider conditions tell You how to elect this rider's benefit.

- You must request the rider benefit in writing.
- You must send the request for the rider benefit to Our Administrative Office.
- You must send Us the policies and riders You are converting with Your request.
- You must provide Us with a physician's statement.

Voluntary Conditions. This rider's benefit is only available if You take it on Your own. You cannot exercise this rider if you are required by:

- law to use this rider to pay creditors' claims; or
- government to use this rider to get a government benefit.

General Conditions. You cannot elect this rider:

- during Your Policy's Application Statements or Contestable Period;
- within 2 years of Your Policy's final Expiration Date;
- if Your Policy is on extended term insurance; or
- if Your Policy is assigned or has an irrevocable Beneficiary.

Terminal Illness Options. This option lets You receive a Benefit Amount if the Insured is Terminally Ill. If You do not want to receive the payment in a lump sum, You can be paid in 12 equal monthly payments. If You take 12 payments, We will pay interest of not less than 3% per year. If the Insured dies before all 12 payments are made, We will pay the Beneficiary the present value of future payments based on the monthly interest rate amount used to calculate the original payments.

Nursing Home Option. This option let You receive the Benefit Amount if the Insured:

- is in a Nursing Home;
- has been in the Nursing Home for six consecutive months before You elect to receive the Benefit Amount; and
- is expected to stay in the Nursing Home until death.

You must prove all of the above to Us. A doctor must certify the Nursing Home stay will last until death. If You do not want to receive a lump sum payment, You can be paid monthly payments as follows:

<u>Attained Age of Insured</u>	<u>Payment Period in Years</u>	<u>Minimum Monthly Payment per \$1,000 of Benefit Base</u>
Under 64	10	\$ 9.61
65 – 67	8	11.68
68 – 70	7	13.16
71 – 73	6	15.14
74 – 77	5	17.91
78 – 81	4	22.06
82 – 86	3	28.99
87+	2	42.86

We can set a maximum benefit, but it will be at least \$5,000. If the Insured dies before all payments are made, We will pay the Beneficiary the present value of future payments based on the interest rate amount used to calculate the original payment.

EFFECT ON POLICY

Following the payment of the Benefit Amount, the Policy will stay in force at a reduced amount. The reduction is the percentage of Eligible Proceeds used. For example, if You convert 25% of Your Policy's Eligible Proceeds, only 75% of the Policy's Face Amount stays in force. The Policy Premium will be reduced to the Premium that would apply had the Policy been issued at the reduced amount. There will be no change in any Policy or rider that was not part of the Eligible Proceeds. We will provide You with a revised Policy Schedule which reflects the reduction of all values applicable to the Policy and all benefits the Policy provides.

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date We approve Your written request to accelerate benefits; or
- the date Your Policy terminates for any reason.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



CRITICAL ILLNESS BENEFIT RIDER

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any premium change.

SCHEDULE

Issue Date:	[same as policy issue date]
Expiration Date:	[equal to the Policy Anniv. following the Insured's 75 th birthday]
Insured Person:	[John Doe]
Benefit Amount:	[\$20,000 – 100,000]

DEFINITIONS

Angioplasty, for the purposes of this rider, means undergoing a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified in Cardiology. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Carcinoma in Situ, for the purposes of this rider, means a malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in Situ must be diagnosed with histopathological confirmation. Premalignant lesions and Carcinoma in Situ of the skin, including melanoma in situ, are excluded.

Clinical Diagnosis, for the purposes of this rider, means the Diagnosis of Invasive Cancer or Carcinoma in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured Person for Invasive Cancer and/or Carcinoma in Situ.

Coronary Bypass Surgery, for the purposes of this rider, means undergoing coronary artery bypass surgery requiring median sternotomy (division of the breast bone) and the use of either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified as a Cardiothoracic Surgeon. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Date of Diagnosis, for the purposes of this rider, means the date the Diagnosis is established by a Physician who is a board certified specialist where required under this rider, through the use of clinical and/or laboratory findings as supported by the Insured Person's medical records. For a procedure, it is the date the Insured Person undergoes the procedure.

Diagnosis, for the purposes of this rider, means the definitive establishment of the specified critical illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this rider.

First Ever Diagnosis or Procedure, for the purposes of this rider, means this diagnosis or procedure is the first time ever in the Insured Person's lifetime that he/she has undergone that specific procedure or been diagnosed with that specific condition listed as a specified critical illness in the chart under the Rider Benefit provision.

Heart Attack, for the purposes of this rider, means death of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

- clinical symptoms, for example, central chest pain;
- diagnostic increase of specific cardiac markers; and
- new electrocardiographic changes of infarction.

Established (old) myocardial infarction prior to the Issue Date is excluded.

Invasive Cancer, for the purposes of this rider, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer must be positively Diagnosed with histopathological confirmation. The following tumors are excluded:

- chronic lymphocytic leukemia that has not progressed to at least Rai Stage II or Binet Stage B;
- all tumors that are histologically described as premalignant, noninvasive, Carcinoma in Situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3, HGSIL and LGSIL), or borderline malignant or low malignant potential;
- all skin cancers, unless there is evidence of metastasis, or the tumor is malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- prostate cancer, unless histologically classified as Gleason score seven (7) or greater, or TNM classification T2N0M0 or greater;
- papillary carcinoma of the thyroid that is one (1) cm or less in diameter and limited to the thyroid; and
- noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

Kidney (Renal) Failure, for the purposes of this rider, means the chronic and irreversible failure of both of the Insured Person's kidneys which requires the Insured Person to undergo regular and ongoing dialysis. The Diagnosis must be made by a Physician board certified in Nephrology.

Major Organ Transplant, for the purposes of this rider, means the clinical evidence of a major organ(s) failure which requires the malfunctioning organ(s) of the Insured Person to be replaced with an organ(s) from a suitable human donor (excluding the Insured Person) under generally accepted medical procedures. The organs covered by this definition are limited to: liver, kidney, lung, entire heart or pancreas. In order for the Major Organ Transplant to be covered under this rider, the Insured Person must be registered by the United Network of Organ Sharing (UNOS).

Paralysis, for the purposes of this rider, means the complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a Physician board certified in Neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded. (Note: Stroke is a separate benefit.)

Pathological Diagnosis, for the purposes of this rider, means a Diagnosis of Invasive Cancer or Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in Pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Physician, for the purposes of this rider, means a licensed medical provider. The Physician must act within the scope of his or her license and be someone other than You, an Insured Person or a family member of Yours or an Insured Person. The Physician must be providing care required by the specified critical illness.

Stroke, for the purposes of this rider, means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Physician board certified in Neurology.

Waiting Period, for the purposes of this rider, means the number of days following the Issue Date or last reinstatement date. If a specified critical illness is Diagnosed during the applicable Waiting Period, a reduced benefit may be payable.

RIDER BENEFIT

We will pay this benefit if the Insured Person receives a First Ever Diagnosis or Procedure for one of the specified critical illnesses shown in the chart below if:

- the Date of Diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description.

The amount payable for each First Ever Diagnosis or Procedure of a specified critical illness per category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the rider Schedule. The percentage of the Benefit Amount payable for each specified critical illness is shown beside the illness in the chart below.

The maximum total percentage of the Benefit Amount payable per category of specified critical illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 2	Kidney (Renal) Failure	100%	100%
	Major Organ Transplant – not covered in Category 1	100%	
	Paralysis – not as a result of Stroke	100%	
Category 3	Invasive Cancer	100%	100%
	Carcinoma in Situ	25%	

If the Insured Person receives a percentage of the Benefit Amount for one specified critical illness within a category in the chart above and then becomes eligible for benefits for another specified critical illness within the same category, the Benefit Amount payable for the subsequent illness within the same category is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous specified critical illnesses within the same category.

After 100% of the Benefit Amount shown on the rider Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any specified critical illness in that category. We will pay the benefit for Coronary Bypass Surgery, Carcinoma in Situ and Angioplasty only once per lifetime.

If benefits have been paid for a specified critical illness within one category, no benefits will be payable for a subsequent specified critical illness within a different category unless the Date of Diagnosis of the subsequent specified critical illness is separated by at least 180 days from the Date of Diagnosis of the immediately preceding specified critical illness.

If the Date of Diagnosis of two or more specified critical illnesses is the same day, We will pay only one specified critical illness benefit. We will pay the larger of the specified critical illness benefits.

If You receive benefits for Carcinoma in Situ and are later Diagnosed with Invasive Cancer, the remaining Benefit Amount will be paid.

No benefits are payable for conditions other than the specified critical illnesses defined in this rider.

LIMITATIONS

Waiting Period. If within 30 days following the Issue Date or last reinstatement date of this rider, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- has exhibited any common or identifiable symptoms or medical problems which lead to a Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

EXCLUSIONS

We will not pay benefits under this rider for conditions caused by or as the result of the Insured Person:

- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;

- participating in or attempting to commit a felony;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- self-inflicting an injury intentionally; or
- committing or attempting to commit suicide, while sane or insane.

CLAIMS PROCEDURE

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after the Diagnosis covered by this rider starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name and policy number as shown on the Policy Schedule.

Claim Forms. When We receive the notice of claim, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us a written statement of the cause, nature and extent of the Diagnosis within the time limit stated in the Proof of Loss provision.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after the Diagnosis. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of Diagnosis unless You were legally incapacitated.

Time of Payment of Claims. Benefits for any Diagnosis by this rider will be paid after proper written proof of loss is received.

Payment of Claims. All benefits will be paid to You or Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

GENERAL PROVISIONS

Entire Contract. In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

Legal Action. You cannot bring a legal action to recover benefits under Your rider for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date of proof of loss is required.

Misstatement of Age or Gender. If Your age or gender is misstated, an adjustment in premiums, coverage, or both will be made based on Your true age or gender. No misstatement of age or gender will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

Physical Examination and Autopsy. We have the right to have You examined when and as often as is reasonable during the pending of a claim and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Conformity with State Statutes. The law of Your state of residence applies. If this rider conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Periods of Time. All periods of time shown in the rider begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

Time of Coverage. Coverage starts on the rider Issue Date at 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the Grace Period. This rider may be renewed only as stated in the Renewal Provision of the policy to which it is attached. Each time this rider is renewed, the new term begins when the old terms ends.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your Policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- when You establish residence in a foreign country;
- the expiration date listed in the rider Schedule;
- when the maximum percentage of Benefit Amount has been paid for each category; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



CRITICAL ILLNESS BENEFIT RIDER – OTHER INSURED

This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to Our Administrative Office at the same time as Policy Premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. We will do this only after Your state has been notified and agreed to the change. You will be given a 31-day notice by mail prior to any premium change.

SCHEDULE

Issue Date:	[same as policy issue date]
Expiration Date:	[equal to the Policy Anniv. following the Insured's 75 th birthday]
Insured Person:	[Jane Doe]
Benefit Amount:	[\$20,000 – 100,000]

DEFINITIONS

Angioplasty, for the purposes of this rider, means undergoing a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified in Cardiology. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Carcinoma in Situ, for the purposes of this rider, means a malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in Situ must be diagnosed with histopathological confirmation. Premalignant lesions and Carcinoma in Situ of the skin, including melanoma in situ, are excluded.

Clinical Diagnosis, for the purposes of this rider, means the Diagnosis of Invasive Cancer or Carcinoma in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured Person for Invasive Cancer and/or Carcinoma in Situ.

Coronary Bypass Surgery, for the purposes of this rider, means undergoing coronary artery bypass surgery requiring median sternotomy (division of the breast bone) and the use of either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified as a Cardiothoracic Surgeon. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Date of Diagnosis, for the purposes of this rider, means the date the Diagnosis is established by a Physician who is a board certified specialist where required under this rider, through the use of clinical and/or laboratory findings as supported by the Insured Person's medical records. For a procedure, it is the date the Insured Person undergoes the procedure.

Diagnosis, for the purposes of this rider, means the definitive establishment of the specified critical illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this rider.

First Ever Diagnosis or Procedure, for the purposes of this rider, means this diagnosis or procedure is the first time ever in the Insured Person's lifetime that he/she has undergone that specific procedure or been diagnosed with that specific condition listed as a specified critical illness in the chart under the Rider Benefit provision.

Heart Attack, for the purposes of this rider, means death of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

- clinical symptoms, for example, central chest pain;
- diagnostic increase of specific cardiac markers; and
- new electrocardiographic changes of infarction.

Established (old) myocardial infarction prior to the Issue Date is excluded.

Invasive Cancer, for the purposes of this rider, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer must be positively Diagnosed with histopathological confirmation. The following tumors are excluded:

- chronic lymphocytic leukemia that has not progressed to at least Rai Stage II or Binet Stage B;
- all tumors that are histologically described as premalignant, noninvasive, Carcinoma in Situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3, HGSIL and LGSIL), or borderline malignant or low malignant potential;
- all skin cancers, unless there is evidence of metastasis, or the tumor is malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- prostate cancer, unless histologically classified as Gleason score seven (7) or greater, or TNM classification T2N0M0 or greater;
- papillary carcinoma of the thyroid that is one (1) cm or less in diameter and limited to the thyroid; and
- noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

Kidney (Renal) Failure, for the purposes of this rider, means the chronic and irreversible failure of both of the Insured Person's kidneys which requires the Insured Person to undergo regular and ongoing dialysis. The Diagnosis must be made by a Physician board certified in Nephrology.

Major Organ Transplant, for the purposes of this rider, means the clinical evidence of a major organ(s) failure which requires the malfunctioning organ(s) of the Insured Person to be replaced with an organ(s) from a suitable human donor (excluding the Insured Person) under generally accepted medical procedures. The organs covered by this definition are limited to: liver, kidney, lung, entire heart or pancreas. In order for the Major Organ Transplant to be covered under this rider, the Insured Person must be registered by the United Network of Organ Sharing (UNOS).

Paralysis, for the purposes of this rider, means the complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a Physician board certified in Neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded. (Note: Stroke is a separate benefit.)

Pathological Diagnosis, for the purposes of this rider, means a Diagnosis of Invasive Cancer or Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in Pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Physician, for the purposes of this rider, means a licensed medical provider. The Physician must act within the scope of his or her license and be someone other than You, an Insured Person or a family member of Yours or an Insured Person. The Physician must be providing care required by the specified critical illness.

Stroke, for the purposes of this rider, means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Physician board certified in Neurology.

Waiting Period, for the purposes of this rider, means the number of days following the Issue Date or last reinstatement date. If a specified critical illness is Diagnosed during the applicable Waiting Period, a reduced benefit may be payable.

RIDER BENEFIT

We will pay this benefit if the Insured Person receives a First Ever Diagnosis or Procedure for one of the specified critical illnesses shown in the chart below if:

- the Date of Diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description.

The amount payable for each First Ever Diagnosis or Procedure of a specified critical illness per category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the rider Schedule. The percentage of the Benefit Amount payable for each specified critical illness is shown beside the illness in the chart below.

The maximum total percentage of the Benefit Amount payable per category of specified critical illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 2	Kidney (Renal) Failure	100%	100%
	Major Organ Transplant – not covered in Category 1	100%	
	Paralysis – not as a result of Stroke	100%	
Category 3	Invasive Cancer	100%	100%
	Carcinoma in Situ	25%	

If the Insured Person receives a percentage of the Benefit Amount for one specified critical illness within a category in the chart above and then becomes eligible for benefits for another specified critical illness within the same category, the Benefit Amount payable for the subsequent illness within the same category is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous specified critical illnesses within the same category.

After 100% of the Benefit Amount shown on the rider Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any specified critical illness in that category. We will pay the benefit for Coronary Bypass Surgery, Carcinoma in Situ and Angioplasty only once per lifetime.

If benefits have been paid for a specified critical illness within one category, no benefits will be payable for a subsequent specified critical illness within a different category unless the Date of Diagnosis of the subsequent specified critical illness is separated by at least 180 days from the Date of Diagnosis of the immediately preceding specified critical illness.

If the Date of Diagnosis of two or more specified critical illnesses is the same day, We will pay only one specified critical illness benefit. We will pay the larger of the specified critical illness benefits.

If You receive benefits for Carcinoma in Situ and are later Diagnosed with Invasive Cancer, the remaining Benefit Amount will be paid.

No benefits are payable for conditions other than the specified critical illnesses defined in this rider.

LIMITATIONS

Waiting Period. If within 30 days following the Issue Date or last reinstatement date of this rider, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- has exhibited any common or identifiable symptoms or medical problems which lead to a Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

EXCLUSIONS

We will not pay benefits under this rider for conditions caused by or as the result of the Insured Person:

- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- participating in or attempting to commit a felony;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or unit auxiliary thereto, including the National Guard or Army Reserve;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- self-inflicting an injury intentionally; or
- committing or attempting to commit suicide, while sane or insane.

CONVERSION

The Insured Person can convert this rider at the time they convert their term rider coverage to a permanent plan of insurance. Conversion will be to a rider offered by Us unless the Insured Person has received the maximum percentage of benefit amount for each Category or the rider is not in force at the time of the conversion. If any benefit amount has been paid under this rider, such condition(s) will be excluded from coverage under the conversion rider.

The Insured Person can also convert this rider to his/her own critical illness insurance policy offered by Us if:

- the primary Insured Person dies; or
- the primary Insured Person of the Policy and the rider Insured Person are lawfully married and become legally divorced.

The Insured Person must request conversion in writing within 31 days of one of the events above. Completion of a written application and payment of the necessary premium will be required. Evidence of Insurability will not be required. The conversion policy will provide the Insured Person the same coverage and Benefit Amount provided under this rider at the time of conversion. Any waiting period for Contestable and Suicide provisions will be waived to the extent the same has been met under this rider. If any specified critical illness Benefit Amount has been paid under this rider, such condition(s) will be excluded from coverage under the conversion policy. The premium for the conversion policy will be based upon the age of the Insured Person when this rider was issued.

CLAIMS PROCEDURE

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after the Diagnosis covered by this rider starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name and policy number as shown on the Policy Schedule.

Claim Forms. When We receive the notice of claim, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us a written statement of the cause, nature and extent of the Diagnosis within the time limit stated in the Proof of Loss provision.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after the Diagnosis. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of Diagnosis unless You were legally incapacitated.

Time of Payment of Claims. Benefits for any Diagnosis by this rider will be paid after proper written proof of loss is received.

Payment of Claims. All benefits will be paid to You or Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

GENERAL PROVISIONS

Entire Contract. In this rider, "Policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of Premiums as provided.

Legal Action. You cannot bring a legal action to recover benefits under Your rider for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date of proof of loss is required.

Misstatement of Age or Gender. If Your age or gender is misstated, an adjustment in premiums, coverage, or both will be made based on Your true age or gender. No misstatement of age or gender will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

Physical Examination and Autopsy. We have the right to have You examined when and as often as is reasonable during the pending of a claim and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Conformity with State Statutes. The law of Your state of residence applies. If this rider conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Periods of Time. All periods of time shown in the rider begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

Time of Coverage. Coverage starts on the rider Issue Date at 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the Grace Period. This rider may be renewed only as stated in the Renewal Provision of the policy to which it is attached. Each time this rider is renewed, the new term begins when the old terms ends.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your Policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- when You establish residence in a foreign country;
- the expiration date listed in the rider Schedule;
- when the maximum percentage of Benefit Amount has been paid for each category; or
- upon the Insured Person's death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



RETURN OF PREMIUM BENEFIT RIDER

This rider provides for a Return of Premium Benefit to You that equals a portion of or all of the total Premiums paid for the Policy and any riders attached to the Policy on the rider's termination date. This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

SCHEDULE

Issue Date:	[same as policy issue date]
Insured Person:	[insured on base policy]
Expiration Date:	[equal to term period of policy]

RIDER BENEFIT

The rider benefit paid under terms of this rider equals the benefit as defined in the Return of Premium Benefit Calculation provision. No benefit will be paid if the Insured dies before the Expiration Date of this rider.

If the Policy terminates for insufficient Premium as provided in the Policy's Grace Period provision, or at the Owner's request to terminate the Policy, the Rider Benefit will be paid as defined in the Return of Premium Benefit Calculation provision. If reinstatement of the lapsed Policy is later requested, the Rider Benefit paid must be repaid to Us prior to the reinstatement of the Policy.

RETURN OF PREMIUM BENEFIT CALCULATION

The following table shows the percentage of Premium returned as of the end of a Policy Year. The end of the Policy Year is determined by the Policy Issue Date stated on the Policy Schedule. The Return of Premium percentage at the date to which Premiums have been paid within a Policy Year can be calculated by prorating the percentage from the end of the previous year to the end of the current year. There is no rider benefit available before the end of the fifth Policy Year.

Return of Premium Benefit

To determine the Return of Premium Benefit:

1. Add together all Premiums paid for the Policy, all Premiums paid for riders attached to the Policy and all Premiums waived under any Disability Waiver of Premium Rider attached to the Policy.
2. Multiply the above total by the percentage matching the appropriate Policy Year in the Return of Premium Benefit Schedule shown below.
3. Subtract from the amount calculated in 2 above, all benefits paid under any Disability Income Rider, Critical Illness Benefit Rider and Accelerated Benefits Rider attached to the Policy and all Premiums waived under any Disability Waiver of Premium Rider attached to this Policy.

The total of this calculation is the Return of Premium Benefit.

RETURN OF PREMIUM BENEFIT SCHEDULE

Policy Year	Policy Term Duration		
	15 Year Term	20 Year Term	30 Year Term
1-5	0%	0%	0%
6	10%	5%	2%
7	15%	7%	4%
8	20%	10%	6%
9	30%	15%	8%
10	40%	20%	10%
11	50%	25%	12%
12	60%	30%	14%
13	70%	35%	16%
14	85%	40%	18%
15	100%	60%	22%
16	N/A	65%	23%
17	N/A	70%	24%
18	N/A	80%	26%
19	N/A	90%	28%
20	N/A	100%	30%
21	N/A	N/A	35%
22	N/A	N/A	40%
23	N/A	N/A	45%
24	N/A	N/A	50%
25	N/A	N/A	55%
26	N/A	N/A	60%
27	N/A	N/A	70%
28	N/A	N/A	80%
29	N/A	N/A	90%
30	N/A	N/A	100%

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date Your Policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- when You establish residence in a foreign country; or
- the expiration date listed in the rider Schedule.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

[Secretary's signature]

President

Secretary

**Assurity Life Insurance Company
 Administrative Office
 P.O. Box 82533, Lincoln, Nebraska 68501-2533
 Toll-free (800) 869-0355**



OTHER INSURED TERM INSURANCE BENEFIT RIDER

This rider provides term insurance on the person named in the rider Schedule. This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

SCHEDULE

Issue Date	[]
Insured Person	[]
Amount of Insurance	[]
Expiration Date	[]

RIDER BENEFIT

If the Insured Person’s death occurs while the Policy and rider are in force and prior to the Expiration Date shown in the rider Schedule, We will pay the Amount of Insurance to this rider’s Beneficiary.

Payment of the Amount of Insurance will be made:

- in the same manner as We pay Policy Proceeds;
- in addition to Policy Proceeds otherwise payable; and
- after due proof of the Insured Person’s death is received at Our Administrative Office.

CONVERSION

All or part of the Amount of Insurance may be converted to a new policy of insurance without submitting evidence of the Insured Person’s health. The new policy will be a permanent plan of insurance offered by Us. The amount converted:

- cannot exceed the Amount of Insurance on the date of conversion;
- is subject to the balance, if any, of the Contestable Period and Suicide provisions as measured from this rider’s Issue Date; and
- is subject to the Conversion Requirements provision below.

Conversion Requirements. Conversion can only be made if all of the following conditions are met:

- the request for conversion is made prior to the earlier of:
 - the Policy Anniversary on which the Insured Person has attained age 65 or the end of the conversion period shown on the Policy Schedule (You may not convert this rider after the conversion period expires);
- the Insured Person is living and this rider is in force; and
- all Renewal Premiums have been paid.

Conversion will be effective upon Our receipt of Your request and payment of the new policy’s first Premium. The new policy’s issue date is the Due Date on which the conversion is made.

Premiums for the new policy will be based on:

- the Insured Person's age at last birthday and gender;
- the Insured Person's underwriting classification; and
- Our rates in effect on the new policy's issue date.

The new policy may include a disability waiver of premium rider if:

- You request and We agree to include the rider;
- You provide, at Our request, satisfactory Evidence of Insurability for the Insured Person that allows Us to determine whether to issue the rider; and
- the Insured Person is attained age 60 or less on the date of Conversion.

Conversion by Insured Person. At the death of the Policy's Insured, the rider's Insured Person may convert all or part of the Amount of Insurance by applying for conversion within 90 days of the date of the Policy Insured's death. If the rider's Insured Person dies within that 90-day period, We will pay the Amount of Insurance to the beneficiary when due proof of the rider's Insured Person's death is received at Our Administrative Office. Payment of the Amount of Insurance will be made in the same manner as Policy Proceeds are paid.

SUICIDE

If the Insured Person dies by suicide within two years of this rider's Issue Date, Our only liability will be a refund of Premiums paid for this rider.

BENEFICIARY

The Owner of this rider is the rider's Beneficiary unless otherwise named in the Application. Guidelines for changing the rider's Beneficiary are the same as stated in the Policy. The Policy's Insured and rider's Insured Person must be living at the time the rider's Beneficiary is changed.

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date of the Insured Person's death;
- the date this rider is converted to a new insurance policy;
- the date Your Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive the Policy Owner's written notice to cancel this rider unless a later date is specified;
- when the Insured Person establishes residence in a foreign country; or
- the Expiration Date listed in the rider Schedule.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



DISABILITY WAIVER OF PREMIUM BENEFIT RIDER

This rider provides benefits if the primary Insured becomes Totally Disabled. This rider is attached to and part of Your Policy. The terms of Your Policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your Application and the first rider Premium. Rider Premiums are paid to the Administrative Office at the same time as Policy Premiums.

RIDER BENEFIT

Subject to rider conditions, We will not charge You Premiums due for the Policy and any attached riders while the primary Insured is Totally Disabled. Totally Disabled (Total Disability) is the primary Insured's inability to work at a job he or she is educated or trained to do. The inability must be due solely to:

- an Insured Injury, which is an accidental bodily injury independent of all other causes which happens while this rider is in force; or
- an Insured Sickness, which is a sickness that first showed symptoms or could have been diagnosed while this rider is in force.

Total Disability due to either Insured Injury or Insured Sickness must require a doctor's regular care.

Prior to waiving Premiums, We must know that the Total Disability:

- was not caused by an EXCLUSION, below;
- started while this rider and Your Policy were in force;
- started before the primary Insured's attained age 60; and
- has existed at least six consecutive months.

LIMITATIONS

1. The Premium waived will correspond to the Premium Period. If Premiums are paid in a Monthly Premium Period, a monthly Premium is waived. If Premiums are paid in a Quarterly Premium Period, a quarterly Premium is waived, etc.
2. Premiums will only be waived while Total Disability continues.
3. No more than one year's worth of Premiums will be waived for any Total Disability that started more than a year before You file Notice of Claim.
4. You cannot change insurance coverage while Premiums are being waived under this rider.

EXCLUSIONS

This rider does not cover any Total Disability caused by:

- any intentional self-inflicted injuries or sicknesses;
- war, whether or not declared; or
- any injuries received while serving in any country's or organization's armed forces.

NOTICE OF CLAIM/PROOF OF CLAIM

To have Premiums waived under this rider, You must provide Notice, which means You must tell Us You have a claim. You must also provide Proof, which means You must prove the primary Insured is Totally Disabled. Notice and Proof must be written and sent to Our Administrative Office:

- within 180 days of the Total Disability;
- while the primary Insured is alive and the Total Disability exists;
- not more than one year after the primary Insured's attained age 60; and
- not more than one year after any Premium is unpaid.

If it is not possible to give Notice and Proof as required above, You may give them as soon as it is reasonably possible to do so. We can ask why it was not possible to give Notice and Proof as required. We can also have the primary Insured examined.

OTHER REQUIREMENTS

If Total Disability starts during a Grace Period, the Premium due must be paid before subsequent Premiums will be waived. If Total Disability starts after the Grace Period has expired for a Premium due, Premiums will not be waived.

We can require Proof that the primary Insured's Total Disability still exists. You are required to provide Proof when We request it. If You do not provide Proof when We ask, no more Premiums will be waived.

TERMINATION

This rider will terminate on the earlier of the following dates:

- the date Your Policy terminates for any reason;
- when any Premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to cancel this rider unless You tell Us a later date;
- when the primary Insured establishes residence in a foreign country; or
- the Policy Anniversary after the primary Insured's attained age 60 (unless Total Disability has already started).

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's signature]

President

[Secretary's signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



1. PROPOSED INSURED

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail		Age
Home Address <i>Street Address City State ZIP+4</i>				
Personal Phone No. ()	Birth State/Country		Height ft. in.	Weight lbs.
Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list type and last date of use <i>(MM/DD/YYYY)</i> / /				
Is the Proposed Insured a United States citizen, or does the Proposed Insured have permanent resident (<i>green card</i>) status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the Proposed Insured have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list state of issue and number				
Is the Proposed Insured currently working at least 30 hours per week in primary occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of employment <i>Years Months</i> /				
Primary Employer	Employer's Address <i>Street Address City State ZIP+4</i>			
Full-time Employment <i>Occupation Duties</i>	Part-time Employment <i>Occupation Duties</i>			
Gross monthly income \$	If self-employed, net monthly income \$			

2. POLICYOWNER (Policyowner is the Proposed Insured unless otherwise indicated)

If Ownership is a trust, complete the Trust Information/Additional Beneficiary form rather than this section.

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	Relationship to Insured		Birth State/Country	
Home Address <i>Street Address City State ZIP+4</i>	E-mail Address			
Contingent Owner's Name <i>First Middle Last</i>	Contingent Owner's Relationship to Insured			

3. BENEFICIARIES (Do not complete if applying for Reversionary Annuity or Disability Income coverage)

If Beneficiary is a trust, complete the Trust Information/Additional Beneficiary form rather than this section.

Primary Beneficiary Name <i>(First, Middle, Last)</i>	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	
			/ /	
Contingent Beneficiary Name <i>(First, Middle, Last)</i>	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	
			/ /	

4. PREMIUM PAYMENT MODE

Annual Semi-Annual Quarterly
 Monthly *(Automatic Bank Withdrawal)* Monthly *(Credit Card)* List Bill

Payor Name <i>First Middle Last</i>	Billing Address <i>Street Address City State ZIP+4</i>
Secondary Payor Info. <i>First Middle Last</i>	Billing Address <i>Street Address City State ZIP+4</i>



5. PROPOSED JOINT INSURED											
Legal Name			<i>First</i>		<i>Middle</i>		<i>Last</i>		Date of Birth (MM/DD/YYYY) / /		
Social Security No.			<input type="checkbox"/> Male <input type="checkbox"/> Female		E-Mail			Age			
Home Address				<i>Street Address</i>		<i>City</i>		<i>State</i>		<i>ZIP+4</i>	
Personal Phone No. ()			Birth State/Country			Height ft. in.		Weight lbs.			
Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If YES, please list type _____ and last date of use (MM/DD/YYYY) / /											
Is the Proposed Insured a United States citizen, or does the Proposed Insured have permanent resident (<i>green card</i>) status? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Does the Proposed Insured have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list state of issue and number _____											
Is the Proposed Insured currently working at least 30 hours per week in primary occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of employment _____ / _____ <i>Years Months</i>											
Primary Employer			Employer's Address		<i>Street Address</i>		<i>City</i>		<i>State ZIP+4</i>		
Full-time Employment					<i>Occupation Duties</i>		Part-time Employment				
Gross monthly income \$					If self-employed, net monthly income \$						



GENERAL SECTION

Please answer the following questions:

1. Does any Proposed Insured belong to or intend to join the National Guard or military? Yes No
 If YES, please explain: _____

2. During the past **5 years** or within the next **12 months** (If YES to any of the following, please complete and return the Avocation Questionnaire):
 a. Has any Proposed Insured flown other than as a fare-paying passenger, or is any Proposed Insured contemplating flying as a pilot, crew member or student? Yes No
 b. Has any Proposed Insured participated in, or contemplated participation in, any hazardous sport or activities? Yes No
 If YES, check all that apply: Skin/Scuba Diving Bungee Jumping Skydiving/Parachuting/Hang Gliding
 Motor-powered Racing Boxing Rodeo Professional, Semi-professional or Club Sports
 Cave Exploration Mountain/Rock/Ice Climbing Hot Air Ballooning

3. During the next **12 months**, does any Proposed Insured contemplate residence or travel outside of the United States? Yes No
 If YES, please explain: _____

4. During the past **12 months**, has any Proposed Insured had a change in weight of more than 10 pounds? Yes No
 If YES, please list Proposed Insured's name, amount of weight change and reason for change:

5. During the past **5 years**, has any Proposed Insured:
 a. Had a life, health or hospital expense insurance application postponed, rated up, ridered or declined, or had insurance renewal or reinstatement refused? Yes No
 If YES, please explain: _____
 b. Received benefit payments for accident or sickness, or applied to any government or insurance organization for such benefits? Yes No
 If YES, please explain: _____

6. Is any Proposed Insured currently negotiating for other insurance coverage? Yes No
 If YES, please explain: _____

7. During the past **5 years**, has any Proposed Insured:
 a. Had their driver's license suspended or revoked, been convicted of or pleaded "guilty" or "no contest" to driving under the influence (DUI/DWI), or had more than 3 moving violations? Yes No
 If YES, please explain: _____
 b. Been convicted of a felony? Yes No
 If YES, please explain: _____

8. Is any Proposed Insured currently on probation? Yes No
 If YES, please list Proposed Insured's name, reason for probation and length of probationary period:

9. If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? Yes No
 If YES, please complete and return the appropriate State Replacement Form.

10. Does any Proposed Insured have other insurance coverage in force? If YES, please provide details below. Yes No

Company Name	Policy No.	Individual (I) Group (G)	Benefits (monthly benefit and benefit period for DI or face amount for Life)	Issue Date (MM/DD/YYYY)	DI Coverage Only	
					Coordinates w/ Soc. Sec.?	Employer Paid?
		<input type="checkbox"/> I <input type="checkbox"/> G		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> I <input type="checkbox"/> G		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> I <input type="checkbox"/> G		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



HEALTH SECTION

Please answer the following questions. If YES to any of the following, please provide details on page 2.

1.	Has any Proposed Insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for any of the following:	
	a. Heart disorder, including a heart attack (<i>myocardial infarction</i>), angina, irregular heartbeat or abnormal heart rhythm (<i>arrhythmia</i>), chest pain, hypertension (<i>high blood pressure</i>), heart murmur, any blockage or narrowing of the arteries, any aneurysm, stroke or transient ischemic attack (<i>TIA or mini-stroke</i>), or rheumatic fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Diabetes, high blood sugar or sugar in the urine, anemia, blood or platelet disorders, elevated cholesterol, liver disease, hemophilia, kidney disease (<i>other than kidney stones</i>), protein or blood in the urine, Crohn's disease, ulcerative colitis, disease or disorder of the stomach, gall bladder, bladder or prostate, other intestinal or digestive tract disease, or pancreatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Internal cancer or tumor, cyst, melanoma, lymphoma, leukemia, disorder of lymph nodes or any glandular disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Alzheimer's disease, dementia, memory loss, seizures, mental retardation (<i>including Down's syndrome</i>), multiple sclerosis (<i>MS</i>), muscular dystrophy (<i>MD</i>), Parkinson's disease, amyotrophic lateral sclerosis (<i>ALS</i>), any brain or nervous system disorder, cerebral palsy or any form of muscular atrophy?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Sleep apnea, cystic fibrosis, emphysema or chronic obstructive pulmonary disease (<i>COPD</i>), shortness of breath, asthma or other respiratory disorder, rheumatoid arthritis, paralysis or connective tissue disorder (<i>lupus or scleroderma</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Dizziness, fainting spells, anxiety, depression, eating disorders or any other psychological or emotional disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Arthritis, rheumatism or any disease or disorder of the back, spine, bones, joints or muscles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Varicose veins, varicose ulcer or phlebitis, syphilis or a hernia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Any disease or disorder of the eyes, ears, nose or throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	j. Any other illness or injury requiring medical attention or blood transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	During the past 5 years , has any Proposed Insured:	
	a. Been a patient in any hospital, clinic, dependency program, halfway house or other medical facility?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Used controlled substances such as cocaine, heroin, amphetamines, barbiturates, hallucinogens or any other controlled substance not prescribed by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Been treated by a physician, or advised by a physician to seek treatment, for drug or alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Been advised to have any test (<i>except HIV tests</i>), treatment, surgery, hospitalization or consultation with a medical professional which has not been completed, or for which results have not been received?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Had any special examinations or laboratory tests such as X-rays, electrocardiograms, blood tests (<i>other than AIDS-related blood tests</i>) or urine tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any Proposed Insured ever been diagnosed or treated by a medical professional for acquired immune deficiency syndrome (<i>AIDS</i>), AIDS-related complex (<i>ARC</i>) or antibodies to human T-lymphotropic virus type III (<i>HTLV</i>); or had a positive test for human immunodeficiency virus (<i>HIV</i>) antibodies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any Proposed Insured had a natural parent or sibling who was diagnosed with or died of cancer, heart disease or diabetes prior to the age of 60? If YES, please identify family member, relationship to Proposed Insured, disorder and age at death.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	a. Has any Proposed Insured ever had any disorder of any genital or reproductive organ, or had a miscarriage, stillbirth or Caesarean section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is any Proposed Insured currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, date child is expected (<i>MM/DD/YYYY</i>) / /	

DETAILS: Enter complete details from questions #1-5 on page 2. If more space is needed, attach additional Supplemental Information form.



SUPPLEMENTAL INFORMATION

Question #/Letter	Name <i>(First, Middle, Last)</i>	Onset Date <i>(MM/DD/YYYY)</i>	Duration <i>(Days, Mos, Yrs)</i>	Health Condition and Details	Medical Care Provider's Name/Address/Phone
		/ /			
		/ /			
		/ /			
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		/ /			
		/ /			

Additional Information:

Home Office Use Only



PRIMARY PHYSICIAN INFORMATION

Name _____
First Middle Last

Address _____
Street Address Suite

_____ *City State ZIP+4*

Phone No. () _____ Fax No. () _____

Date last consulted (MM/DD/YYYY) ____ / ____ / ____ Reason for consultation _____

Results _____

AGREEMENT

I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief. I (We) agree that this application shall form a part of the policy if attached thereto.

I (We) agree that:

- a. In the event the first full premium on the policy applied for is paid upon the date of this application, the insurance under such policy shall take effect as provided in the Conditional Receipt delivered by the Company's agent in exchange for such payment.
- b. In the event the first full premium on the policy applied for is not paid upon the date of this application, the insurance under such policy shall not take effect unless: a) The application is approved by the Company at its home office, b) Such policy is issued and delivered to the Proposed Insured/ Owner, and c) Such first full premium is paid during the Proposed Insured's lifetime and continued good health and the life and continued good health of any other person(s) covered under the policy. When such approval, issue, delivery and payment have occurred, the insurance under such policy shall take effect as of the date of issue specified in the policy.
- c. No agent or medical examiner is authorized or has power to change or waive any term, provision or condition of this application, the Conditional Receipt or the policy applied for, or to pass upon or approve insurability of any person for whom insurance is applied for.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Signed at _____ on _____
City State Date (MM/DD/YYYY)

Signature of Proposed Insured

Signature of Additional Proposed Insured

Signature of Additional Proposed Insured

Signature of Parent/Guardian of Minor Child

Signature of Owner(s) (If other than Proposed Insured)

Signature of Beneficiary (If applying for Reversionary Annuity)

Signature of Licensed Agent

Print Agent Name and Agent No.



LIFE PRODUCT SECTION

Riders marked with an asterisk (*) require additional information on the Proposed Insured(s). Please complete the questions on page 2 if applying for coverage under any of these riders.

TERM LIFE INSURANCE

Base Amount \$ _____ Number of years for policy: 10-Year 15-Year 20-Year 30-Year

ADDITIONAL BENEFITS AVAILABLE ON TERM LIFE—Check benefit(s) desired and indicate amount requested where applicable.

- Waiver of Premium Rider
- Monthly Disability Income Rider for Primary Insured \$ _____ mo. benefit
- Accident Only Disability Income Rider for Primary Insured \$ _____
- Critical Illness Rider for Primary Insured \$ _____
- Children's Term Insurance Rider* _____ units
- Accidental Death Benefit Rider \$ _____
- Other (Specify) _____ \$ _____
- Other Insured Term Rider*
- Monthly Disability Income Rider for Other Insured *
- Accident Only Disability Income Rider for Other Insured *
- Critical Illness Rider for Other Insured*
- Return of Premium Rider
- Protected Insurability Rider _____ units
- Other (Specify) _____ \$ _____

WHOLE LIFE INSURANCE

Base Amount \$ _____

If cash value is available, should the Automatic Premium Loan provision be made effective? Yes No

Dividend Option: Paid-up Additions Accumulate at Interest Reduce Premiums Paid in Cash

ADDITIONAL BENEFITS AVAILABLE ON WHOLE LIFE. Check benefit(s) desired and indicate amount requested where applicable.

- Waiver of Premium Rider
- Monthly Disability Income Rider for Primary Insured \$ _____ mo. benefit
- Accident Only Disability Income Rider for Primary Insured \$ _____
- Children's Term Insurance Rider* _____ units
- Accidental Death Benefit Rider \$ _____
- YRT Rider: Level Decreasing \$ _____
- Decreasing Term Rider (Select only one): 10-Year 15-Year 20-Year 25-Year 30-Year \$ _____
- Payor Benefit Rider (Complete Health Section for Payor) Payor Name _____ DOB ____ / ____ / ____ M F
- Paid-up Additions Rider (VER) Periodic Premiums \$ _____ Single Premium \$ _____
- Additional Person Term Rider*
- Monthly Disability Income Rider for Additional Person*
- Accident Only Disability Income Rider for Additional Person*
- Protected Insurability Rider _____ units
- Other (Specify) _____ \$ _____
- Other (Specify) _____ \$ _____

SINGLE PREMIUM WHOLE LIFE INSURANCE

Base Amount \$ _____

Dividend Option: Paid-up Additions Accumulate at Interest Paid in Cash



Information	Other/Additional Insured	Child Rider No. 1	Child Rider No. 2	Child Rider No. 3
Legal Name (First, Middle, Last)				
Face Amount (Not applicable to Child Riders)	\$			
Level/Decreasing (Not applicable to Child Riders)	<input type="checkbox"/> Level <input type="checkbox"/> Decreasing			
Date of Birth (MM/DD/YYYY)	/ /	/ /	/ /	/ /
Age				
Social Security No.				
Birth State/Country				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height/Weight	ft. in. / lbs.	ft. in. / lbs.	ft. in. / lbs.	ft. in. / lbs.
Residing with Proposed Insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Proposed Insured				
Employer				
Occupation				
Gross monthly income	\$			
If self-employed, net mo. income	\$			
Has the Additional Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not applicable to Child Riders.)				
If YES, please list type _____ and last date of use (MM/DD/YYYY) / /				
Riders (If indicated on previous page)				
Critical Illness	\$			
Select rider—	<input type="checkbox"/> Monthly Disability Income <input type="checkbox"/> Accident Only Disability Income			
Monthly benefit	\$			



SERFF Tracking Number: SEFL-125518811

State: Arkansas

Filing Company: Assurity Life Insurance Company

State Tracking Number: 38537

Company Tracking Number: 1 L0760

TOI: L041 Individual Life - Term

*Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: Term Life

Project Name/Number: 1 L0760/1 L0760

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-125518811

State: Arkansas

Filing Company: Assurity Life Insurance Company

State Tracking Number: 38537

Company Tracking Number: I L0760

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Term Life

Project Name/Number: I L0760/I L0760

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** 03/03/2008
Comments:
Attachment:
AR NEW Certification.pdf

Satisfied -Name: Application **Review Status:** 03/03/2008
Comments:
Attachment:
Term Life Application.pdf

Satisfied -Name: Life & Annuity - Actuarial Memo **Review Status:** 03/03/2008
Comments:
Attachments:
Actuarial memo for ABR R I0761.pdf
Actuarial memo for I L0760.pdf
Actuarial memo for OITR R I0765.pdf
Actuarial memo for ROP R I0764.pdf
Actuarial memo for Waiver R I0766.pdf
Appendix I for I L0760.pdf
Appendix II for I L0760.pdf
Appendix III for I L0760.pdf
Appendix I for R I0765.pdf
Appendix II for R I0765.pdf
Appendix III for R I0765.pdf
Actuarial memo for CI R I0762 and R I0763.pdf
Exhibit I for R I0762 and R I0763 - 30 day wait.pdf

Satisfied -Name: Statement of Policy Cost IL0760 **Review Status:** 03/03/2008

SERFF Tracking Number: SEFL-125518811 *State:* Arkansas
Filing Company: Assurity Life Insurance Company *State Tracking Number:* 38537
Company Tracking Number: I L0760
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Term Life
Project Name/Number: I L0760/I L0760

Comments:

Attachment:

Statement of Policy Cost and Benefit Information.pdf

SERFF Tracking Number: SEFL-125518811 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 38537
Company Tracking Number: I L0760
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Life
Project Name/Number: I L0760/I L0760

Review Status:

Satisfied -Name: Cover Letter 03/07/2008
Comments:
Attachment:
CL_I L0760_AR.pdf

Review Status:

Satisfied -Name: Accelerated Benefits Rider 04/09/2008
Disclosure and Description
Comments:
Attachments:
R I0761 DISC.pdf
R I0761 DESC.pdf

Review Status:

Satisfied -Name: Response Letter 04/09/2008
Comments:
Attachment:
R_I L0760_AR.pdf



Company Name: Assurity Life Insurance Company

Form Title(s) and Numbers:

I L0760 (AR)	Term Life Insurance
R I0761	Accelerated Benefits Rider
R I0762	Critical Illness Benefit Rider
R I0763	Critical Illness Benefit Rider – Other Insured
R I0764	Return of Premium Benefit Rider
R I0765	Other Insured Term Insurance Benefit Rider
R I0766	Disability Waiver of Premium Benefit Rider
47-350-05051 (R02-08)	Application for Life Insurance
47-352-05051 (R02-08)	General Section of application
47-353-05051 (R02-08)	Health Section of application
47-355-05051 (R02-08)	Life Product Section of application
47-354-05051 (R02-08)	Primary Physician Information/Agreement sections of application
47-362-05051 (R02-08)	Field Underwriter's Statement of application

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive style and is positioned above a horizontal line.

Carol S. Watson
Vice President, General Counsel & Secretary

March 27, 2008



1. PROPOSED INSURED

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail		Age
Home Address <i>Street Address City State ZIP+4</i>				
Personal Phone No. ()	Birth State/Country		Height ft. in.	Weight lbs.
Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list type and last date of use <i>(MM/DD/YYYY)</i> / /				
Is the Proposed Insured a United States citizen, or does the Proposed Insured have permanent resident <i>(green card)</i> status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does the Proposed Insured have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list state of issue and number				
Is the Proposed Insured currently working at least 30 hours per week in primary occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of employment <i>Years Months</i> /				
Primary Employer	Employer's Address <i>Street Address City State ZIP+4</i>			
Full-time Employment <i>Occupation Duties</i>	Part-time Employment <i>Occupation Duties</i>			
Gross monthly income \$	If self-employed, net monthly income \$			

2. POLICYOWNER (Policyowner is the Proposed Insured unless otherwise indicated)

If Ownership is a trust, complete the Trust Information/Additional Beneficiary form rather than this section.

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	Relationship to Insured		Birth State/Country	
Home Address <i>Street Address City State ZIP+4</i>	E-mail Address			
Contingent Owner's Name <i>First Middle Last</i>	Contingent Owner's Relationship to Insured			

3. BENEFICIARIES (Do not complete if applying for Reversionary Annuity or Disability Income coverage)

If Beneficiary is a trust, complete the Trust Information/Additional Beneficiary form rather than this section.

Primary Beneficiary Name <i>(First, Middle, Last)</i>	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	
			/ /	
Contingent Beneficiary Name <i>(First, Middle, Last)</i>	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	
			/ /	

4. PREMIUM PAYMENT MODE

Annual Semi-Annual Quarterly
 Monthly *(Automatic Bank Withdrawal)* Monthly *(Credit Card)* List Bill

Payor Name <i>First Middle Last</i>	Billing Address <i>Street Address City State ZIP+4</i>
Secondary Payor Info. <i>First Middle Last</i>	Billing Address <i>Street Address City State ZIP+4</i>



5. PROPOSED JOINT INSURED										
Legal Name			<i>First</i>		<i>Middle</i>		<i>Last</i>		Date of Birth (MM/DD/YYYY) / /	
Social Security No.			<input type="checkbox"/> Male <input type="checkbox"/> Female		E-Mail			Age		
Home Address										
<i>Street Address</i>			<i>City</i>			<i>State</i>		<i>ZIP+4</i>		
Personal Phone No. ()			Birth State/Country			Height ft. in.		Weight lbs.		
Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If YES, please list type and last date of use (MM/DD/YYYY) / /										
Is the Proposed Insured a United States citizen, or does the Proposed Insured have permanent resident (<i>green card</i>) status? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Does the Proposed Insured have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list state of issue and number										
Is the Proposed Insured currently working at least 30 hours per week in primary occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No Length of employment <i>Years</i> / <i>Months</i>										
Primary Employer			Employer's Address			<i>Street Address</i>		<i>City</i>		<i>State</i>
Full-time Employment			Part-time Employment			<i>Occupation</i>		<i>Duties</i>		
Gross monthly income \$					If self-employed, net monthly income \$					



TRUST INFORMATION/ADDITIONAL BENEFICIARY

Please complete the following sections if Ownership and/or Beneficiary is a trust (or if additional room is needed to list beneficiaries of Policy):

1. POLICYOWNER (Policyowner is the Proposed Insured unless otherwise indicated)

Name	Date of Birth
First MI Last _____ / _____ / _____	(MM/DD/YYYY) / /
Social Security No.	Relationship to Insured
_____ - _____ - _____	_____
Home Address	State ZIP+4
Street Address City _____ City _____ State _____ ZIP+4 _____	_____
Contingent Owner's Name	Contingent Owner's Relationship to Insured
First MI Last _____ / _____ / _____	_____

2. BENEFICIARIES (Do not complete if applying for Reversionary Annuity)

Primary Beneficiary Name (First, MI, Last)	Relationship	Soc. Sec. No.	Date of Birth (MM/DD/YYYY)	Share %
Previously Approved by				
Life on 12/07/2006				
Health on 12/06/2006				
<input type="checkbox"/> Testamentary Trust (Will)	N/A	N/A	N/A	
<input type="checkbox"/> Living Trust (Please complete section below.)	N/A	N/A	N/A	

Name of Living Trust _____

Date of Trust (MM/DD/YYYY) _____ / _____ / _____ Tax ID No. of Trust _____

Name of Trustee(s) _____

Address of Trustee(s) _____



GENERAL SECTION

Please answer the following questions:

1. Does any Proposed Insured belong to or intend to join the National Guard or military? Yes No
 If YES, please explain: _____

2. During the past **5 years** or within the next **12 months** (If YES to any of the following, please complete and return the Avocation Questionnaire):

a. Has any Proposed Insured flown other than as a fare-paying passenger, or is any Proposed Insured contemplating flying as a pilot, crew member or student? Yes No

b. Has any Proposed Insured participated in, or contemplated participation in, any hazardous sport or activities? Yes No
 If YES, check all that apply: Skin/Scuba Diving Bungee Jumping Skydiving/Parachuting/Hang Gliding
 Motor-powered Racing Boxing Rodeo Professional, Semi-professional or Club Sports
 Cave Exploration Mountain/Rock/Ice Climbing Hot Air Ballooning

3. During the next **12 months**, does any Proposed Insured contemplate residence or travel outside of the United States? Yes No
 If YES, please explain: _____

4. During the past **12 months**, has any Proposed Insured had a change in weight of more than 10 pounds? Yes No
 If YES, please list Proposed Insured's name, amount of weight change and reason for change:

5. During the past **5 years**, has any Proposed Insured:

a. Had a life, health or hospital expense insurance application postponed, rated up, ridered or declined, or had insurance renewal or reinstatement refused? Yes No
 If YES, please explain: _____

b. Received benefit payments for accident or sickness, or applied to any government or insurance organization for such benefits? Yes No
 If YES, please explain: _____

6. Is any Proposed Insured currently negotiating for other insurance coverage? Yes No
 If YES, please explain: _____

7. During the past **5 years**, has any Proposed Insured:

a. Had their driver's license suspended or revoked, been convicted of or pleaded "guilty" or "no contest" to driving under the influence (DUI/DWI), or had more than 3 moving violations? Yes No
 If YES, please explain: _____

b. Been convicted of a felony? Yes No
 If YES, please explain: _____

8. Is any Proposed Insured currently on probation? Yes No
 If YES, please list Proposed Insured's name, reason for probation and length of probationary period:

9. If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? Yes No
 If YES, please complete and return the appropriate State Replacement Form.

10. Does any Proposed Insured have other insurance coverage in force? If YES, please provide details below. Yes No

Company Name	Policy No.	Individual (I) Group (G)	Benefits (monthly benefit and benefit period for DI or face amount for Life)	Issue Date (MM/DD/YYYY)	DI Coverage Only	
					Coordinates w/ Soc. Sec.?	Employer Paid?
		<input type="checkbox"/> I <input type="checkbox"/> G		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> I <input type="checkbox"/> G		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> I <input type="checkbox"/> G		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



HEALTH SECTION

Please answer the following questions. If YES to any of the following, please provide details on page 2.

1.	Has any Proposed Insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for any of the following:	
	a. Heart disorder, including a heart attack (<i>myocardial infarction</i>), angina, irregular heartbeat or abnormal heart rhythm (<i>arrhythmia</i>), chest pain, hypertension (<i>high blood pressure</i>), heart murmur, any blockage or narrowing of the arteries, any aneurysm, stroke or transient ischemic attack (<i>TIA or mini-stroke</i>), or rheumatic fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Diabetes, high blood sugar or sugar in the urine, anemia, blood or platelet disorders, elevated cholesterol, liver disease, hemophilia, kidney disease (<i>other than kidney stones</i>), protein or blood in the urine, Crohn's disease, ulcerative colitis, disease or disorder of the stomach, gall bladder, bladder or prostate, other intestinal or digestive tract disease, or pancreatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Internal cancer or tumor, cyst, melanoma, lymphoma, leukemia, disorder of lymph nodes or any glandular disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Alzheimer's disease, dementia, memory loss, seizures, mental retardation (<i>including Down's syndrome</i>), multiple sclerosis (<i>MS</i>), muscular dystrophy (<i>MD</i>), Parkinson's disease, amyotrophic lateral sclerosis (<i>ALS</i>), any brain or nervous system disorder, cerebral palsy or any form of muscular atrophy?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Sleep apnea, cystic fibrosis, emphysema or chronic obstructive pulmonary disease (<i>COPD</i>), shortness of breath, asthma or other respiratory disorder, rheumatoid arthritis, paralysis or connective tissue disorder (<i>lupus or scleroderma</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Dizziness, fainting spells, anxiety, depression, eating disorders or any other psychological or emotional disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Arthritis, rheumatism or any disease or disorder of the back, spine, bones, joints or muscles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Varicose veins, varicose ulcer or phlebitis, syphilis or a hernia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Any disease or disorder of the eyes, ears, nose or throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	j. Any other illness or injury requiring medical attention or blood transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	During the past 5 years , has any Proposed Insured:	
	a. Been a patient in any hospital, clinic, dependency program, halfway house or other medical facility?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Used controlled substances such as cocaine, heroin, amphetamines, barbiturates, hallucinogens or any other controlled substance not prescribed by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Been treated by a physician, or advised by a physician to seek treatment, for drug or alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Been advised to have any test (<i>except HIV tests</i>), treatment, surgery, hospitalization or consultation with a medical professional which has not been completed, or for which results have not been received?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Had any special examinations or laboratory tests such as X-rays, electrocardiograms, blood tests (<i>other than AIDS-related blood tests</i>) or urine tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any Proposed Insured ever been diagnosed or treated by a medical professional for acquired immune deficiency syndrome (<i>AIDS</i>), AIDS-related complex (<i>ARC</i>) or antibodies to human T-lymphotropic virus type III (<i>HTLV</i>); or had a positive test for human immunodeficiency virus (<i>HIV</i>) antibodies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any Proposed Insured had a natural parent or sibling who was diagnosed with or died of cancer, heart disease or diabetes prior to the age of 60? If YES, please identify family member, relationship to Proposed Insured, disorder and age at death.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	a. Has any Proposed Insured ever had any disorder of any genital or reproductive organ, or had a miscarriage, stillbirth or Caesarean section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Is any Proposed Insured currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, date child is expected (<i>MM/DD/YYYY</i>) / /	

DETAILS: Enter complete details from questions #1-5 on page 2. If more space is needed, attach additional Supplemental Information form.



SUPPLEMENTAL INFORMATION

Question #/Letter	Name <i>(First, Middle, Last)</i>	Onset Date <i>(MM/DD/YYYY)</i>	Duration <i>(Days, Mos, Yrs)</i>	Health Condition and Details	Medical Care Provider's Name/Address/Phone
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Additional Information:

Home Office Use Only



LIFE PRODUCT SECTION

Riders marked with an asterisk (*) require additional information on the Proposed Insured(s). Please complete the questions on page 2 if applying for coverage under any of these riders.

TERM LIFE INSURANCE

Base Amount \$ _____ Number of years for policy: 10-Year 15-Year 20-Year 30-Year

ADDITIONAL BENEFITS AVAILABLE ON TERM LIFE—Check benefit(s) desired and indicate amount requested where applicable.

- Waiver of Premium Rider
- Monthly Disability Income Rider for Primary Insured \$ _____ mo. benefit
- Accident Only Disability Income Rider for Primary Insured \$ _____
- Critical Illness Rider for Primary Insured \$ _____
- Children's Term Insurance Rider* _____ units
- Accidental Death Benefit Rider \$ _____
- Other (Specify) _____ \$ _____
- Other Insured Term Rider*
- Monthly Disability Income Rider for Other Insured *
- Accident Only Disability Income Rider for Other Insured *
- Critical Illness Rider for Other Insured*
- Return of Premium Rider
- Protected Insurability Rider _____ units
- Other (Specify) _____ \$ _____

WHOLE LIFE INSURANCE

Base Amount \$ _____

If cash value is available, should the Automatic Premium Loan provision be made effective? Yes No

Dividend Option: Paid-up Additions Accumulate at Interest Reduce Premiums Paid in Cash

ADDITIONAL BENEFITS AVAILABLE ON WHOLE LIFE. Check benefit(s) desired and indicate amount requested where applicable.

- Waiver of Premium Rider
- Monthly Disability Income Rider for Primary Insured \$ _____ mo. benefit
- Accident Only Disability Income Rider for Primary Insured \$ _____
- Children's Term Insurance Rider* _____ units
- Accidental Death Benefit Rider \$ _____
- YRT Rider: Level Decreasing \$ _____
- Decreasing Term Rider (Select only one): 10-Year 15-Year 20-Year 25-Year 30-Year \$ _____
- Payor Benefit Rider (Complete Health Section for Payor) Payor Name _____ DOB ____ / ____ / ____ M F
- Paid-up Additions Rider (VER) Periodic Premiums \$ _____ Single Premium \$ _____
- Additional Person Term Rider*
- Monthly Disability Income Rider for Additional Person*
- Accident Only Disability Income Rider for Additional Person*
- Protected Insurability Rider _____ units
- Other (Specify) _____ \$ _____
- Other (Specify) _____ \$ _____

SINGLE PREMIUM WHOLE LIFE INSURANCE

Base Amount \$ _____

Dividend Option: Paid-up Additions Accumulate at Interest Paid in Cash



Information	Other/Additional Insured	Child Rider No. 1	Child Rider No. 2	Child Rider No. 3
Legal Name (First, Middle, Last)				
Face Amount (Not applicable to Child Riders)	\$			
Level/Decreasing (Not applicable to Child Riders)	<input type="checkbox"/> Level <input type="checkbox"/> Decreasing			
Date of Birth (MM/DD/YYYY)	/ /	/ /	/ /	/ /
Age				
Social Security No.				
Birth State/Country				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height/Weight	ft. in. / lbs.	ft. in. / lbs.	ft. in. / lbs.	ft. in. / lbs.
Residing with Proposed Insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Proposed Insured				
Employer				
Occupation				
Gross monthly income	\$			
If self-employed, net mo. income	\$			
Has the Additional Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not applicable to Child Riders.)				
If YES, please list type _____ and last date of use (MM/DD/YYYY) / /				
Riders (If indicated on previous page)				
Critical Illness	\$			
Select rider—	<input type="checkbox"/> Monthly Disability Income <input type="checkbox"/> Accident Only Disability Income			
Monthly benefit	\$			



PRIMARY PHYSICIAN INFORMATION

Name _____
First Middle Last

Address _____
Street Address Suite

_____ *City State ZIP+4*

Phone No. () _____ Fax No. () _____

Date last consulted (MM/DD/YYYY) ____ / ____ / ____ Reason for consultation _____

Results _____

AGREEMENT

I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief. I (We) agree that this application shall form a part of the policy if attached thereto.

I (We) agree that:

- a. In the event the first full premium on the policy applied for is paid upon the date of this application, the insurance under such policy shall take effect as provided in the Conditional Receipt delivered by the Company's agent in exchange for such payment.
- b. In the event the first full premium on the policy applied for is not paid upon the date of this application, the insurance under such policy shall not take effect unless: a) The application is approved by the Company at its home office, b) Such policy is issued and delivered to the Proposed Insured/ Owner, and c) Such first full premium is paid during the Proposed Insured's lifetime and continued good health and the life and continued good health of any other person(s) covered under the policy. When such approval, issue, delivery and payment have occurred, the insurance under such policy shall take effect as of the date of issue specified in the policy.
- c. No agent or medical examiner is authorized or has power to change or waive any term, provision or condition of this application, the Conditional Receipt or the policy applied for, or to pass upon or approve insurability of any person for whom insurance is applied for.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Signed at _____ on _____ / ____ / ____
City State Date (MM/DD/YYYY)

Signature of Proposed Insured

Signature of Additional Proposed Insured

Signature of Additional Proposed Insured

Signature of Parent/Guardian of Minor Child

Signature of Owner(s) (If other than Proposed Insured)

Signature of Beneficiary (If applying for Reversionary Annuity)

Signature of Licensed Agent

Print Agent Name and Agent No.



ASSURITY LIFE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

ACCELERATED DEATH BENEFIT RIDER

Rider Form R I0761

The Accelerated Death Benefit Rider gives the policyholder the ability to accelerate the payment of the policy's entire eligible proceeds or a portion of the policy's eligible proceeds if one or both of the two qualifying conditions is present. The two qualifying conditions are as follows:

- the insured is diagnosed as having a terminal illness and is certified by a doctor as having an anticipated remaining life span of one year or less
- the insured has been confined to an eligible nursing home for at least six months and a licensed physician certifies that the insured is expected to remain there for the rest of his/her life.

The payment of accelerated death benefits will normally be through a period certain annuity; however, a lump sum settlement will also be available.

METHODOLOGY

Determination of the pay out value of the accelerated death benefits provided under Form R I0761 is a two step process.

1. Value the death benefit elected for acceleration under a new set of assumptions.
2. Purchase a period certain annuity with rider proceeds or pay rider proceeds as a lump sum.

These two steps are discussed below and are applicable for acceleration under either the nursing home or the terminal illness option.

Step One:

A revaluation of the death benefit elected for acceleration is completed using the following formula:

Value of Accelerated Death Benefit =

	Present Value of Future Benefits elected for Acceleration
less	Present Value of Future Premiums on Benefits elected for Acceleration

Future premiums are decreased for the present value of any future dividends assuming continuation of the current dividend scale. The Value of the Accelerated Death Benefits calculated using the above formula is subject to a minimum equal to the policy's cash surrender value and maximum equal to the policy's available death benefit.

Step Two:

The rider proceeds as calculated in Step One are used to either purchase a period certain annuity or are paid out in a lump sum. If a period certain annuity is the selected payment method, the certain period will be twelve months for acceleration under the terminal illness condition. The certain period under the nursing home confinement condition will vary based on the insured's attained age and will be set equal to our estimation of the period of time over which most similarly situated insureds would be deceased prior to the expiration of the annuity. If death occurs during the annuitization period under either qualifying condition, the present value of the remaining annuity payments will be paid to the beneficiary.

ASSUMPTIONS

The two key assumptions required to determine the value of the accelerated death benefit are mortality and interest. The basis of the mortality assumption is dependent on the condition under which death benefits are being accelerated, but under either qualifying condition requires recognition of the impaired health status of the insured. The parameters governing the interest rate assumption are the same for both the terminal illness condition and the nursing home condition. A processing charge may also be assessed at the time benefits are accelerated under Form R I0761.

Mortality

Terminal Illness Condition –

Acceleration of death benefits under this qualifying condition requires a doctor's certification of expectation of death within 12 months. The present value calculation assumes, however, that the insured will die within two years. The assumed mortality rate is 75% during the first twelve-month period and 100% during the second twelve-month period. The slightly longer assumption of life expectancy built into the mortality assumption reflects the fact that predicting anyone's date of death is an inexact science at best, even when the time frame involved is quite short.

Nursing Home Confinement Condition –

Acceleration of death benefits under this qualifying condition requires that the insured has been confined to an eligible nursing home for at least six months and certification by a licensed physician that the insured is expected to remain there for the rest of his/her life. The six-month confinement requirement is designed to guard against a potential negative financial impact for the insured and beneficiary if acceleration is chosen and the insured dies immediately.

The 1985 National Nursing Home Study based on over one million entries and discharges from nursing homes was used to develop a select mortality table. Employing this select table as a base, judgment was used to project mortality beyond the first five years of confinement.

Interest Rates

We will use a current interest rate in the calculation of the value of the policy. The rate will be determined based on the experience and advice of our investment staff. The maximum interest rate used in the present value calculation will be the greater of:

- (a) The current yield on 90 day treasury bills; or
- (b) The current maximum statutory adjustable policy loan interest rate

Processing Charge

When benefits are accelerated under Form R I0761, an expense charge of up to \$250 may be assessed.

IMPACT ON BASE POLICY RESERVES

The Accelerated Death Benefit Rider may be exercised in one of two ways. Either the entire eligible proceeds may be accelerated, or only a portion of the eligible proceeds may be accelerated. If the entire eligible proceeds are accelerated, the base policy terminates and the reserves are no longer held. If only a portion of the eligible proceeds are accelerated, reserves for the remaining policy will be equal to the amount of death benefit left inforce times the greater of the basic reserve or the ratio of the amount paid under this rider to the amount of eligible proceeds accelerated.

For example, assume that a policy with a death benefit of \$150,000 is to have \$100,000 accelerated and \$50,000 left inforce. Assume that the accelerated benefit amount to be paid is \$85,000 and that the basic reserve for the base policy is \$350 per thousand. The reserve for the portion of the base policy left inforce is computed as follows:

$$\begin{aligned}\text{RESERVE} &= \$50,000 \times \text{MAX} (0.350, 85,000/100,000) \\ &= \$50,000 \times \text{MAX} (0.350, 0.850) \\ &= \$50,000 \times 0.850 \\ &= \$42,500\end{aligned}$$

EQUITY AMONG INSUREDS

There will be no premium charged for this benefit and only those who elect the benefit incur the processing charge at time of claim. We will continuously monitor the experience of insureds that exercise this benefit against the assumptions that we have made for valuing benefits under this rider. If our analysis of this experience warrants a change in assumptions, such will be revised. This means that there can be no guarantee of a settlement basis that has a value in excess of the cash value. If such a guarantee existed, it is conceivable that insureds that do not

exercise the benefit could be found to subsidize those that do exercise the benefit. This could occur if the guarantee was at a greater level than that warranted by emerging experience.

Tara D Benson

Tara D. Benson, ASA, MAAA
Assistant Actuary, Product Management
Assurity Life Insurance Company

February 2008

ASSURITY LIFE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

TERM LIFE INSURANCE TO AGE 95

Policy Form I L0760

PRODUCT DESCRIPTION

Benefits:

This term product is a non-participating term insurance product with a level death benefit payable to age 95. There are no nonforfeiture benefits required based upon calculations made using the Standard Nonforfeiture Law. The policyholder selects an initial level premium period of ten, fifteen, twenty, or thirty years.

Premium Bands:

Band 1: Face amounts \$50,000 to \$350,000

Band 2: Face amounts \$350,001+

Risk Classes:

This product will place approved applicants into one of the following 6 risk classes for band 1 face amounts, based on an automated underwriting engine: Select+ Non-Tobacco; Select Non-Tobacco; Standard Non-Tobacco; Select+ Tobacco; Select Tobacco; and Standard Tobacco.

This product will place approved applicants into one of the following 5 risk classes for band 2 face amounts, based on a review of current personal health status, personal health history, family health history, tobacco use, and other lifestyle risks such as avocations, occupations, etc... : Preferred+ Non-Tobacco; Preferred Non-Tobacco; Standard Non-Tobacco; Preferred Tobacco; and Standard Tobacco.

Premiums:

Premiums vary by issue age, sex, duration, and tobacco use classification. The policyowner will be charged premiums based on the premium scale in effect, which is fully guaranteed for the life of the policy. The premium scales are attached. Premiums are payable to age 95.

The initial premiums are level for ten, fifteen, twenty or thirty years depending on the policyholders initial selection. Beginning in the first policy year after the level period, the premiums increase annually.

Participating:

This product is non-participating.

Reserves:

1. Mortality Tables and Interest Assumption

Calculations are based on 4.0% interest and the 2001 CSO, sex distinct, smoker distinct, select and ultimate ALB tables. This interest rate is subject to variation for new issues each year, in accordance with the Standard Valuation Law. Immediate payment of claims is assumed in the calculations.

2. Valuation Methodology

Basic reserve calculations follow the Commissioners' Reserve Valuation Method. Basic reserves are calculated as the greater of segmented reserves and unitary reserves. Basic reserves will never be less than the interpolated tabular cost of insurance (1/2 cx) from the valuation date to the next policy anniversary. The tabular cost of insurance will be calculated using the same mortality table as the Basic reserve.

3. Unitary Method Valuation Net Premiums

x = age at issue
t = policy year
w = maturity age = 95

The net valuation premium in policy years two and later is calculated by:

$$\beta_{[x]+t} = k * G_{[x]+t} \quad \text{for } 1 \leq t \leq w - x - 1$$

$$\text{Where } k * \sum_{t=1}^{w-x-1} G_{[x]+t} * v^{t-1} * {}_{t-1}p_{[x]+1} = 1000 * \bar{A}_{[x]+1:\overline{w-x-1}|}$$

$$\text{So } k = \frac{1000 * \bar{A}_{[x]+1:\overline{w-x-1}|}}{\sum_{t=1}^{w-x-1} G_{[x]+t} * v^{t-1} * {}_{t-1}p_{[x]+1}} = \frac{1000 * (\bar{M}_{[x]+1} - \bar{M}_w)}{\sum_{t=1}^{w-x-1} G_{[x]+t} * D_{[x]+t}}$$

$G_{[x]+t}$ = Guaranteed gross premium per \$1000 for $1 \leq t \leq w - x - 1$

See Appendix I for a table of guaranteed gross premiums.

See Appendix II for sample commutation functions and unitary reserve calculations.

For example, the third year net valuation premium for a twenty-year level premium policy issued to a 45-year-old male Select Non-Tobacco risk (assuming band 1 gross premiums) is calculated as follows:

$$\beta_{[45]+3} = k * G_{[45]+3} = \frac{2,829,358 - 53,799}{8,284,142.90} * 3.58 = 0.3350 * 3.58 = 1.19946$$

4. Unitary Method Terminal Reserves

The terminal reserve in policy years two and later is calculated by:

$$1000 * {}_tV(\bar{A}_{[x]:w-x}^1) = 1000 * \bar{A}_{[x]+t:w-x-t}^1 - \sum_{s=t}^{w-x-1} \beta_{[x]+s} * v^{s-t} * {}_{s-t}P_{[x]+t}$$

$$= \frac{1000 * (\bar{M}_{[x]+t} - \bar{M}_w)}{D_{[x]+t}} - \sum_{s=t}^{w-x-1} \beta_{[x]+s} * \frac{D_{[x]+s}}{D_{[x]+t}}$$

For example, the third year unitary terminal reserve for a twenty-year level premium policy issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$1000 * {}_3V(\bar{A}_{[45]:50}^1) = \frac{(2,802,999 - 53,799)}{8,855.25} - \frac{2,752,974.31}{8,855.25} = -0.426$$

5. Contract Segmentation Method

The length of a particular segment is equal to the minimum of the value t for which G_t is greater than R_t , where G_t and R_t are defined as follows:

$$G_t = \frac{G_{x+h+t}}{G_{x+h+t-1}}$$

h = the number of years from the date of issue to beginning of the segment
 $t = 1, 2, \dots$ t is reset to 1 at the beginning of each segment

$G_{x+h+t-1}$ = gross premium per \$1,000 for year t of the segment

$$R_t = \frac{q_{x+h+t}}{q_{x+h+t-1}}, \text{ adjusted up or down by 1\% at our option, } R_t \geq 1.000$$

$q_{x+h+t-1}$ = valuation mortality rate for deficiency reserves in year $h+t$, assuming 100% of the select mortality factors in the first segment.

6. Segmentation Method Valuation Net Premiums

The net valuation premium is calculated by:

$$\beta_{[x]+t} = k * G_{[x]+t} \quad \text{for } 0 \leq t \leq w - x - 1$$

$$G_{[x]+t} = \text{Guaranteed gross premium per \$1000 for } 0 \leq t \leq w - x - 1$$

See Appendix I for a table of guaranteed gross premiums.

See Appendix II for sample commutation functions and segmented reserve calculations.

Consider the first segment of length n. k is defined under the Full Preliminary Term Method:

$$k * \sum_{t=1}^{n-1} G_{[x]+t} * v^{t-1} * {}_{t-1}P_{[x]+1} = 1000 * \bar{A}_{[x]+1:\overline{n-1}|}^1$$

$$\text{So } k = \frac{1000 * \bar{A}_{[x]+1:\overline{n-1}|}^1}{\sum_{t=1}^{n-1} G_{[x]+t} * v^{t-1} * {}_{t-1}P_{[x]+1}} = \frac{1000 * (\bar{M}_{[x]+1} - \bar{M}_{[x]+n})}{\sum_{t=1}^{n-1} G_{[x]+t} * D_{[x]+t}}$$

For example, the third year net valuation premium for a twenty-year level premium policy issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$\beta_{[45]+3} = k * G_{[45]+3} = \frac{(2,829,358 - 2,217,324)}{457,525.98} * 3.58 = 1.3377 * 3.58 = 4.789$$

For segment j of length n, k is defined under the Net Level Premium Method, j = 2, 3, The next equation is shown as an example and is not considered further.

$$k * \sum_{t=1}^n G_{[x]+h+t-1} * v^{t-1} * {}_{t-1}P_{[x]+h} = 1000 * \bar{A}_{[x]+h:\overline{n}|}^1$$

$$\text{So } k = \frac{1000 * \bar{A}_{[x]+h:\overline{n}|}^1}{\sum_{t=1}^n G_{[x]+h+t-1} * v^{t-1} * {}_{t-1}P_{[x]+h}} = \frac{1000 * (\bar{M}_{[x]+h} - \bar{M}_{[x]+h+n})}{\sum_{t=1}^n G_{[x]+h+t-1} * D_{[x]+h+t-1}}$$

7. Segmentation Method Terminal Reserves

The terminal reserve in policy year $h+t$, segment j of length n is calculated by:

$$1000 * {}_t V(\bar{A}_{[x]+h:n}^1) = 1000 * \bar{A}_{[x]+h+t:n-t}^1 - \sum_{s=t}^{n-1} \beta_{[x]+h+s} * v^{s-t} * {}_{s-t} p_{[x]+h+t}$$

$$= \frac{1000 * (\bar{M}_{[x]+h+t} - \bar{M}_{[x]+h+n})}{D_{[x]+h+t}} - \sum_{s=t}^{n-1} \beta_{[x]+h+s} * \frac{D_{[x]+h+s}}{D_{[x]+h+t}}$$

For example, the third segmented terminal reserve in the first segment for a twenty-year level premium policy issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$1000 * {}_3 V(\bar{A}_{[45]:20}^1) = \frac{(2,802,999 - 2,217,324)}{8,855.25} - \frac{521,862.13}{8,855.25} = 7.206$$

8. Deficiency Reserves

Deficiency reserves are required if $\beta_{[x]+t} > G_{[x]+t}$, where $\beta_{[x]+t} = k * G_{[x]+t}$ and $G_{[x]+t}$ is the guaranteed maximum premium. Deficiency reserves are obtained by recalculating the basic reserves for the policy using guaranteed gross premiums instead of net premiums when guaranteed gross premiums are less than the corresponding net premiums. In addition, the select mortality factors from the Valuation of Life Insurance Policies Model Regulation are adjusted by X-factors.

For durations in the first segment, X% of the select mortality factors from the Valuation of Life Insurance Policies Model Regulation are applied to the 2001 CSO sex, distinct, smoker distinct ALB tables. The X-factors are developed as follows:

- X varies by policy year, underwriting classification, sex and issue age
- X is never less than 20%
- In each of the first 5 durations, X factor mortality must be at least as great as anticipated mortality
- X must be such that the Actuarial Present Value (APV) of future death benefits using X factor mortality is greater than the APV of death benefits using anticipated mortality.

Specifically, X is calculated as follows:

$$q_{[x]+t}^p = \text{anticipated mortality experience}$$

$$q_x^v = \text{2001 CSO mortality tables}$$

$$X_{[x]+t} = \text{X-factor}$$

$$X_{[x]+t} * q_x^v = q_{[x]+t}^p \quad \text{so} \quad X_{[x]+t} = \frac{q_{[x]+t}^p}{q_x^v}$$

Then $X_{[x]+t}$ is floored at 20%, i.e. $X_{[x]+t} = \text{Max}(X_{[x]+t}, 20\%)$

Finally $X_{[x]+t}$ is limited so as to be non-decreasing, i.e. $X_{[x]+t} = \text{Max}(X_{[x]+t}, X_{[x]+t+1})$

For example, the first and second policy year X-factors for a policy issued to a 45 year old male Select Non-Tobacco risk are calculated as follows:

$$X_{[35]} = \frac{0.689}{1.05} = 0.66 \quad \text{and} \quad X_{[35]+1} = \frac{1.014}{1.31} = 0.78$$

Deficiency reserves will be calculated on a unitary basis if the corresponding basic reserve is unitary. Deficiency reserves will be calculated on a segmented basis if the corresponding basic reserve is segmented or if the corresponding basic reserve is equal to both the unitary and segmented reserve.

To continue the example for a twenty-year level premium policy issued to a 45 year old male Select Non-Tobacco risk, the third year basic reserve is the greater of 0.00 (unitary terminal reserve) and 7.21 (segmented terminal reserve). Therefore, if a deficiency reserve exists in the third year, it will be calculated on a segmented basis. Since the segmented net valuation premium (4.79) exceeds the guaranteed gross premium including policy fee (3.96), the deficiency reserve is defined as the excess, if greater than zero, of the minimum reserve over the segmented reserve. The minimum reserve is calculated as follows:

$1000 * {}_t V(\bar{A}_{[x]+h:n}^1) = 1000 * \bar{A}_{[x]+h+t:n-t}^1 - \sum_{s=t}^{n-1} G'_{[x]+h+s} * v^{s-t} * p_{[x]+h+t}$, where G' is the lesser of the gross premium guaranteed in the contract and the net valuation premium.

$$1000 * {}_3 V(\bar{A}_{[45]:20}^1) = \frac{(2,769,445 - 2,245,270)}{8,862.76} - \frac{432,983.39}{8,862.76} = 10.289$$

See Appendix I for a table of guaranteed gross premiums.

See Appendix II for sample commutation functions and deficiency reserve calculations.

Nonforfeiture Benefits

The products were tested for nonforfeiture values for each risk class at the representative issue ages in accordance with the Standard Nonforfeiture Law. Based on a unitary basis for guaranteed premiums, no nonforfeiture values greater than \$25 per 1000 develop. Therefore, there are no nonforfeiture values required under this policy form.

1. Mortality Tables and Interest Assumption

Calculations are based on 5.0% interest and the 2001 CSO, sex distinct, smoker distinct, ALB tables. This interest rate is subject to variation for new issues each year, in accordance with the Standard Nonforfeiture Law. Sample calculations are shown below.

2. Net Level Premium

$$1000 * P_{x:95-x}^1 = 1000 * \frac{A_{x:95-x}^1}{\ddot{a}_{x:95-x}} = 1000 * \frac{M_x - M_{95}}{N_x - N_{95}}$$

For example, the net level premium for a twenty-year level premium policy issued to a 45 year old male Select Non-Tobacco risk is calculated as follows:

$$1000 * P_{45:50}^1 = \frac{1000 * (M_{45} - M_{95})}{(N_{45} - N_{95})} = \frac{2,153,560 - 32,552}{(165,869.52 - 109.02)} = 12.80$$

3. Adjusted Premium

$$\text{Given by: } 1000 * P_{x+t}^a = 1000 * r * G_{[x]+t}$$

$$G_{[x]+t} = \text{Guaranteed gross premium per \$1000 for } 0 \leq t \leq 94 - x$$

$$\text{Where } r \text{ is given by: } r * \sum_{t=0}^{94-x} G_{[x]+t} * v^t * {}_tP_{[x]} = 1000 * (A_{x:95-x}^1 + EA_x)$$

$$\text{hence } r = \frac{1000 * \left(\frac{M_x - M_{95}}{D_x} + EA_x \right)}{\sum_{t=0}^{94-x} G_{[x]+t} * \frac{D_{x+t}}{D_x}}$$

and where the expense allowance EA is given by

$$1000 * EA_x = 1.25 * \text{MIN}\left(1000 * P_{x:95-x}^1, 40\right) + 10$$

See Appendix III for sample commutation functions and cash value calculations.

For example, the third year adjusted premium for a twenty-year level premium policy issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$\begin{aligned}
 1000 * EA_{45} &= 1.25 * \text{MIN}(1000 * P_{45:50}^1, 40) + 10 \\
 &= 1.25 * \text{MIN}(12.80, 40) + 10 \\
 &= 25.9945
 \end{aligned}$$

$$r = \frac{1000 * \left(\frac{M_{45} - M_{95}}{D_{45}} + EA_{45} \right)}{\sum_{t=0}^{49} G_{[45]+t} * \frac{D_{45+t}}{D_{45}}} = \frac{\left(\frac{2,153,560 - 32,552}{10,000} + 25.9945 \right)}{616.67} = 0.3861$$

$$1000 * P_{[45]+3}^a = 1000 * r * G_{[45]+3} = 0.3861 * 3.58 = 1.38$$

4. Cash Values

$${}_t CV_{x:95-x}^1 = 1000 * A_{x+t:95-x-t}^1 - \sum_{s=t}^{94-x} 1000 * P_{x+s}^a * v^{s-t} P_{x+t}$$

If ${}_t CV_{x:95-x}^1 < 25.00$, then no cash values are required.

For example, the third year cash value for a twenty-year level premium policy issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$\begin{aligned}
 1000 * {}_3 CV_{45:50}^1 &= 1000 * \frac{M_{48} - M_{95}}{D_{48}} - \sum_{s=3}^{59} 1000 * P_{45+s}^a * \frac{D_{45+s}}{D_{48}} \\
 &= \frac{2,117,457 - 32,552}{8,604.64} - 272.12 \\
 &= -29.82, \text{ set equal to } 0.00.
 \end{aligned}$$

PRICING OBJECTIVES, CALCULATIONS AND ASSUMPTIONS

Pricing Objectives:

The basic pricing objectives for this product are:

1. to cover policy benefits and expenses (acquisition, administration, and overhead) assuming current assumptions;
2. to generate an appropriate contribution to company surplus; and
3. to provide sufficient margin for adverse fluctuation in experience.

Premium Calculation:

Premiums are guaranteed for the life of the policy.

There is no formula, as such, by which the guaranteed level period premium rates are calculated. These premium rates were determined by an iterative process using asset share calculations to reach a surplus objective and were adjusted for reasons of smoothness and competitive position.



Tara D. Benson, ASA, MAAA
Assistant Actuary, Product Management
Assurity Life Insurance Company

February 2008

ASSURITY LIFE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

OTHER INSURED TERM LIFE INSURANCE RIDER

**Rider Form R I0765
when attached to Policy Form I L0760**

RIDER DESCRIPTION

Benefits:

This term rider is a non-participating term insurance rider with a level death benefit payable to age 95. There are no nonforfeiture benefits required based upon calculations made using the Standard Nonforfeiture Law. The policyholder selects an initial level premium period of ten, fifteen, twenty, or thirty years.

Premium Bands:

Band 1: Face amounts \$50,000 to \$350,000

Band 2: Face amounts \$350,001+

Risk Classes:

This rider will place approved applicants into one of the following 6 risk classes for band 1 face amounts, based on an automated underwriting engine: Select+ Non-Tobacco; Select Non-Tobacco; Standard Non-Tobacco; Select+ Tobacco; Select Tobacco; and Standard Tobacco.

This rider will place approved applicants into one of the following 5 risk classes for band 2 face amounts, based on a review of current personal health status, personal health history, family health history, tobacco use, and other lifestyle risks such as avocations, occupations, etc... : Preferred+ Non-Tobacco; Preferred Non-Tobacco; Standard Non-Tobacco; Preferred Tobacco; and Standard Tobacco.

Premiums:

Premiums vary by issue age, sex, duration, and tobacco use classification. The policyowner will be charged premiums based on the premium scale in effect, which is fully guaranteed for the life of the rider. The premium scales are attached. Premiums are payable to age 95.

The initial premiums are level for ten, fifteen, twenty or thirty years depending on the policyholders initial selection. Beginning in the first rider year after the level period, the premiums increase annually.

Participating:

This rider is non-participating.

Reserves:

1. Mortality Tables and Interest Assumption

Calculations are based on 4.0% interest and the 2001 CSO, sex distinct, smoker distinct, select and ultimate ALB tables. This interest rate is subject to variation for new issues each year, in accordance with the Standard Valuation Law. Immediate payment of claims is assumed in the calculations.

2. Valuation Methodology

Basic reserve calculations follow the Commissioners' Reserve Valuation Method. Basic reserves are calculated as the greater of segmented reserves and unitary reserves. Basic reserves will never be less than the interpolated tabular cost of insurance (1/2 cx) from the valuation date to the next rider anniversary. The tabular cost of insurance will be calculated using the same mortality table as the Basic reserve.

3. Unitary Method Valuation Net Premiums

x = age at issue

t = rider year

w = maturity age = 95

The net valuation premium in rider years two and later is calculated by:

$$\beta_{[x]+t} = k * G_{[x]+t} \quad \text{for } 1 \leq t \leq w - x - 1$$

$$\text{Where } k * \sum_{t=1}^{w-x-1} G_{[x]+t} * v^{t-1} * {}_{t-1}p_{[x]+1} = 1000 * \bar{A}_{[x]+1:\overline{w-x-1}|}$$

$$\text{So } k = \frac{1000 * \bar{A}_{[x]+1:\overline{w-x-1}|}}{\sum_{t=1}^{w-x-1} G_{[x]+t} * v^{t-1} * {}_{t-1}p_{[x]+1}} = \frac{1000 * (\bar{M}_{[x]+1} - \bar{M}_w)}{\sum_{t=1}^{w-x-1} G_{[x]+t} * D_{[x]+t}}$$

$G_{[x]+t}$ = Guaranteed gross premium per \$1000 for $1 \leq t \leq w - x - 1$

See Appendix I for a table of guaranteed gross premiums.

See Appendix II for sample commutation functions and unitary reserve calculations.

For example, the third year net valuation premium for a twenty-year level premium rider issued to a 45-year-old male Select Non-Tobacco risk (assuming band 1 gross premiums) is calculated as follows:

$$\beta_{[45]+3} = k * G_{[45]+3} = \frac{2,829,358 - 53,799}{8,284,142.90} * 3.58 = 0.3350 * 3.58 = 1.19946$$

4. Unitary Method Terminal Reserves

The terminal reserve in rider years two and later is calculated by:

$$1000 * {}_tV(\bar{A}_{[x]:w-x}^1) = 1000 * \bar{A}_{[x]+t:w-x-t}^1 - \sum_{s=t}^{w-x-1} \beta_{[x]+s} * v^{s-t} * {}_{s-t}P_{[x]+t}$$

$$= \frac{1000 * (\bar{M}_{[x]+t} - \bar{M}_w)}{D_{[x]+t}} - \sum_{s=t}^{w-x-1} \beta_{[x]+s} * \frac{D_{[x]+s}}{D_{[x]+t}}$$

For example, the third year unitary terminal reserve for a twenty-year level premium rider issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$1000 * {}_3V(\bar{A}_{[45]:50}^1) = \frac{(2,802,999 - 53,799)}{8,855.25} - \frac{2,752,974.31}{8,855.25} = -0.426$$

5. Contract Segmentation Method

The length of a particular segment is equal to the minimum of the value t for which G_t is greater than R_t , where G_t and R_t are defined as follows:

$$G_t = \frac{G_{x+h+t}}{G_{x+h+t-1}}$$

h = the number of years from the date of issue to beginning of the segment
 $t = 1, 2, \dots$ t is reset to 1 at the beginning of each segment

$G_{x+h+t-1}$ = gross premium per \$1,000 for year t of the segment

$$R_t = \frac{q_{x+h+t}}{q_{x+h+t-1}}, \text{ adjusted up or down by 1\% at our option, } R_t \geq 1.000$$

$q_{x+h+t-1}$ = valuation mortality rate for deficiency reserves in year $h+t$, assuming 100% of the select mortality factors in the first segment.

6. Segmentation Method Valuation Net Premiums

The net valuation premium is calculated by:

$$\beta_{[x]+t} = k * G_{[x]+t} \quad \text{for } 0 \leq t \leq w - x - 1$$

$$G_{[x]+t} = \text{Guaranteed gross premium per \$1000 for } 0 \leq t \leq w - x - 1$$

See Appendix I for a table of guaranteed gross premiums.

See Appendix II for sample commutation functions and segmented reserve calculations.

Consider the first segment of length n. k is defined under the Full Preliminary Term Method:

$$k * \sum_{t=1}^{n-1} G_{[x]+t} * v^{t-1} * {}_{t-1}P_{[x]+1} = 1000 * \bar{A}_{[x]+1:\overline{n-1}|}^1$$

$$\text{So } k = \frac{1000 * \bar{A}_{[x]+1:\overline{n-1}|}^1}{\sum_{t=1}^{n-1} G_{[x]+t} * v^{t-1} * {}_{t-1}P_{[x]+1}} = \frac{1000 * (\bar{M}_{[x]+1} - \bar{M}_{[x]+n})}{\sum_{t=1}^{n-1} G_{[x]+t} * D_{[x]+t}}$$

For example, the third year net valuation premium for a twenty-year level premium rider issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$\beta_{[45]+3} = k * G_{[45]+3} = \frac{(2,829,358 - 2,217,324)}{457,525.98} * 3.58 = 1.3377 * 3.58 = 4.789$$

For segment j of length n, k is defined under the Net Level Premium Method, j = 2, 3. The next equation is shown as an example and is not considered further.

$$k * \sum_{t=1}^n G_{[x]+h+t-1} * v^{t-1} * {}_{t-1}P_{[x]+h} = 1000 * \bar{A}_{[x]+h:\overline{n}|}^1$$

$$\text{So } k = \frac{1000 * \bar{A}_{[x]+h:\overline{n}|}^1}{\sum_{t=1}^n G_{[x]+h+t-1} * v^{t-1} * {}_{t-1}P_{[x]+h}} = \frac{1000 * (\bar{M}_{[x]+h} - \bar{M}_{[x]+h+n})}{\sum_{t=1}^n G_{[x]+h+t-1} * D_{[x]+h+t-1}}$$

7. Segmentation Method Terminal Reserves

The terminal reserve in rider year $h+t$, segment j of length n is calculated by:

$$1000 * {}_t V(\bar{A}_{[x]+h:n}^1) = 1000 * \bar{A}_{[x]+h+t:n-t}^1 - \sum_{s=t}^{n-1} \beta_{[x]+h+s} * v^{s-t} * {}_{s-t} P_{[x]+h+t}$$

$$= \frac{1000 * (\bar{M}_{[x]+h+t} - \bar{M}_{[x]+h+n})}{D_{[x]+h+t}} - \sum_{s=t}^{n-1} \beta_{[x]+h+s} * \frac{D_{[x]+h+s}}{D_{[x]+h+t}}$$

For example, the third segmented terminal reserve in the first segment for a twenty-year level premium rider issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$1000 * {}_3 V(\bar{A}_{[45]:20}^1) = \frac{(2,802,999 - 2,217,324)}{8,855.25} - \frac{521,862.13}{8,855.25} = 7.206$$

8. Deficiency Reserves

Deficiency reserves are required if $\beta_{[x]+t} > G_{[x]+t}$, where $\beta_{[x]+t} = k * G_{[x]+t}$ and $G_{[x]+t}$ is the guaranteed maximum premium. Deficiency reserves are obtained by recalculating the basic reserves for the rider using guaranteed gross premiums instead of net premiums when guaranteed gross premiums are less than the corresponding net premiums. In addition, the select mortality factors from the Valuation of Life Insurance Policies Model Regulation are adjusted by X-factors.

For durations in the first segment, X% of the select mortality factors from the Valuation of Life Insurance Policies Model Regulation are applied to the 2001 CSO sex, distinct, smoker distinct ALB tables. The X-factors are developed as follows:

- X varies by rider year, underwriting classification, sex and issue age
- X is never less than 20%
- In each of the first 5 durations, X factor mortality must be at least as great as anticipated mortality
- X must be such that the Actuarial Present Value (APV) of future death benefits using X factor mortality is greater than the APV of death benefits using anticipated mortality.

Specifically, X is calculated as follows:

$$q_{[x]+t}^p = \text{anticipated mortality experience}$$

$$q_x^v = \text{2001 CSO mortality tables}$$

$$X_{[x]+t} = \text{X-factor}$$

$$X_{[x]+t} * q_x^v = q_{[x]+t}^p \quad \text{so} \quad X_{[x]+t} = \frac{q_{[x]+t}^p}{q_x^v}$$

Then $X_{[x]+t}$ is floored at 20%, i.e. $X_{[x]+t} = \text{Max}(X_{[x]+t}, 20\%)$

Finally $X_{[x]+t}$ is limited so as to be non-decreasing, i.e. $X_{[x]+t} = \text{Max}(X_{[x]+t}, X_{[x]+t+1})$

For example, the first and second rider year X-factors for a rider issued to a 45 year old male Select Non-Tobacco risk are calculated as follows:

$$X_{[35]} = \frac{0.689}{1.05} = 0.66 \quad \text{and} \quad X_{[35]+1} = \frac{1.014}{1.31} = 0.78$$

Deficiency reserves will be calculated on a unitary basis if the corresponding basic reserve is unitary. Deficiency reserves will be calculated on a segmented basis if the corresponding basic reserve is segmented or if the corresponding basic reserve is equal to both the unitary and segmented reserve.

To continue the example for a twenty-year level premium rider issued to a 45 year old male Select Non-Tobacco risk, the third year basic reserve is the greater of 0.00 (unitary terminal reserve) and 7.21 (segmented terminal reserve). Therefore, if a deficiency reserve exists in the third year, it will be calculated on a segmented basis. Since the segmented net valuation premium (4.79) exceeds the guaranteed gross premium including rider fee (3.85), the deficiency reserve is defined as the excess, if greater than zero, of the minimum reserve over the segmented reserve. The minimum reserve is calculated as follows:

$1000 * {}_t V(\bar{A}_{[x]+h:n}^1) = 1000 * \bar{A}_{[x]+h+t:n-t}^1 - \sum_{s=t}^{n-1} G'_{[x]+h+s} * v^{s-t} * {}_{s-t} p_{[x]+h+t}$, where G' is the lesser of the gross premium guaranteed in the contract and the net valuation premium.

$$1000 * {}_3 V(\bar{A}_{[45]:20}^1) = \frac{(2,769,445 - 2,245,270)}{8,862.76} - \frac{421,168.78}{8,862.76} = 11.622$$

See Appendix I for a table of guaranteed gross premiums.

See Appendix II for sample commutation functions and deficiency reserve calculations.

Nonforfeiture Benefits

The riders were tested for nonforfeiture values for each risk class at the representative issue ages in accordance with the Standard Nonforfeiture Law. Based on a unitary basis for guaranteed premiums, no nonforfeiture values greater than \$25 per 1000 develop. Therefore, there are no nonforfeiture values required under this rider form.

1. Mortality Tables and Interest Assumption

Calculations are based on 5.0% interest and the 2001 CSO, sex distinct, smoker distinct, ALB tables. This interest rate is subject to variation for new issues each year, in accordance with the Standard Nonforfeiture Law. Sample calculations are shown below.

2. Net Level Premium

$$1000 * P_{x:95-x}^1 = 1000 * \frac{A_{x:95-x}^1}{\ddot{a}_{x:95-x}} = 1000 * \frac{M_x - M_{95}}{N_x - N_{95}}$$

For example, the net level premium for a twenty-year level premium rider issued to a 45 year old male Select Non-Tobacco risk is calculated as follows:

$$1000 * P_{45:50}^1 = \frac{1000 * (M_{45} - M_{95})}{(N_{45} - N_{95})} = \frac{2,153,560 - 32,552}{(165,869.52 - 109.02)} = 12.80$$

3. Adjusted Premium

$$\text{Given by: } 1000 * P_{x+t}^a = 1000 * r * G_{[x]+t}$$

$$G_{[x]+t} = \text{Guaranteed gross premium per \$1000 for } 0 \leq t \leq 94 - x$$

$$\text{Where } r \text{ is given by: } r * \sum_{t=0}^{94-x} G_{[x]+t} * v^t * {}_tP_{[x]} = 1000 * (A_{x:95-x}^1 + EA_x)$$

$$\text{hence } r = \frac{1000 * \left(\frac{M_x - M_{95}}{D_x} + EA_x \right)}{\sum_{t=0}^{94-x} G_{[x]+t} * \frac{D_{x+t}}{D_x}}$$

and where the expense allowance EA is given by

$$1000 * EA_x = 1.25 * \text{MIN}\left(1000 * P_{x:95-x}^1, 40\right) + 10$$

See Appendix III for sample commutation functions and cash value calculations.

For example, the third year adjusted premium for a twenty-year level premium rider issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$\begin{aligned}
 1000 * EA_{45} &= 1.25 * \text{MIN}(1000 * P_{45:50}^1, 40) + 10 \\
 &= 1.25 * \text{MIN}(12.80, 40) + 10 \\
 &= 25.9945
 \end{aligned}$$

$$r = \frac{1000 * \left(\frac{M_{45} - M_{95}}{D_{45}} + EA_{45} \right)}{\sum_{t=0}^{49} G_{[45]+t} * \frac{D_{45+t}}{D_{45}}} = \frac{\left(\frac{2,153,560 - 32,552}{10,000} + 25.9945 \right)}{616.67} = 0.3861$$

$$1000 * P_{[45]+3}^a = 1000 * r * G_{[45]+3} = 0.3861 * 3.58 = 1.38$$

4. Cash Values

$${}_t CV_{x:95-x}^1 = 1000 * A_{x+t:95-x-t}^1 - \sum_{s=t}^{94-x} 1000 * P_{x+s}^a * v^{s-t} P_{x+t}$$

If ${}_t CV_{x:95-x}^1 < 25.00$, then no cash values are required.

For example, the third year cash value for a twenty-year level premium rider issued to a 45-year-old male Select Non-Tobacco risk is calculated as follows:

$$\begin{aligned}
 1000 * {}_3 CV_{45:50}^1 &= 1000 * \frac{M_{48} - M_{95}}{D_{48}} - \sum_{s=3}^{59} 1000 * P_{45+s}^a * \frac{D_{45+s}}{D_{48}} \\
 &= \frac{2,117,457 - 32,552}{8,604.64} - 272.12 \\
 &= -29.82, \text{ set equal to } 0.00.
 \end{aligned}$$

PRICING OBJECTIVES, CALCULATIONS AND ASSUMPTIONS

Pricing Objectives:

The basic pricing objectives for this rider are:

1. to cover rider benefits and expenses (acquisition, administration, and overhead) assuming current assumptions;
2. to generate an appropriate contribution to company surplus; and
3. to provide sufficient margin for adverse fluctuation in experience.

Premium Calculation:

Premiums are guaranteed for the life of the rider.

There is no formula, as such, by which the guaranteed level period premium rates are calculated. These premium rates were determined by an iterative process using asset share calculations to reach a surplus objective and were adjusted for reasons of smoothness and competitive position.



Tara D. Benson, ASA, MAAA
Assistant Actuary, Product Management
Assurity Life Insurance Company

February 2008

**Actuarial Memorandum
Return of Premium Rider
Form R I0764**

1. Rider Description

This optional rider, when purchased with a level premium term life policy, grants the right to the policyowner to receive a refund of some or all of the premiums paid for the term life policy and any other riders attached to the policy when the term life policy reaches the end of the level term period or terminates for any reason other than death of the insured. The rider is available at the same issue ages as the base policy. The rider expires at the end of the level premium period of the policy to which it is attached.

2. Benefit Structure

The refund of premiums is a percentage as given below of policy and rider premiums paid to date reduced by the total of all benefits paid under the policy and any riders. The benefit percentages are as follows:

Termination in Policy Year	Level Premium Period of Base Policy		
	15 Year	20 Year	30 Year
1-5	0%	0%	0%
6	10%	5%	2%
7	15%	7%	4%
8	20%	10%	6%
9	30%	15%	8%
10	40%	20%	10%
11	50%	25%	12%
12	60%	30%	14%
13	70%	35%	16%
14	85%	40%	18%
15	100%	50%	20%
16	NA	60%	22%
17	NA	70%	24%
18	NA	80%	26%
19	NA	90%	28%
20	NA	100%	30%
21	NA	NA	35%
22	NA	NA	40%
23	NA	NA	45%
24	NA	NA	50%
25	NA	NA	55%
26	NA	NA	60%
27	NA	NA	70%
28	NA	NA	80%
29	NA	NA	90%
30	NA	NA	100%

3. Rider Premiums

Rider premiums are per unit of base face amount or rider benefit. There are separate per unit rider premiums for base and all other riders.

4. Cash Values

Cash values equal the return of premium benefit.

5. Reserves

Reserves held for the rider will at all times equal or exceed the rider's cash value.



Tara D Benson, ASA, MAAA
Assistant Actuary, Product Management
Assurity Life Insurance Company

February 2008

ASSURITY LIFE INSURANCE COMPANY

STATEMENT OF METHOD

FORM NUMBER R I0766

PLAN DESCRIPTION

Form Number R I0766 provides for the waiver of premium payments during a total disability of the Insured occurring before the policy anniversary nearest the Insured's 60th birthday. The provision contains a six month retroactive elimination period. Once the Insured has qualified for benefits, the Company will refund any premiums paid during disability and prior to approval of the claim.

NONFORFEITURE VALUES:

None required under Standard Nonforfeiture Law.

VALUATION STANDARD:

Period 2 rates of the 1952 Disability Study with 2001 CSO Age Last Birthday mortality table for males and females and 4.0% interest.

Tara D Benson

Tara D. Benson ASA MAAA

February, 2008

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 10 Years
 Annual Premium Rates per \$1000 (Years 1-10)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
19	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
20	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
21	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
22	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.30	0.47	0.67	0.81	1.10
23	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.30	0.47	0.68	0.83	1.12
24	0.54	0.70	1.06	1.45	1.79	2.46	0.24	0.31	0.48	0.69	0.85	1.15
25	0.54	0.70	1.06	1.45	1.79	2.46	0.25	0.33	0.50	0.72	0.88	1.19
26	0.55	0.71	1.08	1.48	1.81	2.47	0.26	0.35	0.53	0.75	0.92	1.24
27	0.55	0.73	1.10	1.51	1.84	2.48	0.28	0.37	0.56	0.79	0.96	1.30
28	0.57	0.76	1.13	1.55	1.88	2.49	0.30	0.39	0.60	0.83	1.02	1.38
29	0.58	0.78	1.16	1.60	1.92	2.53	0.33	0.42	0.65	0.89	1.08	1.47
30	0.60	0.81	1.20	1.65	1.98	2.60	0.36	0.46	0.71	0.96	1.17	1.59
31	0.62	0.84	1.24	1.70	2.04	2.69	0.39	0.51	0.77	1.05	1.28	1.73
32	0.65	0.86	1.28	1.74	2.10	2.80	0.43	0.56	0.85	1.14	1.40	1.90
33	0.68	0.90	1.33	1.79	2.18	2.94	0.48	0.62	0.93	1.25	1.53	2.09
34	0.72	0.94	1.40	1.86	2.29	3.11	0.52	0.68	1.01	1.37	1.68	2.29
35	0.77	0.99	1.48	1.97	2.43	3.33	0.57	0.74	1.10	1.50	1.84	2.51
36	0.83	1.06	1.58	2.12	2.61	3.59	0.62	0.80	1.19	1.64	2.01	2.74
37	0.89	1.14	1.70	2.29	2.83	3.89	0.67	0.87	1.30	1.79	2.19	2.99
38	0.96	1.22	1.83	2.49	3.07	4.22	0.73	0.94	1.40	1.94	2.38	3.26
39	1.04	1.33	1.98	2.72	3.34	4.59	0.79	1.01	1.51	2.10	2.58	3.53
40	1.13	1.44	2.15	2.96	3.64	5.00	0.85	1.09	1.63	2.27	2.78	3.81
41	1.23	1.57	2.34	3.23	3.97	5.45	0.91	1.17	1.75	2.44	2.99	4.09
42	1.34	1.71	2.55	3.52	4.33	5.95	0.98	1.25	1.87	2.61	3.20	4.38
43	1.46	1.86	2.78	3.83	4.72	6.48	1.05	1.34	2.00	2.79	3.43	4.68
44	1.60	2.03	3.03	4.16	5.12	7.04	1.12	1.43	2.14	2.98	3.66	4.99
45	1.74	2.21	3.30	4.50	5.54	7.61	1.20	1.53	2.29	3.17	3.89	5.31
46	1.89	2.40	3.59	4.83	5.95	8.18	1.29	1.64	2.45	3.36	4.12	5.63
47	2.06	2.61	3.89	5.16	6.36	8.74	1.38	1.76	2.63	3.55	4.36	5.96
48	2.23	2.82	4.22	5.52	6.79	9.34	1.48	1.88	2.81	3.75	4.60	6.30
49	2.42	3.06	4.58	5.91	7.27	10.01	1.59	2.01	3.01	3.96	4.87	6.66
50	2.63	3.32	4.96	6.36	7.83	10.77	1.70	2.15	3.21	4.20	5.16	7.06
51	2.85	3.59	5.37	6.87	8.45	11.61	1.81	2.29	3.42	4.46	5.48	7.49
52	3.08	3.88	5.79	7.41	9.12	12.52	1.93	2.44	3.64	4.74	5.81	7.94
53	3.33	4.19	6.24	8.01	9.85	13.50	2.06	2.60	3.87	5.03	6.17	8.43
54	3.60	4.54	6.75	8.67	10.65	14.59	2.19	2.77	4.12	5.35	6.56	8.95
55	3.91	4.92	7.31	9.40	11.54	15.81	2.34	2.95	4.39	5.70	6.98	9.53
56	4.23	5.33	7.91	10.17	12.48	17.10	2.50	3.15	4.68	6.07	7.44	10.15
57	4.57	5.75	8.54	10.97	13.47	18.46	2.67	3.36	4.99	6.47	7.92	10.82
58	4.94	6.22	9.23	11.85	14.55	19.95	2.84	3.58	5.31	6.90	8.45	11.53
59	5.36	6.75	10.02	12.86	15.79	21.66	3.03	3.82	5.66	7.35	9.00	12.29
60	5.86	7.38	10.95	14.03	17.23	23.65	3.24	4.08	6.04	7.84	9.60	13.10
61	6.42	8.09	12.00	15.35	18.86	25.90	3.46	4.35	6.44	8.36	10.23	13.96
62	7.03	8.86	13.15	16.79	20.64	28.35	3.69	4.64	6.86	8.90	10.90	14.86
63	7.71	9.72	14.42	18.37	22.60	31.06	3.93	4.94	7.31	9.48	11.60	15.82
64	8.47	10.67	15.84	20.13	24.78	34.07	4.19	5.27	7.78	10.10	12.36	16.85
65	9.31	11.74	17.42	22.10	27.21	37.44	4.47	5.62	8.30	10.77	13.17	17.96

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 15 Years
 Annual Premium Rates per \$1000 (Years 1-15)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23
19	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23
20	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23
21	0.60	0.75	1.11	1.48	1.82	2.50	0.30	0.37	0.55	0.76	0.92	1.24
22	0.61	0.76	1.12	1.48	1.82	2.50	0.31	0.39	0.57	0.78	0.94	1.26
23	0.62	0.77	1.14	1.48	1.82	2.50	0.33	0.42	0.60	0.80	0.97	1.30
24	0.63	0.79	1.15	1.48	1.83	2.52	0.35	0.45	0.63	0.84	1.02	1.36
25	0.64	0.80	1.17	1.50	1.85	2.54	0.37	0.48	0.67	0.88	1.07	1.43
26	0.65	0.81	1.18	1.52	1.87	2.56	0.40	0.51	0.71	0.93	1.13	1.52
27	0.66	0.82	1.19	1.53	1.88	2.57	0.43	0.55	0.77	1.00	1.21	1.62
28	0.68	0.83	1.20	1.56	1.90	2.59	0.47	0.59	0.82	1.07	1.30	1.74
29	0.70	0.86	1.22	1.60	1.95	2.65	0.51	0.63	0.88	1.16	1.40	1.88
30	0.73	0.89	1.27	1.68	2.04	2.76	0.55	0.67	0.95	1.25	1.51	2.03
31	0.77	0.94	1.34	1.79	2.17	2.93	0.59	0.72	1.02	1.35	1.64	2.20
32	0.81	0.99	1.43	1.92	2.32	3.14	0.62	0.76	1.09	1.46	1.77	2.39
33	0.86	1.06	1.54	2.07	2.51	3.40	0.66	0.81	1.18	1.59	1.92	2.60
34	0.92	1.14	1.66	2.25	2.72	3.69	0.71	0.87	1.27	1.72	2.09	2.82
35	0.99	1.23	1.80	2.44	2.96	4.01	0.76	0.94	1.37	1.87	2.27	3.07
36	1.07	1.34	1.96	2.65	3.22	4.36	0.82	1.02	1.49	2.03	2.47	3.34
37	1.17	1.45	2.13	2.88	3.50	4.75	0.90	1.11	1.62	2.21	2.69	3.63
38	1.27	1.59	2.32	3.13	3.81	5.17	0.98	1.22	1.76	2.40	2.92	3.94
39	1.39	1.73	2.53	3.41	4.15	5.63	1.06	1.32	1.91	2.60	3.16	4.27
40	1.52	1.89	2.76	3.72	4.53	6.14	1.15	1.43	2.07	2.81	3.41	4.61
41	1.66	2.06	3.01	4.06	4.94	6.70	1.24	1.54	2.23	3.03	3.67	4.96
42	1.80	2.24	3.27	4.42	5.38	7.30	1.33	1.65	2.39	3.25	3.94	5.33
43	1.96	2.44	3.56	4.81	5.86	7.94	1.43	1.76	2.56	3.48	4.22	5.71
44	2.13	2.66	3.87	5.23	6.37	8.63	1.53	1.89	2.74	3.73	4.52	6.10
45	2.33	2.90	4.21	5.69	6.92	9.37	1.65	2.03	2.94	3.99	4.83	6.52
46	2.55	3.16	4.58	6.17	7.50	10.14	1.78	2.18	3.15	4.26	5.16	6.95
47	2.79	3.45	4.97	6.68	8.11	10.95	1.92	2.35	3.37	4.54	5.49	7.39
48	3.05	3.75	5.39	7.23	8.76	11.81	2.06	2.52	3.60	4.84	5.84	7.85
49	3.33	4.09	5.85	7.82	9.47	12.75	2.22	2.71	3.84	5.15	6.22	8.34
50	3.65	4.47	6.37	8.48	10.26	13.80	2.39	2.91	4.11	5.49	6.62	8.87
51	4.00	4.88	6.94	9.19	11.12	14.95	2.57	3.12	4.39	5.84	7.04	9.42
52	4.37	5.33	7.56	9.94	12.03	16.17	2.75	3.33	4.68	6.19	7.46	9.99
53	4.77	5.81	8.22	10.75	13.01	17.49	2.94	3.56	5.00	6.57	7.92	10.59
54	5.20	6.33	8.94	11.64	14.08	18.92	3.15	3.81	5.34	6.99	8.42	11.26
55	5.67	6.89	9.72	12.60	15.24	20.48	3.39	4.09	5.72	7.46	8.99	12.02
56	6.16	7.47	10.53	13.62	16.46	22.11	3.64	4.39	6.13	7.98	9.62	12.85
57	6.66	8.08	11.36	14.68	17.73	23.80	3.91	4.70	6.56	8.55	10.28	13.75
58	7.21	8.73	12.26	15.82	19.11	25.64	4.20	5.05	7.03	9.16	11.01	14.71
59	7.81	9.46	13.27	17.11	20.66	27.71	4.52	5.42	7.54	9.83	11.81	15.77
60	8.51	10.30	14.44	18.59	22.44	30.09	4.88	5.85	8.12	10.57	12.69	16.93
61	9.28	11.23	15.74	20.23	24.43	32.76	5.28	6.32	8.75	11.37	13.64	18.18
62	10.11	12.24	17.16	22.01	26.58	35.65	5.70	6.82	9.42	12.24	14.66	19.51
63	11.02	13.34	18.70	23.95	28.93	38.82	6.17	7.36	10.15	13.16	15.76	20.94
64	12.02	14.55	20.41	26.09	31.53	42.31	6.67	7.96	10.94	14.17	16.95	22.49
65	13.13	15.90	22.31	28.46	34.41	46.19	7.23	8.61	11.81	15.27	18.25	24.17

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 20 Years
 Annual Premium Rates per \$1000 (Years 1-20)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
19	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
20	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
21	0.65	0.79	1.16	1.62	1.93	2.61	0.34	0.41	0.59	0.86	1.02	1.35
22	0.68	0.81	1.19	1.70	1.99	2.67	0.35	0.43	0.62	0.89	1.06	1.40
23	0.70	0.83	1.22	1.77	2.05	2.74	0.36	0.45	0.65	0.93	1.11	1.46
24	0.73	0.85	1.25	1.84	2.11	2.80	0.39	0.48	0.68	0.98	1.17	1.53
25	0.75	0.87	1.28	1.89	2.16	2.86	0.41	0.51	0.73	1.04	1.24	1.63
26	0.76	0.89	1.30	1.92	2.20	2.90	0.44	0.55	0.78	1.11	1.32	1.74
27	0.76	0.90	1.31	1.91	2.21	2.92	0.47	0.59	0.84	1.19	1.42	1.87
28	0.76	0.91	1.33	1.91	2.24	2.95	0.51	0.63	0.91	1.29	1.53	2.01
29	0.77	0.94	1.36	1.93	2.29	3.03	0.55	0.68	0.99	1.40	1.66	2.18
30	0.80	0.99	1.43	2.01	2.40	3.17	0.60	0.74	1.07	1.52	1.80	2.37
31	0.85	1.06	1.53	2.14	2.57	3.39	0.65	0.80	1.16	1.66	1.96	2.58
32	0.92	1.14	1.66	2.32	2.78	3.66	0.71	0.87	1.26	1.81	2.15	2.81
33	1.00	1.24	1.80	2.53	3.02	3.99	0.77	0.95	1.37	1.98	2.34	3.07
34	1.09	1.36	1.97	2.76	3.30	4.35	0.84	1.03	1.49	2.16	2.56	3.34
35	1.19	1.48	2.15	3.02	3.60	4.75	0.91	1.12	1.62	2.36	2.79	3.64
36	1.30	1.61	2.34	3.29	3.92	5.18	0.99	1.22	1.76	2.57	3.04	3.96
37	1.41	1.75	2.55	3.59	4.27	5.64	1.06	1.32	1.90	2.79	3.30	4.31
38	1.53	1.91	2.78	3.91	4.65	6.14	1.15	1.43	2.06	3.03	3.58	4.68
39	1.67	2.08	3.04	4.27	5.07	6.69	1.24	1.54	2.23	3.28	3.88	5.06
40	1.83	2.28	3.32	4.66	5.54	7.30	1.34	1.67	2.41	3.54	4.19	5.47
41	2.00	2.49	3.63	5.09	6.05	7.97	1.45	1.80	2.60	3.81	4.51	5.89
42	2.19	2.72	3.96	5.56	6.61	8.70	1.56	1.94	2.80	4.10	4.85	6.33
43	2.39	2.97	4.32	6.06	7.20	9.48	1.68	2.08	3.01	4.40	5.20	6.79
44	2.62	3.26	4.72	6.60	7.84	10.31	1.81	2.24	3.24	4.71	5.57	7.27
45	2.89	3.58	5.17	7.17	8.52	11.20	1.97	2.43	3.49	5.04	5.95	7.77
46	3.19	3.93	5.65	7.77	9.23	12.12	2.15	2.64	3.77	5.37	6.34	8.28
47	3.52	4.32	6.17	8.38	9.96	13.08	2.35	2.86	4.06	5.71	6.74	8.80
48	3.88	4.73	6.72	9.04	10.74	14.10	2.56	3.11	4.38	6.07	7.17	9.35
49	4.29	5.20	7.34	9.77	11.60	15.22	2.80	3.37	4.72	6.46	7.62	9.94
50	4.74	5.73	8.04	10.58	12.56	16.47	3.06	3.67	5.10	6.89	8.13	10.59
51	5.25	6.32	8.81	11.47	13.61	17.84	3.34	3.99	5.51	7.35	8.67	11.29
52	5.80	6.96	9.65	12.43	14.75	19.30	3.65	4.33	5.94	7.83	9.23	12.01
53	6.40	7.65	10.55	13.46	15.97	20.88	3.97	4.70	6.40	8.35	9.84	12.80
54	7.04	8.40	11.52	14.58	17.28	22.58	4.33	5.10	6.91	8.93	10.52	13.68
55	7.72	9.19	12.56	15.79	18.71	24.41	4.71	5.54	7.48	9.60	11.30	14.67
56	8.43	10.01	13.65	17.08	20.22	26.35	5.12	6.01	8.09	10.34	12.17	15.77
57	9.16	10.87	14.79	18.43	21.81	28.39	5.54	6.51	8.75	11.15	13.11	16.97
58	9.94	11.78	16.00	19.88	23.52	30.57	6.00	7.04	9.45	12.03	14.13	18.27
59	10.79	12.78	17.33	21.47	25.37	32.94	6.50	7.62	10.22	12.99	15.25	19.68
60	11.75	13.90	18.81	23.21	27.41	35.54	7.05	8.27	11.07	14.04	16.46	21.21

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 30 Years
 Annual Premium Rates per \$1000 (Years 1-30)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.75	0.99	1.31	1.92	2.27	2.98	0.46	0.55	0.75	1.17	1.35	1.71
19	0.75	0.99	1.31	1.92	2.27	2.98	0.46	0.55	0.75	1.17	1.35	1.71
20	0.75	0.99	1.31	1.92	2.27	2.98	0.46	0.55	0.75	1.17	1.35	1.71
21	0.75	0.99	1.31	1.92	2.27	2.98	0.48	0.58	0.79	1.20	1.39	1.76
22	0.77	0.99	1.31	1.92	2.27	2.98	0.52	0.61	0.83	1.26	1.45	1.83
23	0.79	0.99	1.33	1.92	2.27	2.98	0.55	0.65	0.89	1.32	1.52	1.93
24	0.83	1.00	1.37	1.96	2.30	2.98	0.60	0.70	0.95	1.40	1.62	2.05
25	0.88	1.05	1.44	2.04	2.39	3.08	0.65	0.76	1.03	1.50	1.73	2.19
26	0.94	1.12	1.53	2.15	2.51	3.23	0.71	0.83	1.12	1.61	1.86	2.35
27	1.02	1.20	1.64	2.28	2.66	3.42	0.78	0.91	1.22	1.74	2.01	2.53
28	1.11	1.30	1.77	2.44	2.85	3.65	0.86	0.99	1.33	1.88	2.17	2.74
29	1.20	1.41	1.91	2.63	3.07	3.93	0.94	1.08	1.44	2.04	2.35	2.97
30	1.30	1.53	2.07	2.85	3.32	4.25	1.01	1.17	1.56	2.22	2.56	3.23
31	1.39	1.64	2.24	3.10	3.61	4.61	1.07	1.25	1.68	2.42	2.79	3.52
32	1.48	1.76	2.41	3.38	3.93	5.01	1.12	1.32	1.80	2.63	3.03	3.83
33	1.57	1.88	2.60	3.69	4.29	5.46	1.18	1.40	1.92	2.87	3.30	4.17
34	1.69	2.03	2.82	4.03	4.68	5.95	1.24	1.49	2.06	3.12	3.59	4.53
35	1.83	2.21	3.08	4.40	5.11	6.49	1.33	1.60	2.23	3.39	3.90	4.92
36	2.01	2.42	3.38	4.80	5.57	7.07	1.44	1.74	2.42	3.67	4.23	5.33
37	2.20	2.66	3.70	5.23	6.07	7.70	1.57	1.89	2.63	3.98	4.58	5.77
38	2.43	2.92	4.06	5.69	6.60	8.37	1.72	2.06	2.86	4.29	4.95	6.23
39	2.67	3.21	4.45	6.19	7.17	9.10	1.87	2.24	3.11	4.63	5.34	6.72
40	2.94	3.53	4.88	6.73	7.80	9.89	2.04	2.44	3.37	4.99	5.75	7.24
41	3.22	3.86	5.34	7.31	8.47	10.74	2.21	2.64	3.64	5.36	6.18	7.78
42	3.52	4.22	5.82	7.92	9.18	11.63	2.38	2.84	3.92	5.75	6.63	8.34
43	3.84	4.60	6.34	8.58	9.95	12.59	2.56	3.07	4.22	6.16	7.10	8.93
44	4.20	5.03	6.92	9.29	10.77	13.62	2.77	3.31	4.55	6.60	7.60	9.57
45	4.62	5.51	7.55	10.07	11.66	14.74	3.02	3.60	4.92	7.09	8.16	10.25
46	5.08	6.04	8.23				3.30	3.92	5.33			
47	5.59	6.61	8.95				3.61	4.27	5.77			
48	6.14	7.24	9.73				3.95	4.65	6.24			
49	6.75	7.93	10.59				4.32	5.07	6.76			
50	7.45	8.71	11.55				4.74	5.53	7.33			

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 10 Years
 Annual Premium Rates per \$1000 (Years 1-10)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
18	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
19	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
20	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
21	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.33	0.62	0.69
22	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.33	0.62	0.69
23	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.34	0.63	0.69
24	0.44	0.53	0.61	1.21	1.36	0.22	0.26	0.36	0.65	0.71
25	0.44	0.53	0.61	1.21	1.36	0.23	0.27	0.37	0.67	0.74
26	0.44	0.53	0.61	1.21	1.36	0.25	0.28	0.39	0.70	0.78
27	0.44	0.53	0.61	1.21	1.36	0.27	0.30	0.41	0.75	0.82
28	0.44	0.53	0.61	1.21	1.36	0.29	0.31	0.43	0.80	0.88
29	0.44	0.53	0.61	1.21	1.36	0.32	0.33	0.45	0.85	0.94
30	0.44	0.53	0.61	1.21	1.36	0.34	0.36	0.48	0.90	1.00
31	0.46	0.55	0.64	1.25	1.41	0.36	0.39	0.51	0.95	1.06
32	0.48	0.58	0.69	1.31	1.47	0.38	0.43	0.55	1.00	1.13
33	0.50	0.62	0.75	1.38	1.55	0.39	0.47	0.58	1.05	1.20
34	0.53	0.66	0.81	1.47	1.64	0.41	0.51	0.62	1.11	1.28
35	0.57	0.71	0.87	1.57	1.76	0.44	0.55	0.67	1.19	1.38
36	0.61	0.76	0.93	1.69	1.90	0.47	0.59	0.72	1.29	1.50
37	0.66	0.81	0.99	1.83	2.05	0.51	0.63	0.77	1.41	1.63
38	0.72	0.86	1.06	1.99	2.22	0.56	0.68	0.82	1.53	1.77
39	0.77	0.93	1.13	2.16	2.42	0.60	0.73	0.88	1.67	1.92
40	0.84	1.00	1.22	2.35	2.64	0.65	0.78	0.95	1.80	2.08
41	0.91	1.08	1.32	2.56	2.88	0.70	0.84	1.02	1.93	2.25
42	0.99	1.18	1.44	2.79	3.15	0.76	0.90	1.10	2.06	2.43
43	1.07	1.28	1.56	3.04	3.44	0.81	0.97	1.19	2.20	2.62
44	1.16	1.39	1.70	3.29	3.76	0.87	1.04	1.27	2.34	2.82
45	1.25	1.50	1.84	3.56	4.09	0.93	1.11	1.36	2.49	3.01
46	1.34	1.61	1.99	3.83	4.44	0.99	1.18	1.44	2.65	3.20
47	1.43	1.72	2.16	4.09	4.81	1.04	1.25	1.53	2.82	3.38
48	1.53	1.84	2.33	4.38	5.21	1.09	1.32	1.61	2.99	3.57
49	1.64	1.97	2.52	4.69	5.63	1.15	1.39	1.70	3.18	3.78
50	1.76	2.12	2.72	5.04	6.09	1.22	1.47	1.80	3.38	4.00
51	1.89	2.28	2.93	5.43	6.58	1.29	1.56	1.91	3.59	4.24
52	2.04	2.45	3.16	5.84	7.08	1.37	1.65	2.02	3.80	4.49
53	2.20	2.64	3.40	6.29	7.63	1.45	1.74	2.14	4.03	4.76
54	2.37	2.85	3.66	6.79	8.23	1.54	1.85	2.27	4.28	5.05
55	2.56	3.08	3.96	7.35	8.90	1.63	1.96	2.41	4.55	5.37
56	2.76	3.33	4.28	7.94	9.62	1.73	2.08	2.56	4.84	5.71
57	2.97	3.58	4.61	8.56	10.37	1.84	2.22	2.72	5.15	6.08
58	3.21	3.86	4.97	9.25	11.20	1.95	2.36	2.89	5.47	6.47
59	3.47	4.19	5.39	10.03	12.14	2.08	2.51	3.07	5.82	6.88
60	3.79	4.57	5.88	10.96	13.26	2.21	2.67	3.27	6.20	7.33
61	4.15	5.00	6.43	12.00	14.51	2.34	2.83	3.47	6.58	7.77
62	4.53	5.47	7.02	13.12	15.85	2.48	2.99	3.66	6.95	8.21
63	4.96	5.98	7.69	14.37	17.35	2.62	3.16	3.88	7.36	8.69
64	5.45	6.57	8.44	15.79	19.06	2.80	3.37	4.14	7.85	9.28
65	6.01	7.25	9.31	17.42	21.03	3.02	3.63	4.47	8.47	10.01
66	6.38	7.70	9.88	18.43	22.23	3.08	3.70	4.55	8.61	10.17
67	6.56	7.90	10.13	18.80	22.64	3.19	3.81	4.69	8.86	10.46
68	6.92	8.34	10.69	19.76	23.78	3.31	3.96	4.88	9.17	10.79
69	7.87	9.49	12.18	22.56	27.20	3.46	4.15	5.11	9.60	11.34
70	9.79	11.82	15.21	28.42	34.41	4.69	5.64	6.95	13.16	15.60
71	12.21	14.75	19.01			6.08	7.32	9.02		
72	14.86	17.96	23.16			7.43	8.94	11.02		
73	18.46	22.34	28.83			9.63	11.59	14.30		
74	23.72	28.76	37.20			13.58	16.36	20.22		

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 15 Years
 Annual Premium Rates per \$1000 (Years 1-15)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
18	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72
19	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72
20	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72
21	0.45	0.54	0.63	1.25	1.41	0.24	0.29	0.34	0.65	0.72
22	0.45	0.54	0.63	1.25	1.41	0.25	0.31	0.35	0.65	0.72
23	0.45	0.54	0.63	1.25	1.41	0.25	0.32	0.36	0.66	0.74
24	0.45	0.54	0.63	1.25	1.41	0.27	0.34	0.38	0.68	0.77
25	0.45	0.54	0.63	1.25	1.41	0.28	0.36	0.40	0.72	0.81
26	0.46	0.55	0.65	1.27	1.43	0.30	0.38	0.43	0.77	0.87
27	0.47	0.57	0.67	1.29	1.45	0.32	0.40	0.47	0.84	0.94
28	0.48	0.58	0.70	1.32	1.48	0.35	0.43	0.51	0.91	1.03
29	0.50	0.60	0.74	1.36	1.53	0.37	0.45	0.55	1.00	1.12
30	0.52	0.63	0.78	1.42	1.60	0.40	0.48	0.59	1.08	1.21
31	0.54	0.66	0.82	1.49	1.70	0.42	0.51	0.63	1.16	1.30
32	0.56	0.68	0.87	1.58	1.81	0.44	0.53	0.67	1.24	1.40
33	0.59	0.72	0.92	1.68	1.95	0.46	0.56	0.71	1.33	1.50
34	0.63	0.76	0.98	1.79	2.10	0.49	0.59	0.75	1.43	1.62
35	0.67	0.81	1.05	1.93	2.28	0.52	0.63	0.81	1.54	1.75
36	0.73	0.88	1.13	2.09	2.48	0.56	0.68	0.88	1.67	1.90
37	0.79	0.96	1.23	2.26	2.70	0.61	0.73	0.95	1.81	2.06
38	0.87	1.05	1.33	2.45	2.95	0.66	0.79	1.03	1.96	2.23
39	0.95	1.14	1.44	2.67	3.21	0.71	0.85	1.11	2.12	2.41
40	1.03	1.24	1.57	2.90	3.50	0.77	0.92	1.20	2.28	2.60
41	1.11	1.34	1.70	3.16	3.81	0.83	0.99	1.29	2.45	2.79
42	1.19	1.43	1.85	3.43	4.13	0.90	1.07	1.38	2.63	2.99
43	1.28	1.53	2.00	3.73	4.48	0.96	1.15	1.48	2.81	3.20
44	1.37	1.65	2.17	4.05	4.87	1.03	1.24	1.58	3.01	3.42
45	1.49	1.79	2.36	4.39	5.29	1.11	1.33	1.68	3.21	3.66
46	1.62	1.95	2.56	4.75	5.75	1.19	1.43	1.79	3.42	3.91
47	1.77	2.13	2.78	5.12	6.23	1.27	1.53	1.89	3.64	4.17
48	1.93	2.32	3.01	5.51	6.76	1.35	1.63	2.01	3.87	4.45
49	2.10	2.53	3.27	5.95	7.33	1.44	1.74	2.13	4.12	4.74
50	2.29	2.76	3.55	6.45	7.97	1.54	1.86	2.26	4.38	5.05
51	2.49	3.00	3.86	7.01	8.66	1.64	1.98	2.40	4.65	5.37
52	2.71	3.26	4.19	7.61	9.41	1.75	2.11	2.54	4.94	5.70
53	2.94	3.54	4.55	8.26	10.21	1.86	2.24	2.70	5.24	6.05
54	3.18	3.84	4.94	8.96	11.07	1.98	2.39	2.87	5.57	6.43
55	3.45	4.16	5.35	9.71	11.99	2.12	2.55	3.06	5.94	6.86
56	3.72	4.49	5.77	10.48	12.93	2.27	2.73	3.27	6.35	7.33
57	4.00	4.82	6.20	11.26	13.90	2.42	2.91	3.49	6.78	7.83
58	4.31	5.19	6.67	12.10	14.94	2.59	3.11	3.73	7.25	8.37
59	4.65	5.60	7.20	13.06	16.12	2.77	3.34	4.00	7.76	8.96
60	5.05	6.08	7.82	14.18	17.50	2.97	3.58	4.29	8.33	9.61
61	5.50	6.63	8.52	15.44	19.06	3.19	3.85	4.61	8.95	10.32
62	6.00	7.22	9.28	16.82	20.75	3.43	4.13	4.95	9.61	11.08
63	6.54	7.87	10.12	18.32	22.61	3.68	4.44	5.32	10.32	11.89
64	7.14	8.60	11.05	19.99	24.67	3.96	4.77	5.72	11.08	12.78
65	7.80	9.40	12.08	21.84	26.95	4.26	5.13	6.16	11.92	13.74

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 20 Years
 Annual Premium Rates per \$1000 (Years 1-20)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
18	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
19	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
20	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
21	0.46	0.55	0.64	1.27	1.43	0.27	0.31	0.36	0.70	0.78
22	0.46	0.55	0.64	1.27	1.43	0.28	0.32	0.38	0.73	0.82
23	0.46	0.55	0.64	1.27	1.43	0.29	0.34	0.40	0.77	0.86
24	0.46	0.55	0.64	1.27	1.43	0.30	0.36	0.42	0.82	0.92
25	0.46	0.55	0.64	1.27	1.43	0.32	0.38	0.45	0.87	0.98
26	0.48	0.57	0.67	1.32	1.49	0.34	0.41	0.48	0.93	1.05
27	0.50	0.59	0.70	1.39	1.57	0.36	0.43	0.52	1.00	1.14
28	0.52	0.62	0.75	1.47	1.66	0.39	0.46	0.56	1.07	1.24
29	0.55	0.66	0.80	1.57	1.78	0.42	0.50	0.61	1.15	1.34
30	0.59	0.70	0.86	1.69	1.91	0.45	0.54	0.66	1.24	1.45
31	0.63	0.75	0.93	1.82	2.06	0.49	0.59	0.72	1.34	1.57
32	0.68	0.82	1.00	1.97	2.21	0.53	0.64	0.78	1.44	1.69
33	0.74	0.89	1.08	2.14	2.39	0.58	0.69	0.85	1.55	1.82
34	0.80	0.96	1.17	2.32	2.60	0.63	0.75	0.92	1.67	1.96
35	0.86	1.04	1.27	2.52	2.83	0.68	0.81	0.99	1.81	2.12
36	0.92	1.11	1.39	2.73	3.09	0.73	0.87	1.07	1.96	2.30
37	0.98	1.18	1.51	2.96	3.38	0.77	0.92	1.14	2.13	2.49
38	1.04	1.26	1.65	3.20	3.69	0.82	0.98	1.22	2.32	2.70
39	1.12	1.35	1.80	3.47	4.03	0.87	1.05	1.31	2.51	2.92
40	1.21	1.46	1.97	3.78	4.41	0.93	1.12	1.41	2.71	3.16
41	1.32	1.59	2.15	4.12	4.82	1.00	1.20	1.52	2.92	3.41
42	1.44	1.74	2.34	4.50	5.26	1.07	1.29	1.63	3.14	3.67
43	1.57	1.90	2.55	4.90	5.73	1.15	1.39	1.76	3.37	3.94
44	1.71	2.07	2.78	5.34	6.24	1.24	1.49	1.88	3.61	4.23
45	1.87	2.26	3.03	5.82	6.79	1.33	1.60	2.02	3.87	4.53
46	2.03	2.46	3.29	6.32	7.38	1.42	1.71	2.16	4.13	4.84
47	2.21	2.66	3.57	6.85	7.99	1.51	1.82	2.30	4.41	5.15
48	2.39	2.88	3.87	7.41	8.65	1.61	1.94	2.45	4.69	5.48
49	2.60	3.13	4.21	8.04	9.38	1.72	2.07	2.61	5.00	5.84
50	2.83	3.41	4.58	8.74	10.19	1.84	2.22	2.79	5.35	6.24
51	3.09	3.72	4.99	9.51	11.09	1.97	2.37	2.98	5.72	6.67
52	3.36	4.05	5.44	10.35	12.06	2.10	2.54	3.18	6.10	7.11
53	3.66	4.42	5.92	11.25	13.10	2.25	2.71	3.40	6.51	7.60
54	3.99	4.81	6.44	12.22	14.23	2.41	2.91	3.65	6.98	8.14
55	4.34	5.23	7.00	13.26	15.43	2.60	3.14	3.94	7.52	8.77
56	4.71	5.67	7.59	14.35	16.69	2.82	3.40	4.26	8.12	9.47
57	5.10	6.14	8.21	15.49	18.01	3.05	3.68	4.61	8.78	10.23
58	5.52	6.64	8.87	16.71	19.41	3.31	3.98	5.00	9.50	11.06
59	5.97	7.19	9.60	18.04	20.94	3.59	4.32	5.42	10.28	11.97
60	6.48	7.79	10.40	19.50	22.63	3.90	4.69	5.88	11.14	12.96

Assurity Life Insurance Company
 Term Life Insurance to Age 95
 Policy Form I L0760
 Initial Level Premium Option - 30 Years
 Annual Premium Rates per \$1000 (Years 1-30)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
18	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05
19	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05
20	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05
21	0.57	0.71	0.84	1.59	1.83	0.35	0.44	0.51	0.96	1.10
22	0.57	0.71	0.84	1.60	1.84	0.37	0.46	0.54	1.02	1.16
23	0.58	0.72	0.86	1.64	1.88	0.40	0.48	0.58	1.08	1.24
24	0.60	0.75	0.89	1.70	1.95	0.42	0.51	0.62	1.16	1.33
25	0.63	0.78	0.93	1.79	2.05	0.45	0.55	0.66	1.25	1.43
26	0.67	0.83	0.99	1.90	2.18	0.48	0.59	0.71	1.35	1.55
27	0.71	0.89	1.06	2.04	2.33	0.52	0.64	0.77	1.47	1.68
28	0.77	0.96	1.14	2.19	2.51	0.56	0.70	0.83	1.59	1.82
29	0.83	1.03	1.23	2.37	2.71	0.61	0.75	0.90	1.72	1.97
30	0.89	1.11	1.32	2.56	2.93	0.65	0.81	0.96	1.86	2.13
31	0.95	1.18	1.41	2.76	3.16	0.69	0.86	1.02	2.00	2.28
32	1.00	1.25	1.49	2.97	3.40	0.72	0.90	1.07	2.13	2.44
33	1.07	1.33	1.59	3.20	3.66	0.76	0.95	1.13	2.28	2.61
34	1.15	1.42	1.71	3.47	3.97	0.81	1.01	1.21	2.44	2.79
35	1.25	1.55	1.86	3.78	4.32	0.87	1.09	1.30	2.63	3.01
36	1.39	1.72	2.06	4.13	4.72	0.95	1.19	1.42	2.85	3.26
37	1.55	1.93	2.29	4.52	5.16	1.05	1.31	1.56	3.09	3.53
38	1.72	2.15	2.55	4.95	5.64	1.15	1.44	1.72	3.34	3.83
39	1.91	2.38	2.82	5.42	6.17	1.27	1.58	1.88	3.62	4.15
40	2.09	2.59	3.09	5.93	6.75	1.38	1.71	2.05	3.92	4.49
41	2.26	2.75	3.35	6.48	7.37	1.49	1.83	2.22	4.23	4.85
42	2.43	2.88	3.59	7.07	8.04	1.61	1.94	2.39	4.56	5.22
43	2.60	3.02	3.86	7.71	8.75	1.73	2.05	2.56	4.91	5.62
44	2.81	3.22	4.16	8.39	9.52	1.87	2.18	2.76	5.29	6.04
45	3.06	3.50	4.53	9.14	10.30	2.01	2.35	2.97	5.70	6.51
46	3.36	3.88	4.96			2.17	2.55	3.20		
47	3.68	4.31	5.43			2.33	2.77	3.44		
48	4.05	4.82	5.95			2.50	3.02	3.71		
49	4.45	5.39	6.54			2.69	3.30	3.99		
50	4.91	6.05	7.19			2.90	3.60	4.30		

Assurity Life Insurance Company

Term Life Insurance to Age 95

Policy Form I L0760

Band 1: \$50,000 - \$350,000

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$70 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
28	3.64	6.37	2.10	3.33
29	3.61	6.34	2.21	3.54
30	3.57	6.30	2.31	3.75
31	3.54	6.34	2.45	4.03
32	3.57	6.44	2.59	4.31
33	3.68	6.65	2.77	4.66
34	3.75	6.90	2.98	5.11
35	3.92	7.18	3.22	5.57
36	4.10	7.60	3.47	6.02
37	4.34	8.09	3.68	6.41
38	4.66	8.68	3.85	6.79
39	4.94	9.35	4.06	7.21
40	5.32	10.15	4.31	7.67
41	5.78	11.13	4.59	8.19
42	6.34	12.29	4.90	8.86
43	7.00	13.65	5.29	9.59
44	7.74	15.19	5.74	10.47
45	8.54	16.73	6.27	11.48
46	9.35	18.27	6.90	12.67
47	10.01	19.57	7.63	14.14
48	10.54	20.55	8.44	15.89
49	11.20	21.81	9.35	17.85
50	12.08	23.45	10.36	19.95
51	13.20	25.59	11.52	22.26
52	14.56	28.18	12.81	24.75
53	16.14	31.29	14.18	27.44
54	18.13	35.00	15.61	30.31
55	20.37	38.96	17.26	33.36
56	22.68	43.05	19.04	36.61
57	24.92	46.83	20.93	39.90
58	27.16	50.44	22.89	43.33
59	29.79	54.67	24.89	47.01
60	32.97	59.89	26.99	50.82
61	36.86	66.26	29.30	54.95

Assurity Life Insurance Company

Term Life Insurance to Age 95

Policy Form I L0760

Band 1: \$50,000 - \$350,000

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$70 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
62	41.37	73.57	31.75	59.33
63	46.31	81.41	34.34	63.81
64	51.45	89.25	37.17	68.64
65	56.81	96.92	40.32	73.85
66	62.23	104.34	43.75	79.52
67	67.90	111.83	47.57	85.82
68	73.89	119.49	51.80	92.72
69	80.61	127.93	56.42	100.31
70	88.45	137.59	61.64	108.89
71	97.97	149.45	67.59	118.48
72	109.10	163.24	74.10	128.91
73	120.82	177.14	81.20	140.28
74	133.42	192.19	89.08	152.18
75	147.14	208.92	97.72	164.68
76	162.61	227.47	107.21	178.19
77	180.60	248.92	117.71	192.75
78	201.50	273.53	129.15	208.46
79	224.91	300.62	141.72	225.37
80	251.02	330.23	157.33	246.44
81	279.41	361.69	176.51	272.20
82	309.47	394.07	196.81	298.73
83	342.30	428.58	218.12	325.82
84	378.81	467.60	241.89	354.03
85	419.41	511.84	265.97	380.10
86	464.07	559.83	294.42	410.24
87	512.33	610.82	329.56	447.62
88	563.64	663.99	366.63	485.03
89	617.47	718.66	403.52	519.26
90	671.09	771.47	430.68	538.72
91	723.87	821.73	456.65	554.68
92	779.17	873.32	499.70	589.16
93	837.48	926.66	558.04	637.95
94	898.91	983.57	630.70	705.95

Assurity Life Insurance Company

Term Life Insurance to Age 95

Policy Form I L0760

Band 2: \$350,001 and over

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$70 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
28	2.60	4.55	1.50	2.38
29	2.58	4.53	1.58	2.53
30	2.55	4.50	1.65	2.68
31	2.53	4.53	1.75	2.88
32	2.55	4.60	1.85	3.08
33	2.63	4.75	1.98	3.33
34	2.68	4.93	2.13	3.65
35	2.80	5.13	2.30	3.98
36	2.93	5.43	2.48	4.30
37	3.10	5.78	2.63	4.58
38	3.33	6.20	2.75	4.85
39	3.53	6.68	2.90	5.15
40	3.80	7.25	3.08	5.48
41	4.13	7.95	3.28	5.85
42	4.53	8.78	3.50	6.33
43	5.00	9.75	3.78	6.85
44	5.53	10.85	4.10	7.48
45	6.10	11.95	4.48	8.20
46	6.68	13.05	4.93	9.05
47	7.15	13.98	5.45	10.10
48	7.53	14.68	6.03	11.35
49	8.00	15.58	6.68	12.75
50	8.63	16.75	7.40	14.25
51	9.43	18.28	8.23	15.90
52	10.40	20.13	9.15	17.68
53	11.53	22.35	10.13	19.60
54	12.95	25.00	11.15	21.65
55	14.55	27.83	12.33	23.83
56	16.20	30.75	13.60	26.15
57	17.80	33.45	14.95	28.50
58	19.40	36.03	16.35	30.95
59	21.28	39.05	17.78	33.58
60	23.55	42.78	19.28	36.30
61	26.33	47.33	20.93	39.25

Assurity Life Insurance Company

Term Life Insurance to Age 95

Policy Form I L0760

Band 2: \$350,001 and over

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$70 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
62	29.55	52.55	22.68	42.38
63	33.08	58.15	24.53	45.58
64	36.75	63.75	26.55	49.03
65	40.58	69.23	28.80	52.75
66	44.45	74.53	31.25	56.80
67	48.50	79.88	33.98	61.30
68	52.78	85.35	37.00	66.23
69	57.58	91.38	40.30	71.65
70	63.18	98.28	44.03	77.78
71	69.98	106.75	48.28	84.63
72	77.93	116.60	52.93	92.08
73	86.30	126.53	58.00	100.20
74	95.30	137.28	63.63	108.70
75	105.10	149.23	69.80	117.63
76	116.15	162.48	76.58	127.28
77	129.00	177.80	84.08	137.68
78	143.93	195.38	92.25	148.90
79	160.65	214.73	101.23	160.98
80	179.30	235.88	112.38	176.03
81	199.58	258.35	126.08	194.43
82	221.05	281.48	140.58	213.38
83	244.50	306.13	155.80	232.73
84	270.58	334.00	172.78	252.88
85	299.58	365.60	189.98	271.50
86	331.48	399.88	210.30	293.03
87	365.95	436.30	235.40	319.73
88	402.60	474.28	261.88	346.45
89	441.05	513.33	288.23	370.90
90	479.35	551.05	307.63	384.80
91	517.05	586.95	326.18	396.20
92	556.55	623.80	356.93	420.83
93	598.20	661.90	398.60	455.68
94	642.08	702.55	450.50	504.25

Appendix II

Commutation Functions - Unitary Reserve Basis
 4.0% 2001 CSO, Male, Non-Smoker, ALB
 w/ Select mortality factors

w = 95
 k = 0.3350

t	xt	i	1000*qx	Dx	1000*CBx	1000*MBx	gp-guar	seg	gp*Dx	Σ gp*Dx	β	β*Dx	Σ β*Dx	Ax:n	tVx
0	45	4.00%	1.05000	10,000.00	10,297	2,839,655	3.58	1	35,800.00	8,319,942.90	1.19946	11,994.60	2,787,553.60	278.75536	-
1	46	4.00%	1.31000	9,605.29	12,339	2,829,358	3.58	1	34,386.93	8,284,142.90	1.19946	11,521.16	2,775,559.00	288.96155	-
2	47	4.00%	1.55000	9,223.76	14,020	2,817,019	3.58	1	33,021.04	8,249,755.97	1.19946	11,063.53	2,764,037.84	299.66513	-
3	48	4.00%	1.81000	8,855.25	15,718	2,802,999	3.58	1	31,701.79	8,216,734.93	1.19946	10,621.52	2,752,974.31	310.88617	-
4	49	4.00%	2.11000	8,499.25	17,586	2,787,281	3.58	1	30,427.32	8,185,033.14	1.19946	10,194.51	2,742,352.79	322.65819	-
5	50	4.00%	2.47000	8,155.11	19,753	2,769,695	3.58	1	29,195.30	8,154,605.82	1.19946	9,781.73	2,732,158.27	335.02398	-
6	51	4.00%	2.90000	7,822.09	22,245	2,749,942	3.58	1	28,003.07	8,125,410.52	1.19946	9,382.28	2,722,376.54	348.03715	-
7	52	4.00%	3.34000	7,499.42	24,563	2,727,697	3.58	1	26,847.94	8,097,407.45	1.19946	8,995.26	2,712,994.26	361.76030	-
8	53	4.00%	3.79000	7,186.90	26,711	2,703,134	3.58	1	25,729.11	8,070,559.51	1.19946	8,620.40	2,703,998.99	376.23992	-
9	54	4.00%	4.26000	6,884.29	28,759	2,676,423	3.58	1	24,645.76	8,044,830.40	1.19946	8,257.43	2,695,378.59	391.52596	-
10	55	4.00%	4.86000	6,591.31	31,414	2,647,664	3.58	1	23,596.89	8,020,184.64	1.19946	7,906.02	2,687,121.16	407.67626	-
11	56	4.00%	5.59000	6,307.00	34,574	2,616,250	3.58	1	22,579.05	7,996,587.75	1.19946	7,564.99	2,679,215.14	424.80040	-
12	57	4.00%	6.21000	6,030.52	36,725	2,581,676	3.58	1	21,589.26	7,974,008.69	1.19946	7,233.37	2,671,650.15	443.02147	-
13	58	4.00%	6.77000	5,762.57	38,257	2,544,951	3.58	1	20,630.00	7,952,419.43	1.19946	6,911.97	2,664,416.78	462.36618	-
14	59	4.00%	7.52000	5,503.42	40,585	2,506,694	3.58	1	19,702.24	7,931,789.43	1.19946	6,601.13	2,657,504.80	482.88250	-
15	60	4.00%	8.46000	5,251.96	43,572	2,466,109	3.58	1	18,802.00	7,912,087.19	1.19946	6,299.51	2,650,903.67	504.74606	-
16	61	4.00%	9.52000	5,007.23	46,746	2,422,537	3.58	1	17,925.90	7,893,285.19	1.19946	6,005.98	2,644,604.16	528.15667	-
17	62	4.00%	10.69000	4,768.81	49,992	2,375,791	3.58	1	17,072.35	7,875,359.30	1.19946	5,720.00	2,638,598.18	553.30294	-
18	63	4.00%	11.90000	4,536.38	52,938	2,325,799	3.58	1	16,240.24	7,858,286.95	1.19946	5,441.21	2,632,878.18	580.39201	-
19	64	4.00%	13.14000	4,310.00	55,537	2,272,861	3.58	1	15,429.79	7,842,046.71	1.19946	5,169.67	2,627,436.97	609.61466	-
20	65	4.00%	14.51000	4,089.77	58,194	2,217,324	56.81	2	232,339.95	7,826,616.92	19.03390	77,844.29	2,622,267.30	641.17687	-
21	66	4.00%	15.90000	3,875.41	60,426	2,159,130	62.23	3	241,166.95	7,594,276.97	20.84984	80,801.73	2,544,423.01	656.55532	-
22	67	4.00%	17.51000	3,667.11	62,968	2,098,704	67.90	4	248,996.74	7,353,110.02	22.74954	83,425.06	2,463,621.27	671.81556	-
23	68	4.00%	19.61000	3,464.33	66,620	2,035,736	73.89	5	255,979.01	7,104,113.28	24.75646	85,764.44	2,380,196.21	687.05907	-
24	69	4.00%	21.97000	3,265.76	70,360	1,969,116	80.61	6	263,252.88	6,848,134.27	27.00796	88,201.51	2,294,431.78	702.57215	-
25	70	4.00%	25.27000	3,071.16	76,106	1,898,756	88.45	7	271,644.48	6,584,881.39	29.63471	91,013.07	2,206,230.27	718.36933	-
26	71	4.00%	27.99000	2,878.42	79,007	1,822,650	97.97	8	281,998.73	6,313,236.90	32.82434	94,482.21	2,115,217.19	734.85376	-
27	72	4.00%	31.17000	2,690.24	82,232	1,743,643	109.10	9	293,505.46	6,031,238.17	36.55339	98,337.48	2,020,734.99	751.13486	-
28	73	4.00%	34.52000	2,506.14	84,837	1,661,411	120.82	10	302,792.08	5,737,732.71	40.48011	101,448.91	1,922,397.51	767.07444	-
29	74	4.00%	38.12000	2,326.57	86,972	1,576,574	133.42	11	310,410.61	5,434,940.63	44.70168	104,001.46	1,820,948.59	782.67608	-
30	75	4.00%	42.04000	2,151.81	88,711	1,489,602	147.14	12	316,616.78	5,124,530.01	49.29849	106,080.81	1,716,947.13	797.90970	-
31	76	4.00%	46.46000	1,982.06	90,304	1,400,891	162.61	13	322,303.09	4,807,913.23	54.48163	107,985.97	1,610,866.33	812.72251	-
32	77	4.00%	51.60000	1,817.28	91,957	1,310,587	180.60	14	328,201.48	4,485,610.15	60.50909	109,962.20	1,502,880.35	826.99259	-
33	78	4.00%	57.57000	1,657.22	93,560	1,218,630	201.50	15	333,930.47	4,157,408.66	67.51153	111,881.67	1,392,918.15	840.51332	-
34	79	4.00%	64.26000	1,501.75	94,634	1,125,070	224.91	16	337,757.91	3,823,478.20	75.35493	113,164.03	1,281,036.49	853.03085	-
35	80	4.00%	71.72000	1,351.20	95,032	1,030,436	251.02	17	339,177.43	3,485,720.29	84.10295	113,639.63	1,167,872.46	864.32445	-
36	81	4.00%	79.83000	1,206.05	94,415	935,404	279.41	18	336,981.62	3,146,542.86	93.61487	112,903.94	1,054,232.82	874.12243	-
37	82	4.00%	88.42000	1,067.08	92,525	840,989	309.47	19	330,230.78	2,809,561.24	103.68631	110,642.11	941,328.88	882.14989	-
38	83	4.00%	97.80000	935.32	89,704	748,464	342.30	20	320,160.20	2,479,330.46	114.68583	107,268.01	830,686.78	888.13063	-
39	84	4.00%	108.23000	811.39	86,117	658,760	378.81	21	307,362.85	2,159,170.25	126.91832	102,980.32	723,418.76	891.57901	-
40	85	4.00%	119.83000	695.74	81,757	572,643	419.41	22	291,801.98	1,851,807.41	140.52114	97,766.74	620,438.44	891.76258	-
41	86	4.00%	132.59000	588.82	76,560	490,886	464.07	23	273,253.77	1,560,005.43	155.48424	91,552.26	522,671.71	887.65932	-
42	87	4.00%	146.38000	491.10	70,496	414,326	512.33	24	251,607.48	1,286,751.65	171.65350	84,299.78	431,119.45	877.85716	-
43	88	4.00%	161.04000	403.09	63,658	343,830	563.64	25	227,199.21	1,035,144.17	188.84465	76,121.91	346,819.67	860.39667	-
44	89	4.00%	176.42000	325.17	56,256	280,172	617.47	26	200,783.85	807,944.97	206.88011	67,271.59	270,697.76	832.47604	-
45	90	4.00%	191.74000	257.50	48,418	223,916	671.09	27	172,808.91	607,161.12	224.84521	57,898.73	203,426.18	789.98976	-
46	91	4.00%	206.82000	200.13	40,589	175,498	723.87	28	144,865.07	434,352.20	242.52888	48,536.29	145,527.45	727.17978	-
47	92	4.00%	222.62000	152.63	33,321	134,909	779.17	29	118,925.16	289,487.13	261.05686	39,845.26	96,991.16	635.46350	-
48	93	4.00%	239.28000	114.09	26,771	101,588	837.48	30	95,546.77	170,561.97	280.59332	32,012.45	57,145.90	500.89134	-
49	94	4.00%	256.83000	83.45	21,018	74,817	898.91	31	75,015.20	75,015.20	301.17512	25,133.45	25,133.45	301.17512	-

Appendix II

Commutation Functions - Segmented Reserve Basis
 4.0% 2001 CSO, Male, Non-Smoker, ALB
 w/ Select mortality factors

w = 95

t	xt	i	1000*qx	Dx	1000*CBx	1000*MBx	gp.guar	seg	gp*Dx	Σ gp*Dx	k	β	β*Dx	Σ β*Dx	Ax:n	tVx
0	45	4.00%	1.05	10,000.00	10,297	2,839,655	3.58	1	35,800.00	493,325.98		1.02970	10,297.00	622,331.00	62.23310	-
1	46	4.00%	1.31	9,605.29	12,339	2,829,358	3.58	1	34,386.93	457,525.98	1.3377	4.78898	45,999.51	612,034.00	63.71844	-
2	47	4.00%	1.55	9,223.76	14,020	2,817,019	3.58	1	33,021.04	423,139.05	1.3377	4.78898	44,172.36	566,034.49	61.36703	3.649
3	48	4.00%	1.81	8,855.25	15,718	2,802,999	3.58	1	31,701.79	390,118.00	1.3377	4.78898	42,407.59	521,862.13	58.93252	7.206
4	49	4.00%	2.11	8,499.25	17,586	2,787,281	3.58	1	30,427.32	358,416.21	1.3377	4.78898	40,702.72	479,454.54	56.41139	10.648
5	50	4.00%	2.47	8,155.11	19,753	2,769,695	3.58	1	29,195.30	327,988.90	1.3377	4.78898	39,054.65	438,751.82	53.80083	13.932
6	51	4.00%	2.90	7,822.09	22,245	2,749,942	3.58	1	28,003.07	298,793.59	1.3377	4.78898	37,459.80	399,697.17	51.09854	16.993
7	52	4.00%	3.34	7,499.42	24,563	2,727,697	3.58	1	26,847.94	270,790.53	1.3377	4.78898	35,914.58	362,237.37	48.30202	19.753
8	53	4.00%	3.79	7,186.90	26,711	2,703,134	3.58	1	25,729.11	243,942.59	1.3377	4.78898	34,417.91	326,322.79	45.40522	22.191
9	54	4.00%	4.26	6,884.29	28,759	2,676,423	3.58	1	24,645.76	218,213.48	1.3377	4.78898	32,968.72	291,904.89	42.40159	24.286
10	55	4.00%	4.86	6,591.31	31,414	2,647,664	3.58	1	23,596.89	193,567.72	1.3377	4.78898	31,565.64	258,936.17	39.28447	26.005
11	56	4.00%	5.59	6,307.00	34,574	2,616,250	3.58	1	22,579.05	169,970.82	1.3377	4.78898	30,204.07	227,370.53	36.05052	27.201
12	57	4.00%	6.21	6,030.52	36,725	2,581,676	3.58	1	21,589.26	147,391.77	1.3377	4.78898	28,880.03	197,166.46	32.69476	27.723
13	58	4.00%	6.77	5,762.57	38,257	2,544,951	3.58	1	20,630.00	125,802.51	1.3377	4.78898	27,596.81	168,286.43	29.20337	27.651
14	59	4.00%	7.52	5,503.42	40,585	2,506,694	3.58	1	19,702.24	105,172.51	1.3377	4.78898	26,355.75	140,689.61	25.56404	27.016
15	60	4.00%	8.46	5,251.96	43,572	2,466,109	3.58	1	18,802.00	85,470.27	1.3377	4.78898	25,151.50	114,333.86	21.76977	25.600
16	61	4.00%	9.52	5,007.23	46,746	2,422,537	3.58	1	17,925.90	66,668.27	1.3377	4.78898	23,979.53	89,182.37	17.81070	23.173
17	62	4.00%	10.69	4,768.81	49,992	2,375,791	3.58	1	17,072.35	48,742.37	1.3377	4.78898	22,837.74	65,202.83	13.67276	19.557
18	63	4.00%	11.90	4,536.38	52,938	2,325,799	3.58	1	16,240.24	31,670.02	1.3377	4.78898	21,724.62	42,365.09	9.33897	14.573
19	64	4.00%	13.14	4,310.00	55,537	2,272,861	3.58	1	15,429.79	15,429.79	1.3377	4.78898	20,640.48	20,640.48	4.78898	8.097
20	65	4.00%	14.51	4,089.77	58,194	2,217,324	56.81	2	232,339.95	232,339.95	1.3377	75.99492	310,801.92	310,801.92	75.99492	-
21	66	4.00%	15.90	3,875.41	60,426	2,159,130	62.23	3	241,166.95	241,166.95	0.2505	15.58670	60,404.89	60,404.89	15.58670	-
22	67	4.00%	17.51	3,667.11	62,968	2,098,704	67.90	4	248,996.74	248,996.74	0.2506	17.01280	62,387.81	62,387.81	17.01280	-
23	68	4.00%	19.61	3,464.33	66,620	2,035,736	73.89	5	255,979.01	255,979.01	0.2529	18.68581	64,733.72	64,733.72	18.68581	-
24	69	4.00%	21.97	3,265.76	70,360	1,969,116	80.61	6	263,252.88	263,252.88	0.2603	20.97921	68,513.07	68,513.07	20.97921	-
25	70	4.00%	25.27	3,071.16	76,106	1,898,756	88.45	7	271,644.48	271,644.48	0.2673	23.64017	72,602.84	72,602.84	23.64017	-
26	71	4.00%	27.99	2,878.42	79,007	1,822,650	97.97	8	281,998.73	281,998.73	0.2802	27.44803	79,006.93	79,006.93	27.44803	-
27	72	4.00%	31.17	2,690.24	82,232	1,743,643	109.10	9	293,505.46	293,505.46	0.2802	30.56632	82,230.82	82,230.82	30.56632	-
28	73	4.00%	34.52	2,506.14	84,837	1,661,411	120.82	10	302,792.08	302,792.08	0.2802	33.85038	84,833.85	84,833.85	33.85038	-
29	74	4.00%	38.12	2,326.57	86,972	1,576,574	133.42	11	310,410.61	310,410.61	0.2802	37.38193	86,971.58	86,971.58	37.38193	-
30	75	4.00%	42.04	2,151.81	88,711	1,489,602	147.14	12	316,616.78	316,616.78	0.2802	41.22623	88,710.87	88,710.87	41.22623	-
31	76	4.00%	46.46	1,982.06	90,304	1,400,891	162.61	13	322,303.09	322,303.09	0.2802	45.56074	90,304.21	90,304.21	45.56074	-
32	77	4.00%	51.60	1,817.28	91,957	1,310,587	180.60	14	328,201.48	328,201.48	0.2802	50.60114	91,956.63	91,956.63	50.60114	-
33	78	4.00%	57.57	1,657.22	93,560	1,218,630	201.50	15	333,930.47	333,930.47	0.2802	56.45720	93,562.17	93,562.17	56.45720	-
34	79	4.00%	64.26	1,501.75	94,634	1,125,070	224.91	16	337,757.91	337,757.91	0.2802	63.01485	94,632.36	94,632.36	63.01485	-
35	80	4.00%	71.72	1,351.20	95,032	1,030,436	251.02	17	339,177.43	339,177.43	0.2802	70.33152	95,031.72	95,031.72	70.33152	-
36	81	4.00%	79.83	1,206.05	94,415	935,404	279.41	18	336,981.62	336,981.62	0.2802	78.28614	94,416.77	94,416.77	78.28614	-
37	82	4.00%	88.42	1,067.08	92,525	840,989	309.47	19	330,230.78	330,230.78	0.2802	86.70684	92,523.56	92,523.56	86.70684	-
38	83	4.00%	97.80	935.32	89,704	748,464	342.30	20	320,160.20	320,160.20	0.2802	95.90659	89,703.40	89,703.40	95.90659	-
39	84	4.00%	108.23	811.39	86,117	658,760	378.81	21	307,362.85	307,362.85	0.2802	106.13678	86,118.38	86,118.38	106.13678	-
40	85	4.00%	119.83	695.74	81,757	572,643	419.41	22	291,801.98	291,801.98	0.2802	117.51040	81,757.15	81,757.15	117.51040	-
41	86	4.00%	132.59	588.82	76,560	490,886	464.07	23	273,253.77	273,253.77	0.2802	130.02301	76,560.17	76,560.17	130.02301	-
42	87	4.00%	146.38	491.10	70,496	414,326	512.33	24	251,607.48	251,607.48	0.2802	143.54417	70,495.16	70,495.16	143.54417	-
43	88	4.00%	161.04	403.09	63,658	343,830	563.64	25	227,199.21	227,199.21	0.2802	157.92204	63,657.23	63,657.23	157.92204	-
44	89	4.00%	176.42	325.17	56,256	280,172	617.47	26	200,783.85	200,783.85	0.2802	173.00635	56,256.79	56,256.79	173.00635	-
45	90	4.00%	191.74	257.50	48,418	223,916	671.09	27	172,808.91	172,808.91	0.2802	188.02727	48,417.93	48,417.93	188.02727	-
46	91	4.00%	206.82	200.13	40,589	175,498	723.87	28	144,865.07	144,865.07	0.2802	202.81557	40,588.63	40,588.63	202.81557	-
47	92	4.00%	222.62	152.63	33,321	134,909	779.17	29	118,925.16	118,925.16	0.2802	218.31163	33,321.03	33,321.03	218.31163	-
48	93	4.00%	239.28	114.09	26,771	101,588	837.48	30	95,546.77	95,546.77	0.2802	234.64900	26,770.73	26,770.73	234.64900	-
49	94	4.00%	256.83	83.45	21,018	74,817	898.91	31	75,015.20	75,015.20	0.2802	251.86325	21,018.31	21,018.31	251.86325	-

53,799

0.280183

Appendix II

Commutation Functions - Minimum Reserve Segmented Basis
 4.0% 2001 CSO, Male, Non-Smoker, ALB
 w/ Select mortality factors

t	xt	i	x-factor	x-factor	1000*qx	Dx	1000*CBx	1000*MBx	gp.guar	seg	gp*Dx	Σ gp*Dx	k	β	G'	G*Dx	Σ G*Dx	Ax:n	Min tVx	Def Rsv	
0	45	4.00%	1.05	66.00	66%	0.69300	10,000.00	6,796	2,798,074	3.85	1	38,500.00	532,293.76		0.67960	0.6796	6,796.00	500,492.76	50.04928	5.231	-
1	46	4.00%	1.31	78.00	78%	1.02180	9,608.72	9,628	2,791,278	3.85	1	36,993.58	493,788.91	1.1060	4.25794	3.8500	36,993.58	493,696.76	51.38007	5.444	5.444
2	47	4.00%	1.55	87.00	87%	1.34850	9,229.71	12,205	2,781,650	3.85	1	35,534.40	456,790.48	1.1060	4.25794	3.8500	35,534.40	456,703.18	49.48183	8.633	4.983
3	48	4.00%	1.81	89.00	89%	1.61090	8,862.76	14,001	2,769,445	3.85	1	34,121.62	421,251.23	1.1060	4.25794	3.8500	34,121.62	421,168.78	47.52119	11.622	4.416
4	49	4.00%	2.11	89.00	89%	1.87790	8,508.15	15,668	2,755,444	3.85	1	32,756.40	387,124.77	1.1060	4.25794	3.8500	32,756.40	387,047.17	45.49132	14.472	3.823
5	50	4.00%	2.47	89.00	89%	2.19830	8,165.55	17,603	2,739,776	3.85	1	31,437.39	354,363.52	1.1060	4.25794	3.8500	31,437.39	354,290.77	43.38845	17.172	3.239
6	51	4.00%	2.90	89.00	89%	2.58100	7,834.24	19,829	2,722,173	3.85	1	30,161.81	322,921.29	1.1060	4.25794	3.8500	30,161.81	322,853.39	41.21058	19.664	2.671
7	52	4.00%	3.34	89.00	89%	2.97260	7,513.48	21,902	2,702,344	3.85	1	28,926.88	292,754.63	1.1060	4.25794	3.8500	28,926.88	292,691.58	38.95555	21.878	2.125
8	53	4.00%	3.79	89.00	89%	3.37310	7,203.02	23,826	2,680,442	3.85	1	27,731.63	263,822.90	1.1060	4.25794	3.8500	27,731.63	263,764.70	36.61862	23.797	1.605
9	54	4.00%	4.26	89.00	89%	3.79140	6,902.62	25,664	2,656,616	3.85	1	26,575.08	236,086.42	1.1060	4.25794	3.8500	26,575.08	236,033.07	34.19471	25.398	1.112
10	55	4.00%	4.86	89.00	89%	4.32540	6,611.97	28,046	2,630,952	3.85	1	25,456.08	209,506.48	1.1060	4.25794	3.8500	25,456.08	209,457.98	31.67860	26.652	0.648
11	56	4.00%	5.59	89.00	89%	4.97510	6,330.16	30,884	2,602,906	3.85	1	24,371.13	184,045.55	1.1060	4.25794	3.8500	24,371.13	184,001.90	29.06748	27.430	0.229
12	57	4.00%	6.21	89.00	89%	5.52690	6,056.41	32,825	2,572,022	3.85	1	23,317.19	159,669.57	1.1060	4.25794	3.8500	23,317.19	159,630.77	26.35731	27.594	-
13	58	4.00%	6.77	89.00	89%	6.02530	5,791.29	34,219	2,539,197	3.85	1	22,296.46	136,347.52	1.1060	4.25794	3.8500	22,296.46	136,313.57	23.53769	27.216	-
14	59	4.00%	7.52	89.00	89%	6.69280	5,535.00	36,328	2,504,978	3.85	1	21,309.73	114,046.21	1.1060	4.25794	3.8500	21,309.73	114,017.11	20.59931	26.322	-
15	60	4.00%	8.46	89.00	89%	7.52940	5,286.49	39,034	2,468,650	3.85	1	20,352.99	92,731.63	1.1060	4.25794	3.8500	20,352.99	92,707.38	17.53666	24.718	-
16	61	4.00%	9.52	89.00	89%	8.47280	5,044.89	41,917	2,429,616	3.85	1	19,422.83	72,373.79	1.1060	4.25794	3.8500	19,422.83	72,354.39	14.34211	22.199	-
17	62	4.00%	10.69	89.00	89%	9.51410	4,809.76	44,875	2,387,699	3.85	1	18,517.56	52,946.10	1.1060	4.25794	3.8500	18,517.56	52,931.55	11.00504	18.607	-
18	63	4.00%	11.90	89.00	89%	10.59100	4,580.77	47,576	2,342,824	3.85	1	17,635.95	34,423.69	1.1060	4.25794	3.8500	17,635.95	34,413.99	7.51272	13.784	-
19	64	4.00%	13.14	89.00	89%	11.69460	4,357.93	49,978	2,295,248	3.85	1	16,778.04	16,782.89	1.1060	4.25794	3.8500	16,778.04	16,778.04	3.85000	7.618	-
20	65	4.00%	14.51	100.00	100%	14.51000	4,141.32	58,927	2,245,270	57.08	2	236,386.34	236,386.34	0.2493	14.22905	14.2291	58,927.00	58,927.00	14.22905	-	-
21	66	4.00%	15.90	100.00	100%	15.90000	3,924.26	61,188	2,186,343	62.50	3	245,265.98	245,265.98	0.2495	15.59226	15.5923	61,188.00	61,188.00	15.59226	-	-
22	67	4.00%	17.51	100.00	100%	17.51000	3,713.33	63,762	2,125,155	68.17	4	253,137.50	253,137.50	0.2519	17.17112	17.1711	63,762.00	63,762.00	17.17112	-	-
23	68	4.00%	19.61	100.00	100%	19.61000	3,507.99	67,460	2,061,393	74.16	5	260,152.32	260,152.32	0.2593	19.23040	19.2304	67,460.00	67,460.00	19.23040	-	-
24	69	4.00%	21.97	100.00	100%	21.97000	3,306.92	71,247	1,993,933	80.88	6	267,463.59	267,463.59	0.2664	21.54483	21.5448	71,247.00	71,247.00	21.54483	-	-
25	70	4.00%	25.27	100.00	100%	25.27000	3,109.87	77,065	1,922,686	88.72	7	275,907.75	275,907.75	0.2793	24.78077	24.7808	77,065.00	77,065.00	24.78077	-	-
26	71	4.00%	27.99	100.00	100%	27.99000	2,914.70	80,003	1,845,621	98.24	8	286,339.79	286,339.79	0.2794	27.44814	27.4481	80,003.00	80,003.00	27.44814	-	-
27	72	4.00%	31.17	100.00	100%	31.17000	2,724.15	83,268	1,765,618	109.37	9	297,940.10	297,940.10	0.2795	30.56662	30.5666	83,268.00	83,268.00	30.56662	-	-
28	73	4.00%	34.52	100.00	100%	34.52000	2,537.73	85,907	1,682,350	121.09	10	307,293.42	307,293.42	0.2796	33.85194	33.8519	85,907.00	85,907.00	33.85194	-	-
29	74	4.00%	38.12	100.00	100%	38.12000	2,355.89	88,068	1,596,443	133.69	11	314,958.88	314,958.88	0.2796	37.38206	37.3821	88,068.00	88,068.00	37.38206	-	-
30	75	4.00%	42.04	100.00	100%	42.04000	2,178.93	89,829	1,508,375	147.41	12	321,195.48	321,195.48	0.2797	41.22627	41.2263	89,829.00	89,829.00	41.22627	-	-
31	76	4.00%	46.46	100.00	100%	46.46000	2,007.04	91,442	1,418,546	162.88	13	326,907.04	326,907.04	0.2797	45.56058	45.5606	91,442.00	91,442.00	45.56058	-	-
32	77	4.00%	51.60	100.00	100%	51.60000	1,840.19	93,116	1,327,104	180.87	14	332,834.73	332,834.73	0.2798	50.60136	50.6014	93,116.00	93,116.00	50.60136	-	-
33	78	4.00%	57.57	100.00	100%	57.57000	1,678.11	94,739	1,233,988	201.77	15	338,592.16	338,592.16	0.2798	56.45579	56.4558	94,739.00	94,739.00	56.45579	-	-
34	79	4.00%	64.26	100.00	100%	64.26000	1,520.67	95,827	1,139,249	225.18	16	342,425.33	342,425.33	0.2798	63.01614	63.0161	95,827.00	95,827.00	63.01614	-	-
35	80	4.00%	71.72	100.00	100%	71.72000	1,368.23	96,230	1,043,422	251.29	17	343,821.58	343,821.58	0.2799	70.33193	70.3319	96,230.00	96,230.00	70.33193	-	-
36	81	4.00%	79.83	100.00	100%	79.83000	1,221.25	95,605	947,192	279.68	18	341,558.41	341,558.41	0.2799	78.28473	78.2847	95,605.00	95,605.00	78.28473	-	-
37	82	4.00%	88.42	100.00	100%	88.42000	1,080.53	93,691	851,587	309.74	19	334,684.50	334,684.50	0.2799	86.70808	86.7081	93,691.00	93,691.00	86.70808	-	-
38	83	4.00%	97.80	100.00	100%	97.80000	947.11	90,834	757,896	342.57	20	324,450.97	324,450.97	0.2800	95.90664	95.9066	90,834.00	90,834.00	95.90664	-	-
39	84	4.00%	108.23	100.00	100%	108.23000	821.62	87,202	667,062	379.08	21	311,458.44	311,458.44	0.2800	106.13465	106.1347	87,202.00	87,202.00	106.13465	-	-
40	85	4.00%	119.83	100.00	100%	119.83000	704.51	82,788	579,860	419.68	22	295,669.84	295,669.84	0.2800	117.51103	117.5110	82,788.00	82,788.00	117.51103	-	-
41	86	4.00%	132.59	100.00	100%	132.59000	596.24	77,525	497,072	464.34	23	276,858.64	276,858.64	0.2800	130.02288	130.0229	77,525.00	77,525.00	130.02288	-	-
42	87	4.00%	146.38	100.00	100%	146.38000	497.29	71,385	419,547	512.60	24	254,912.81	254,912.81	0.2800	143.54693	143.5469	71,385.00	71,385.00	143.54693	-	-
43	88	4.00%	161.04	100.00	100%	161.04000	408.17	64,460	348,162	563.91	25	230,172.85	230,172.85	0.2801	157.92322	157.9232	64,460.00	64,460.00	157.92322	-	-
44	89	4.00%	176.42	100.00	100%	176.42000	329.27	56,965	283,702	617.74	26	203,403.28	203,403.28	0.2801	173.00389	173.0039	56,965.00	56,965.00	173.00389	-	-
45	90	4.00%	191.74	100.00	100%	191.74000	260.75	49,028	226,737	671.36	27	175,057.26	175,057.26	0.2801	188.02669	188.0267	49,028.00	49,028.00	188.02669	-	-
46	91	4.00%	206.82	100.00	100%	206.82000	202.65	41,100	177,709	724.14	28	146,745.56	146,745.56	0.2801	202.81469	202.8147	41,100.00	41,100.00	202.81469	-	-
47	92	4.00%	222.62	100.00	100%	222.62000	154.55	33,741	136,609	779.44	29	120,465.73	120,465.73	0.2801	218.31175	218.3118	33,741.00	33,741.00	218.31175	-	-
48	93	4.00%	239.28	100.00	100%	239.28000	115.53	27,108	102,868	837.75	30	96,782.16	96,782.16	0.2801	234.64787	234.6479	27,108.00	27,108.00	234.64787	-	-
49	94	4.00%	256.83	100.00	100%	256.83000	84.50	21,283	75,760	899.18	31	75,983.45	75,983.45	0.2801	251.86075</						

Appendix III

Commutation Functions - Nonforfeiture Demonstration
 5.0% 2001 CSO, Male, Non-Smoker, ALB
 w/ Select mortality factors

NLP = 12.80
 r = 0.3861
 EA = 25.9945

t	xt	i	1000*qx	px = 1-qx	Dx	Nx	CBx	MBx	gp.guar	gp*Dx	Σ gp*Dx	P ⁵ x	P ⁵ x*Dx	Σ P ⁵ x*Dx	PV P ⁵ x	PV benefit	tCVx
0	45	5.00%	1.05	0.99895	10,000.00	165,869.52	10.25	2,153.558	3.58	35,800.00	6,166,697.43	1.02480	10,248.00	2,377,376.75	237.74	212.10	-25.64
1	46	5.00%	1.31	0.99869	9,513.81	155,869.52	12.16	2,143.310	3.58	34,059.44	6,130,897.43	1.38223	13,150.29	2,367,128.75	248.81	221.86	-26.95
2	47	5.00%	1.55	0.99845	9,048.90	146,355.71	13.69	2,131.146	3.58	32,395.07	6,096,837.99	1.38223	12,507.68	2,353,978.46	260.14	231.92	-28.22
3	48	5.00%	1.81	0.99819	8,604.64	137,306.81	15.20	2,117.457	3.58	30,804.61	6,064,442.93	1.38223	11,893.61	2,341,470.78	272.12	242.30	-29.82
4	49	5.00%	2.11	0.99789	8,180.07	128,702.17	16.85	2,102.256	3.58	29,284.64	6,033,638.32	1.38223	11,306.75	2,329,577.18	284.79	253.02	-31.77
5	50	5.00%	2.47	0.99753	7,774.10	120,522.10	18.74	2,085.410	3.58	27,831.28	6,004,353.68	1.38223	10,745.61	2,318,270.43	298.20	264.06	-34.14
6	51	5.00%	2.90	0.99710	7,385.62	112,748.00	20.90	2,066.669	3.58	26,440.51	5,976,522.40	1.38223	10,208.64	2,307,524.82	312.43	275.42	-37.02
7	52	5.00%	3.34	0.99666	7,013.52	105,362.38	22.86	2,045.765	3.58	25,108.41	5,950,081.89	1.38223	9,694.31	2,297,316.18	327.56	287.05	-40.51
8	53	5.00%	3.79	0.99621	6,657.24	98,348.86	24.63	2,022.902	3.58	23,832.91	5,924,973.47	1.38223	9,201.84	2,287,621.87	343.63	298.98	-44.65
9	54	5.00%	4.26	0.99574	6,316.20	91,691.62	26.26	1,998.277	3.58	22,611.98	5,901,140.57	1.38223	8,730.45	2,278,420.03	360.73	311.22	-49.51
10	55	5.00%	4.86	0.99514	5,989.80	85,375.43	28.41	1,972.016	3.58	21,443.48	5,878,528.59	1.38223	8,279.29	2,269,689.58	378.93	323.79	-55.13
11	56	5.00%	5.59	0.99441	5,676.85	79,385.63	30.97	1,943.604	3.58	20,323.11	5,857,085.11	1.38223	7,846.72	2,261,410.29	398.36	336.64	-61.72
12	57	5.00%	6.21	0.99379	5,376.30	73,708.78	32.59	1,912.632	3.58	19,247.15	5,836,762.00	1.38223	7,431.29	2,253,563.57	419.17	349.70	-69.47
13	58	5.00%	6.77	0.99323	5,088.49	68,332.48	33.62	1,880.047	3.58	18,216.78	5,817,514.85	1.38223	7,033.47	2,246,132.29	441.41	363.07	-78.34
14	59	5.00%	7.52	0.99248	4,813.37	63,244.00	35.33	1,846.425	3.58	17,231.86	5,799,298.07	1.38223	6,653.19	2,239,098.82	465.18	376.84	-88.34
15	60	5.00%	8.46	0.99154	4,549.69	58,430.63	37.57	1,811.097	3.58	16,287.88	5,782,066.21	1.38223	6,288.72	2,232,445.63	490.68	390.92	-99.77
16	61	5.00%	9.52	0.99048	4,296.38	53,880.94	39.92	1,773.531	3.58	15,381.04	5,765,778.33	1.38223	5,938.59	2,226,156.90	518.15	405.22	-112.93
17	62	5.00%	10.69	0.98931	4,052.84	49,584.56	42.29	1,733.611	3.58	14,509.15	5,750,397.29	1.38223	5,601.96	2,220,218.31	547.82	419.72	-128.10
18	63	5.00%	11.90	0.98810	3,818.58	45,531.73	44.35	1,691.326	3.58	13,670.52	5,735,888.14	1.38223	5,278.16	2,214,616.36	579.96	434.40	-145.56
19	64	5.00%	13.14	0.98686	3,593.47	41,713.14	46.09	1,646.976	3.58	12,864.61	5,722,217.62	1.38223	4,967.00	2,209,338.19	614.82	449.27	-165.55
20	65	5.00%	14.51	0.98549	3,377.38	38,119.68	47.83	1,600.891	56.81	191,868.95	5,709,353.01	21.93424	74,080.27	2,204,371.19	652.69	464.37	-188.32
21	66	5.00%	15.90	0.98410	3,169.88	34,742.30	49.19	1,553.062	62.23	197,261.64	5,517,484.06	24.02689	76,162.37	2,130,290.92	672.04	479.67	-192.37
22	67	5.00%	17.51	0.98249	2,970.93	31,572.42	50.77	1,503.871	67.90	201,726.31	5,320,222.42	26.21607	77,886.17	2,054,128.55	691.41	495.24	-196.17
23	68	5.00%	19.61	0.98039	2,779.92	28,601.49	53.21	1,453.099	73.89	205,407.96	5,118,496.11	28.52880	79,307.65	1,976,242.37	710.90	511.00	-199.90
24	69	5.00%	21.97	0.97803	2,595.62	25,821.57	55.66	1,399.893	80.61	209,232.96	4,913,088.15	31.12338	80,784.48	1,896,934.72	730.82	526.79	-204.03
25	70	5.00%	25.27	0.97473	2,417.71	23,225.95	59.63	1,344.236	88.45	213,846.38	4,703,855.18	34.15039	82,565.71	1,816,150.24	751.19	542.53	-208.65
26	71	5.00%	27.99	0.97201	2,244.39	20,808.24	61.31	1,284.607	97.97	219,883.28	4,490,008.81	37.82605	84,896.55	1,733,584.53	772.41	557.86	-214.55
27	72	5.00%	31.17	0.96883	2,077.69	18,563.85	63.21	1,223.294	109.10	226,675.86	4,270,125.53	42.12332	87,519.15	1,648,687.98	793.52	573.11	-220.41
28	73	5.00%	34.52	0.96548	1,917.07	16,486.16	64.59	1,160.087	120.82	231,620.84	4,043,449.67	46.64839	89,428.40	1,561,168.83	814.35	588.15	-226.20
29	74	5.00%	38.12	0.96188	1,762.76	14,569.08	65.58	1,095.498	133.42	235,187.22	3,811,828.82	51.51323	90,805.37	1,471,740.43	834.91	603.00	-231.91
30	75	5.00%	42.04	0.95796	1,614.82	12,806.32	66.26	1,029.915	147.14	237,604.76	3,576,641.60	56.81050	91,738.78	1,380,935.05	855.16	617.63	-237.53
31	76	5.00%	46.46	0.95354	1,473.27	11,191.50	66.81	963.657	162.61	239,568.50	3,339,036.84	62.78344	92,496.98	1,289,196.27	875.06	632.00	-243.06
32	77	5.00%	51.60	0.94840	1,337.93	9,718.23	67.38	896.852	180.60	241,629.43	3,099,468.34	69.72934	93,292.70	1,196,699.29	894.44	646.00	-248.44
33	78	5.00%	57.57	0.94243	1,208.47	8,380.31	67.90	829.472	201.50	243,505.84	2,857,838.91	77.79880	94,017.18	1,103,406.59	913.06	659.45	-253.62
34	79	5.00%	64.26	0.93574	1,084.66	7,171.84	68.03	761.571	224.91	243,951.16	2,614,333.08	86.83736	94,189.12	1,009,389.42	930.60	672.12	-258.49
35	80	5.00%	71.72	0.92828	966.63	6,087.18	67.66	693.544	251.02	242,643.33	2,370,381.91	96.91838	93,684.16	915,200.30	946.80	683.81	-262.98
36	81	5.00%	79.83	0.92017	854.57	5,120.55	66.58	625.881	279.41	238,776.54	2,127,738.59	107.87971	92,191.21	821,516.14	961.32	694.30	-267.02
37	82	5.00%	88.42	0.91158	748.91	4,265.98	64.63	559.298	309.47	231,764.57	1,888,962.04	119.48582	89,483.89	729,324.93	973.85	703.35	-270.50
38	83	5.00%	97.80	0.90220	650.18	3,517.07	62.06	494.669	342.30	222,556.80	1,657,197.47	132.16143	85,928.79	639,841.04	984.10	710.75	-273.35
39	84	5.00%	108.23	0.89177	558.66	2,866.89	59.01	432.608	378.81	211,625.96	1,434,640.67	146.25788	81,708.41	553,912.25	991.50	716.10	-275.40
40	85	5.00%	119.83	0.88017	474.47	2,308.23	55.49	373.596	419.41	198,998.52	1,223,014.71	161.93347	76,832.98	472,203.84	995.22	718.79	-276.43
41	86	5.00%	132.59	0.86741	397.73	1,833.76	51.47	318.105	464.07	184,574.55	1,024,016.19	179.17661	71,263.91	395,370.86	994.07	717.96	-276.11
42	87	5.00%	146.38	0.85362	328.57	1,436.03	46.94	266.636	512.33	168,334.54	839,441.64	197.80971	64,993.67	324,106.95	986.43	712.44	-273.99
43	88	5.00%	161.04	0.83896	267.12	1,107.46	41.98	219.695	563.64	150,556.86	671,107.10	217.62042	58,129.74	259,113.28	970.04	700.61	-269.44
44	89	5.00%	176.42	0.82358	213.43	840.34	36.75	177.711	617.47	131,785.17	520,550.25	238.40408	50,882.02	200,983.54	941.69	680.13	-261.56
45	90	5.00%	191.74	0.80826	167.40	626.92	31.33	140.962	671.09	112,343.50	388,765.07	259.10667	43,375.63	150,101.51	896.64	647.59	-249.05
46	91	5.00%	206.82	0.79318	128.86	459.51	26.01	109.634	723.87	93,280.22	276,421.57	279.48494	36,015.33	106,725.89	828.21	598.17	-230.04
47	92	5.00%	222.62	0.77738	97.34	330.65	21.15	83.622	779.17	75,847.91	183,141.36	300.83617	29,284.75	70,710.56	726.39	524.63	-201.76
48	93	5.00%	239.28	0.76072	72.07	233.30	16.83	62.471	837.48	60,357.32	107,293.44	323.34956	23,303.85	41,425.81	574.80	415.14	-159.66
49	94	5.00%	256.83	0.74317	52.21	161.23	13.09	45.640	898.91	46,936.13	46,936.13	347.06757	18,121.96	18,121.96	347.07	250.66	-96.41

109.02

32.552

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 10 Years
 Annual Premium Rates per \$1000 (Years 1-10)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
19	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
20	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
21	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10
22	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.30	0.47	0.67	0.81	1.10
23	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.30	0.47	0.68	0.83	1.12
24	0.54	0.70	1.06	1.45	1.79	2.46	0.24	0.31	0.48	0.69	0.85	1.15
25	0.54	0.70	1.06	1.45	1.79	2.46	0.25	0.33	0.50	0.72	0.88	1.19
26	0.55	0.71	1.08	1.48	1.81	2.47	0.26	0.35	0.53	0.75	0.92	1.24
27	0.55	0.73	1.10	1.51	1.84	2.48	0.28	0.37	0.56	0.79	0.96	1.30
28	0.57	0.76	1.13	1.55	1.88	2.49	0.30	0.39	0.60	0.83	1.02	1.38
29	0.58	0.78	1.16	1.60	1.92	2.53	0.33	0.42	0.65	0.89	1.08	1.47
30	0.60	0.81	1.20	1.65	1.98	2.60	0.36	0.46	0.71	0.96	1.17	1.59
31	0.62	0.84	1.24	1.70	2.04	2.69	0.39	0.51	0.77	1.05	1.28	1.73
32	0.65	0.86	1.28	1.74	2.10	2.80	0.43	0.56	0.85	1.14	1.40	1.90
33	0.68	0.90	1.33	1.79	2.18	2.94	0.48	0.62	0.93	1.25	1.53	2.09
34	0.72	0.94	1.40	1.86	2.29	3.11	0.52	0.68	1.01	1.37	1.68	2.29
35	0.77	0.99	1.48	1.97	2.43	3.33	0.57	0.74	1.10	1.50	1.84	2.51
36	0.83	1.06	1.58	2.12	2.61	3.59	0.62	0.80	1.19	1.64	2.01	2.74
37	0.89	1.14	1.70	2.29	2.83	3.89	0.67	0.87	1.30	1.79	2.19	2.99
38	0.96	1.22	1.83	2.49	3.07	4.22	0.73	0.94	1.40	1.94	2.38	3.26
39	1.04	1.33	1.98	2.72	3.34	4.59	0.79	1.01	1.51	2.10	2.58	3.53
40	1.13	1.44	2.15	2.96	3.64	5.00	0.85	1.09	1.63	2.27	2.78	3.81
41	1.23	1.57	2.34	3.23	3.97	5.45	0.91	1.17	1.75	2.44	2.99	4.09
42	1.34	1.71	2.55	3.52	4.33	5.95	0.98	1.25	1.87	2.61	3.20	4.38
43	1.46	1.86	2.78	3.83	4.72	6.48	1.05	1.34	2.00	2.79	3.43	4.68
44	1.60	2.03	3.03	4.16	5.12	7.04	1.12	1.43	2.14	2.98	3.66	4.99
45	1.74	2.21	3.30	4.50	5.54	7.61	1.20	1.53	2.29	3.17	3.89	5.31
46	1.89	2.40	3.59	4.83	5.95	8.18	1.29	1.64	2.45	3.36	4.12	5.63
47	2.06	2.61	3.89	5.16	6.36	8.74	1.38	1.76	2.63	3.55	4.36	5.96
48	2.23	2.82	4.22	5.52	6.79	9.34	1.48	1.88	2.81	3.75	4.60	6.30
49	2.42	3.06	4.58	5.91	7.27	10.01	1.59	2.01	3.01	3.96	4.87	6.66
50	2.63	3.32	4.96	6.36	7.83	10.77	1.70	2.15	3.21	4.20	5.16	7.06
51	2.85	3.59	5.37	6.87	8.45	11.61	1.81	2.29	3.42	4.46	5.48	7.49
52	3.08	3.88	5.79	7.41	9.12	12.52	1.93	2.44	3.64	4.74	5.81	7.94
53	3.33	4.19	6.24	8.01	9.85	13.50	2.06	2.60	3.87	5.03	6.17	8.43
54	3.60	4.54	6.75	8.67	10.65	14.59	2.19	2.77	4.12	5.35	6.56	8.95
55	3.91	4.92	7.31	9.40	11.54	15.81	2.34	2.95	4.39	5.70	6.98	9.53
56	4.23	5.33	7.91	10.17	12.48	17.10	2.50	3.15	4.68	6.07	7.44	10.15
57	4.57	5.75	8.54	10.97	13.47	18.46	2.67	3.36	4.99	6.47	7.92	10.82
58	4.94	6.22	9.23	11.85	14.55	19.95	2.84	3.58	5.31	6.90	8.45	11.53
59	5.36	6.75	10.02	12.86	15.79	21.66	3.03	3.82	5.66	7.35	9.00	12.29
60	5.86	7.38	10.95	14.03	17.23	23.65	3.24	4.08	6.04	7.84	9.60	13.10
61	6.42	8.09	12.00	15.35	18.86	25.90	3.46	4.35	6.44	8.36	10.23	13.96
62	7.03	8.86	13.15	16.79	20.64	28.35	3.69	4.64	6.86	8.90	10.90	14.86
63	7.71	9.72	14.42	18.37	22.60	31.06	3.93	4.94	7.31	9.48	11.60	15.82
64	8.47	10.67	15.84	20.13	24.78	34.07	4.19	5.27	7.78	10.10	12.36	16.85
65	9.31	11.74	17.42	22.10	27.21	37.44	4.47	5.62	8.30	10.77	13.17	17.96

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 15 Years
 Annual Premium Rates per \$1000 (Years 1-15)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23
19	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23
20	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23
21	0.60	0.75	1.11	1.48	1.82	2.50	0.30	0.37	0.55	0.76	0.92	1.24
22	0.61	0.76	1.12	1.48	1.82	2.50	0.31	0.39	0.57	0.78	0.94	1.26
23	0.62	0.77	1.14	1.48	1.82	2.50	0.33	0.42	0.60	0.80	0.97	1.30
24	0.63	0.79	1.15	1.48	1.83	2.52	0.35	0.45	0.63	0.84	1.02	1.36
25	0.64	0.80	1.17	1.50	1.85	2.54	0.37	0.48	0.67	0.88	1.07	1.43
26	0.65	0.81	1.18	1.52	1.87	2.56	0.40	0.51	0.71	0.93	1.13	1.52
27	0.66	0.82	1.19	1.53	1.88	2.57	0.43	0.55	0.77	1.00	1.21	1.62
28	0.68	0.83	1.20	1.56	1.90	2.59	0.47	0.59	0.82	1.07	1.30	1.74
29	0.70	0.86	1.22	1.60	1.95	2.65	0.51	0.63	0.88	1.16	1.40	1.88
30	0.73	0.89	1.27	1.68	2.04	2.76	0.55	0.67	0.95	1.25	1.51	2.03
31	0.77	0.94	1.34	1.79	2.17	2.93	0.59	0.72	1.02	1.35	1.64	2.20
32	0.81	0.99	1.43	1.92	2.32	3.14	0.62	0.76	1.09	1.46	1.77	2.39
33	0.86	1.06	1.54	2.07	2.51	3.40	0.66	0.81	1.18	1.59	1.92	2.60
34	0.92	1.14	1.66	2.25	2.72	3.69	0.71	0.87	1.27	1.72	2.09	2.82
35	0.99	1.23	1.80	2.44	2.96	4.01	0.76	0.94	1.37	1.87	2.27	3.07
36	1.07	1.34	1.96	2.65	3.22	4.36	0.82	1.02	1.49	2.03	2.47	3.34
37	1.17	1.45	2.13	2.88	3.50	4.75	0.90	1.11	1.62	2.21	2.69	3.63
38	1.27	1.59	2.32	3.13	3.81	5.17	0.98	1.22	1.76	2.40	2.92	3.94
39	1.39	1.73	2.53	3.41	4.15	5.63	1.06	1.32	1.91	2.60	3.16	4.27
40	1.52	1.89	2.76	3.72	4.53	6.14	1.15	1.43	2.07	2.81	3.41	4.61
41	1.66	2.06	3.01	4.06	4.94	6.70	1.24	1.54	2.23	3.03	3.67	4.96
42	1.80	2.24	3.27	4.42	5.38	7.30	1.33	1.65	2.39	3.25	3.94	5.33
43	1.96	2.44	3.56	4.81	5.86	7.94	1.43	1.76	2.56	3.48	4.22	5.71
44	2.13	2.66	3.87	5.23	6.37	8.63	1.53	1.89	2.74	3.73	4.52	6.10
45	2.33	2.90	4.21	5.69	6.92	9.37	1.65	2.03	2.94	3.99	4.83	6.52
46	2.55	3.16	4.58	6.17	7.50	10.14	1.78	2.18	3.15	4.26	5.16	6.95
47	2.79	3.45	4.97	6.68	8.11	10.95	1.92	2.35	3.37	4.54	5.49	7.39
48	3.05	3.75	5.39	7.23	8.76	11.81	2.06	2.52	3.60	4.84	5.84	7.85
49	3.33	4.09	5.85	7.82	9.47	12.75	2.22	2.71	3.84	5.15	6.22	8.34
50	3.65	4.47	6.37	8.48	10.26	13.80	2.39	2.91	4.11	5.49	6.62	8.87
51	4.00	4.88	6.94	9.19	11.12	14.95	2.57	3.12	4.39	5.84	7.04	9.42
52	4.37	5.33	7.56	9.94	12.03	16.17	2.75	3.33	4.68	6.19	7.46	9.99
53	4.77	5.81	8.22	10.75	13.01	17.49	2.94	3.56	5.00	6.57	7.92	10.59
54	5.20	6.33	8.94	11.64	14.08	18.92	3.15	3.81	5.34	6.99	8.42	11.26
55	5.67	6.89	9.72	12.60	15.24	20.48	3.39	4.09	5.72	7.46	8.99	12.02
56	6.16	7.47	10.53	13.62	16.46	22.11	3.64	4.39	6.13	7.98	9.62	12.85
57	6.66	8.08	11.36	14.68	17.73	23.80	3.91	4.70	6.56	8.55	10.28	13.75
58	7.21	8.73	12.26	15.82	19.11	25.64	4.20	5.05	7.03	9.16	11.01	14.71
59	7.81	9.46	13.27	17.11	20.66	27.71	4.52	5.42	7.54	9.83	11.81	15.77
60	8.51	10.30	14.44	18.59	22.44	30.09	4.88	5.85	8.12	10.57	12.69	16.93
61	9.28	11.23	15.74	20.23	24.43	32.76	5.28	6.32	8.75	11.37	13.64	18.18
62	10.11	12.24	17.16	22.01	26.58	35.65	5.70	6.82	9.42	12.24	14.66	19.51
63	11.02	13.34	18.70	23.95	28.93	38.82	6.17	7.36	10.15	13.16	15.76	20.94
64	12.02	14.55	20.41	26.09	31.53	42.31	6.67	7.96	10.94	14.17	16.95	22.49
65	13.13	15.90	22.31	28.46	34.41	46.19	7.23	8.61	11.81	15.27	18.25	24.17

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 20 Years
 Annual Premium Rates per \$1000 (Years 1-20)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
19	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
20	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
21	0.65	0.79	1.16	1.62	1.93	2.61	0.34	0.41	0.59	0.86	1.02	1.35
22	0.68	0.81	1.19	1.70	1.99	2.67	0.35	0.43	0.62	0.89	1.06	1.40
23	0.70	0.83	1.22	1.77	2.05	2.74	0.36	0.45	0.65	0.93	1.11	1.46
24	0.73	0.85	1.25	1.84	2.11	2.80	0.39	0.48	0.68	0.98	1.17	1.53
25	0.75	0.87	1.28	1.89	2.16	2.86	0.41	0.51	0.73	1.04	1.24	1.63
26	0.76	0.89	1.30	1.92	2.20	2.90	0.44	0.55	0.78	1.11	1.32	1.74
27	0.76	0.90	1.31	1.91	2.21	2.92	0.47	0.59	0.84	1.19	1.42	1.87
28	0.76	0.91	1.33	1.91	2.24	2.95	0.51	0.63	0.91	1.29	1.53	2.01
29	0.77	0.94	1.36	1.93	2.29	3.03	0.55	0.68	0.99	1.40	1.66	2.18
30	0.80	0.99	1.43	2.01	2.40	3.17	0.60	0.74	1.07	1.52	1.80	2.37
31	0.85	1.06	1.53	2.14	2.57	3.39	0.65	0.80	1.16	1.66	1.96	2.58
32	0.92	1.14	1.66	2.32	2.78	3.66	0.71	0.87	1.26	1.81	2.15	2.81
33	1.00	1.24	1.80	2.53	3.02	3.99	0.77	0.95	1.37	1.98	2.34	3.07
34	1.09	1.36	1.97	2.76	3.30	4.35	0.84	1.03	1.49	2.16	2.56	3.34
35	1.19	1.48	2.15	3.02	3.60	4.75	0.91	1.12	1.62	2.36	2.79	3.64
36	1.30	1.61	2.34	3.29	3.92	5.18	0.99	1.22	1.76	2.57	3.04	3.96
37	1.41	1.75	2.55	3.59	4.27	5.64	1.06	1.32	1.90	2.79	3.30	4.31
38	1.53	1.91	2.78	3.91	4.65	6.14	1.15	1.43	2.06	3.03	3.58	4.68
39	1.67	2.08	3.04	4.27	5.07	6.69	1.24	1.54	2.23	3.28	3.88	5.06
40	1.83	2.28	3.32	4.66	5.54	7.30	1.34	1.67	2.41	3.54	4.19	5.47
41	2.00	2.49	3.63	5.09	6.05	7.97	1.45	1.80	2.60	3.81	4.51	5.89
42	2.19	2.72	3.96	5.56	6.61	8.70	1.56	1.94	2.80	4.10	4.85	6.33
43	2.39	2.97	4.32	6.06	7.20	9.48	1.68	2.08	3.01	4.40	5.20	6.79
44	2.62	3.26	4.72	6.60	7.84	10.31	1.81	2.24	3.24	4.71	5.57	7.27
45	2.89	3.58	5.17	7.17	8.52	11.20	1.97	2.43	3.49	5.04	5.95	7.77
46	3.19	3.93	5.65	7.77	9.23	12.12	2.15	2.64	3.77	5.37	6.34	8.28
47	3.52	4.32	6.17	8.38	9.96	13.08	2.35	2.86	4.06	5.71	6.74	8.80
48	3.88	4.73	6.72	9.04	10.74	14.10	2.56	3.11	4.38	6.07	7.17	9.35
49	4.29	5.20	7.34	9.77	11.60	15.22	2.80	3.37	4.72	6.46	7.62	9.94
50	4.74	5.73	8.04	10.58	12.56	16.47	3.06	3.67	5.10	6.89	8.13	10.59
51	5.25	6.32	8.81	11.47	13.61	17.84	3.34	3.99	5.51	7.35	8.67	11.29
52	5.80	6.96	9.65	12.43	14.75	19.30	3.65	4.33	5.94	7.83	9.23	12.01
53	6.40	7.65	10.55	13.46	15.97	20.88	3.97	4.70	6.40	8.35	9.84	12.80
54	7.04	8.40	11.52	14.58	17.28	22.58	4.33	5.10	6.91	8.93	10.52	13.68
55	7.72	9.19	12.56	15.79	18.71	24.41	4.71	5.54	7.48	9.60	11.30	14.67
56	8.43	10.01	13.65	17.08	20.22	26.35	5.12	6.01	8.09	10.34	12.17	15.77
57	9.16	10.87	14.79	18.43	21.81	28.39	5.54	6.51	8.75	11.15	13.11	16.97
58	9.94	11.78	16.00	19.88	23.52	30.57	6.00	7.04	9.45	12.03	14.13	18.27
59	10.79	12.78	17.33	21.47	25.37	32.94	6.50	7.62	10.22	12.99	15.25	19.68
60	11.75	13.90	18.81	23.21	27.41	35.54	7.05	8.27	11.07	14.04	16.46	21.21

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 30 Years
 Annual Premium Rates per \$1000 (Years 1-30)*
 Band 1: \$50,000 - \$350,000

Issue Age	Male						Female					
	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco	Select+ Non-tobacco	Select Non-tobacco	Standard Non-tobacco	Select+ Tobacco	Select Tobacco	Standard Tobacco
18	0.75	0.99	1.31	1.92	2.27	2.98	0.46	0.55	0.75	1.17	1.35	1.71
19	0.75	0.99	1.31	1.92	2.27	2.98	0.46	0.55	0.75	1.17	1.35	1.71
20	0.75	0.99	1.31	1.92	2.27	2.98	0.46	0.55	0.75	1.17	1.35	1.71
21	0.75	0.99	1.31	1.92	2.27	2.98	0.48	0.58	0.79	1.20	1.39	1.76
22	0.77	0.99	1.31	1.92	2.27	2.98	0.52	0.61	0.83	1.26	1.45	1.83
23	0.79	0.99	1.33	1.92	2.27	2.98	0.55	0.65	0.89	1.32	1.52	1.93
24	0.83	1.00	1.37	1.96	2.30	2.98	0.60	0.70	0.95	1.40	1.62	2.05
25	0.88	1.05	1.44	2.04	2.39	3.08	0.65	0.76	1.03	1.50	1.73	2.19
26	0.94	1.12	1.53	2.15	2.51	3.23	0.71	0.83	1.12	1.61	1.86	2.35
27	1.02	1.20	1.64	2.28	2.66	3.42	0.78	0.91	1.22	1.74	2.01	2.53
28	1.11	1.30	1.77	2.44	2.85	3.65	0.86	0.99	1.33	1.88	2.17	2.74
29	1.20	1.41	1.91	2.63	3.07	3.93	0.94	1.08	1.44	2.04	2.35	2.97
30	1.30	1.53	2.07	2.85	3.32	4.25	1.01	1.17	1.56	2.22	2.56	3.23
31	1.39	1.64	2.24	3.10	3.61	4.61	1.07	1.25	1.68	2.42	2.79	3.52
32	1.48	1.76	2.41	3.38	3.93	5.01	1.12	1.32	1.80	2.63	3.03	3.83
33	1.57	1.88	2.60	3.69	4.29	5.46	1.18	1.40	1.92	2.87	3.30	4.17
34	1.69	2.03	2.82	4.03	4.68	5.95	1.24	1.49	2.06	3.12	3.59	4.53
35	1.83	2.21	3.08	4.40	5.11	6.49	1.33	1.60	2.23	3.39	3.90	4.92
36	2.01	2.42	3.38	4.80	5.57	7.07	1.44	1.74	2.42	3.67	4.23	5.33
37	2.20	2.66	3.70	5.23	6.07	7.70	1.57	1.89	2.63	3.98	4.58	5.77
38	2.43	2.92	4.06	5.69	6.60	8.37	1.72	2.06	2.86	4.29	4.95	6.23
39	2.67	3.21	4.45	6.19	7.17	9.10	1.87	2.24	3.11	4.63	5.34	6.72
40	2.94	3.53	4.88	6.73	7.80	9.89	2.04	2.44	3.37	4.99	5.75	7.24
41	3.22	3.86	5.34	7.31	8.47	10.74	2.21	2.64	3.64	5.36	6.18	7.78
42	3.52	4.22	5.82	7.92	9.18	11.63	2.38	2.84	3.92	5.75	6.63	8.34
43	3.84	4.60	6.34	8.58	9.95	12.59	2.56	3.07	4.22	6.16	7.10	8.93
44	4.20	5.03	6.92	9.29	10.77	13.62	2.77	3.31	4.55	6.60	7.60	9.57
45	4.62	5.51	7.55	10.07	11.66	14.74	3.02	3.60	4.92	7.09	8.16	10.25
46	5.08	6.04	8.23				3.30	3.92	5.33			
47	5.59	6.61	8.95				3.61	4.27	5.77			
48	6.14	7.24	9.73				3.95	4.65	6.24			
49	6.75	7.93	10.59				4.32	5.07	6.76			
50	7.45	8.71	11.55				4.74	5.53	7.33			

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 10 Years
 Annual Premium Rates per \$1000 (Years 1-10)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
18	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
19	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
20	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
21	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.33	0.62	0.69
22	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.33	0.62	0.69
23	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.34	0.63	0.69
24	0.44	0.53	0.61	1.21	1.36	0.22	0.26	0.36	0.65	0.71
25	0.44	0.53	0.61	1.21	1.36	0.23	0.27	0.37	0.67	0.74
26	0.44	0.53	0.61	1.21	1.36	0.25	0.28	0.39	0.70	0.78
27	0.44	0.53	0.61	1.21	1.36	0.27	0.30	0.41	0.75	0.82
28	0.44	0.53	0.61	1.21	1.36	0.29	0.31	0.43	0.80	0.88
29	0.44	0.53	0.61	1.21	1.36	0.32	0.33	0.45	0.85	0.94
30	0.44	0.53	0.61	1.21	1.36	0.34	0.36	0.48	0.90	1.00
31	0.46	0.55	0.64	1.25	1.41	0.36	0.39	0.51	0.95	1.06
32	0.48	0.58	0.69	1.31	1.47	0.38	0.43	0.55	1.00	1.13
33	0.50	0.62	0.75	1.38	1.55	0.39	0.47	0.58	1.05	1.20
34	0.53	0.66	0.81	1.47	1.64	0.41	0.51	0.62	1.11	1.28
35	0.57	0.71	0.87	1.57	1.76	0.44	0.55	0.67	1.19	1.38
36	0.61	0.76	0.93	1.69	1.90	0.47	0.59	0.72	1.29	1.50
37	0.66	0.81	0.99	1.83	2.05	0.51	0.63	0.77	1.41	1.63
38	0.72	0.86	1.06	1.99	2.22	0.56	0.68	0.82	1.53	1.77
39	0.77	0.93	1.13	2.16	2.42	0.60	0.73	0.88	1.67	1.92
40	0.84	1.00	1.22	2.35	2.64	0.65	0.78	0.95	1.80	2.08
41	0.91	1.08	1.32	2.56	2.88	0.70	0.84	1.02	1.93	2.25
42	0.99	1.18	1.44	2.79	3.15	0.76	0.90	1.10	2.06	2.43
43	1.07	1.28	1.56	3.04	3.44	0.81	0.97	1.19	2.20	2.62
44	1.16	1.39	1.70	3.29	3.76	0.87	1.04	1.27	2.34	2.82
45	1.25	1.50	1.84	3.56	4.09	0.93	1.11	1.36	2.49	3.01
46	1.34	1.61	1.99	3.83	4.44	0.99	1.18	1.44	2.65	3.20
47	1.43	1.72	2.16	4.09	4.81	1.04	1.25	1.53	2.82	3.38
48	1.53	1.84	2.33	4.38	5.21	1.09	1.32	1.61	2.99	3.57
49	1.64	1.97	2.52	4.69	5.63	1.15	1.39	1.70	3.18	3.78
50	1.76	2.12	2.72	5.04	6.09	1.22	1.47	1.80	3.38	4.00
51	1.89	2.28	2.93	5.43	6.58	1.29	1.56	1.91	3.59	4.24
52	2.04	2.45	3.16	5.84	7.08	1.37	1.65	2.02	3.80	4.49
53	2.20	2.64	3.40	6.29	7.63	1.45	1.74	2.14	4.03	4.76
54	2.37	2.85	3.66	6.79	8.23	1.54	1.85	2.27	4.28	5.05
55	2.56	3.08	3.96	7.35	8.90	1.63	1.96	2.41	4.55	5.37
56	2.76	3.33	4.28	7.94	9.62	1.73	2.08	2.56	4.84	5.71
57	2.97	3.58	4.61	8.56	10.37	1.84	2.22	2.72	5.15	6.08
58	3.21	3.86	4.97	9.25	11.20	1.95	2.36	2.89	5.47	6.47
59	3.47	4.19	5.39	10.03	12.14	2.08	2.51	3.07	5.82	6.88
60	3.79	4.57	5.88	10.96	13.26	2.21	2.67	3.27	6.20	7.33
61	4.15	5.00	6.43	12.00	14.51	2.34	2.83	3.47	6.58	7.77
62	4.53	5.47	7.02	13.12	15.85	2.48	2.99	3.66	6.95	8.21
63	4.96	5.98	7.69	14.37	17.35	2.62	3.16	3.88	7.36	8.69
64	5.45	6.57	8.44	15.79	19.06	2.80	3.37	4.14	7.85	9.28
65	6.01	7.25	9.31	17.42	21.03	3.02	3.63	4.47	8.47	10.01
66	6.38	7.70	9.88	18.43	22.23	3.08	3.70	4.55	8.61	10.17
67	6.56	7.90	10.13	18.80	22.64	3.19	3.81	4.69	8.86	10.46
68	6.92	8.34	10.69	19.76	23.78	3.31	3.96	4.88	9.17	10.79
69	7.87	9.49	12.18	22.56	27.20	3.46	4.15	5.11	9.60	11.34
70	9.79	11.82	15.21	28.42	34.41	4.69	5.64	6.95	13.16	15.60
71	12.21	14.75	19.01			6.08	7.32	9.02		
72	14.86	17.96	23.16			7.43	8.94	11.02		
73	18.46	22.34	28.83			9.63	11.59	14.30		
74	23.72	28.76	37.20			13.58	16.36	20.22		

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 15 Years
 Annual Premium Rates per \$1000 (Years 1-15)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
18	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72
19	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72
20	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72
21	0.45	0.54	0.63	1.25	1.41	0.24	0.29	0.34	0.65	0.72
22	0.45	0.54	0.63	1.25	1.41	0.25	0.31	0.35	0.65	0.72
23	0.45	0.54	0.63	1.25	1.41	0.25	0.32	0.36	0.66	0.74
24	0.45	0.54	0.63	1.25	1.41	0.27	0.34	0.38	0.68	0.77
25	0.45	0.54	0.63	1.25	1.41	0.28	0.36	0.40	0.72	0.81
26	0.46	0.55	0.65	1.27	1.43	0.30	0.38	0.43	0.77	0.87
27	0.47	0.57	0.67	1.29	1.45	0.32	0.40	0.47	0.84	0.94
28	0.48	0.58	0.70	1.32	1.48	0.35	0.43	0.51	0.91	1.03
29	0.50	0.60	0.74	1.36	1.53	0.37	0.45	0.55	1.00	1.12
30	0.52	0.63	0.78	1.42	1.60	0.40	0.48	0.59	1.08	1.21
31	0.54	0.66	0.82	1.49	1.70	0.42	0.51	0.63	1.16	1.30
32	0.56	0.68	0.87	1.58	1.81	0.44	0.53	0.67	1.24	1.40
33	0.59	0.72	0.92	1.68	1.95	0.46	0.56	0.71	1.33	1.50
34	0.63	0.76	0.98	1.79	2.10	0.49	0.59	0.75	1.43	1.62
35	0.67	0.81	1.05	1.93	2.28	0.52	0.63	0.81	1.54	1.75
36	0.73	0.88	1.13	2.09	2.48	0.56	0.68	0.88	1.67	1.90
37	0.79	0.96	1.23	2.26	2.70	0.61	0.73	0.95	1.81	2.06
38	0.87	1.05	1.33	2.45	2.95	0.66	0.79	1.03	1.96	2.23
39	0.95	1.14	1.44	2.67	3.21	0.71	0.85	1.11	2.12	2.41
40	1.03	1.24	1.57	2.90	3.50	0.77	0.92	1.20	2.28	2.60
41	1.11	1.34	1.70	3.16	3.81	0.83	0.99	1.29	2.45	2.79
42	1.19	1.43	1.85	3.43	4.13	0.90	1.07	1.38	2.63	2.99
43	1.28	1.53	2.00	3.73	4.48	0.96	1.15	1.48	2.81	3.20
44	1.37	1.65	2.17	4.05	4.87	1.03	1.24	1.58	3.01	3.42
45	1.49	1.79	2.36	4.39	5.29	1.11	1.33	1.68	3.21	3.66
46	1.62	1.95	2.56	4.75	5.75	1.19	1.43	1.79	3.42	3.91
47	1.77	2.13	2.78	5.12	6.23	1.27	1.53	1.89	3.64	4.17
48	1.93	2.32	3.01	5.51	6.76	1.35	1.63	2.01	3.87	4.45
49	2.10	2.53	3.27	5.95	7.33	1.44	1.74	2.13	4.12	4.74
50	2.29	2.76	3.55	6.45	7.97	1.54	1.86	2.26	4.38	5.05
51	2.49	3.00	3.86	7.01	8.66	1.64	1.98	2.40	4.65	5.37
52	2.71	3.26	4.19	7.61	9.41	1.75	2.11	2.54	4.94	5.70
53	2.94	3.54	4.55	8.26	10.21	1.86	2.24	2.70	5.24	6.05
54	3.18	3.84	4.94	8.96	11.07	1.98	2.39	2.87	5.57	6.43
55	3.45	4.16	5.35	9.71	11.99	2.12	2.55	3.06	5.94	6.86
56	3.72	4.49	5.77	10.48	12.93	2.27	2.73	3.27	6.35	7.33
57	4.00	4.82	6.20	11.26	13.90	2.42	2.91	3.49	6.78	7.83
58	4.31	5.19	6.67	12.10	14.94	2.59	3.11	3.73	7.25	8.37
59	4.65	5.60	7.20	13.06	16.12	2.77	3.34	4.00	7.76	8.96
60	5.05	6.08	7.82	14.18	17.50	2.97	3.58	4.29	8.33	9.61
61	5.50	6.63	8.52	15.44	19.06	3.19	3.85	4.61	8.95	10.32
62	6.00	7.22	9.28	16.82	20.75	3.43	4.13	4.95	9.61	11.08
63	6.54	7.87	10.12	18.32	22.61	3.68	4.44	5.32	10.32	11.89
64	7.14	8.60	11.05	19.99	24.67	3.96	4.77	5.72	11.08	12.78
65	7.80	9.40	12.08	21.84	26.95	4.26	5.13	6.16	11.92	13.74

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 20 Years
 Annual Premium Rates per \$1000 (Years 1-20)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non-tobacco	Preferred Tobacco	Standard Tobacco
18	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
19	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
20	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
21	0.46	0.55	0.64	1.27	1.43	0.27	0.31	0.36	0.70	0.78
22	0.46	0.55	0.64	1.27	1.43	0.28	0.32	0.38	0.73	0.82
23	0.46	0.55	0.64	1.27	1.43	0.29	0.34	0.40	0.77	0.86
24	0.46	0.55	0.64	1.27	1.43	0.30	0.36	0.42	0.82	0.92
25	0.46	0.55	0.64	1.27	1.43	0.32	0.38	0.45	0.87	0.98
26	0.48	0.57	0.67	1.32	1.49	0.34	0.41	0.48	0.93	1.05
27	0.50	0.59	0.70	1.39	1.57	0.36	0.43	0.52	1.00	1.14
28	0.52	0.62	0.75	1.47	1.66	0.39	0.46	0.56	1.07	1.24
29	0.55	0.66	0.80	1.57	1.78	0.42	0.50	0.61	1.15	1.34
30	0.59	0.70	0.86	1.69	1.91	0.45	0.54	0.66	1.24	1.45
31	0.63	0.75	0.93	1.82	2.06	0.49	0.59	0.72	1.34	1.57
32	0.68	0.82	1.00	1.97	2.21	0.53	0.64	0.78	1.44	1.69
33	0.74	0.89	1.08	2.14	2.39	0.58	0.69	0.85	1.55	1.82
34	0.80	0.96	1.17	2.32	2.60	0.63	0.75	0.92	1.67	1.96
35	0.86	1.04	1.27	2.52	2.83	0.68	0.81	0.99	1.81	2.12
36	0.92	1.11	1.39	2.73	3.09	0.73	0.87	1.07	1.96	2.30
37	0.98	1.18	1.51	2.96	3.38	0.77	0.92	1.14	2.13	2.49
38	1.04	1.26	1.65	3.20	3.69	0.82	0.98	1.22	2.32	2.70
39	1.12	1.35	1.80	3.47	4.03	0.87	1.05	1.31	2.51	2.92
40	1.21	1.46	1.97	3.78	4.41	0.93	1.12	1.41	2.71	3.16
41	1.32	1.59	2.15	4.12	4.82	1.00	1.20	1.52	2.92	3.41
42	1.44	1.74	2.34	4.50	5.26	1.07	1.29	1.63	3.14	3.67
43	1.57	1.90	2.55	4.90	5.73	1.15	1.39	1.76	3.37	3.94
44	1.71	2.07	2.78	5.34	6.24	1.24	1.49	1.88	3.61	4.23
45	1.87	2.26	3.03	5.82	6.79	1.33	1.60	2.02	3.87	4.53
46	2.03	2.46	3.29	6.32	7.38	1.42	1.71	2.16	4.13	4.84
47	2.21	2.66	3.57	6.85	7.99	1.51	1.82	2.30	4.41	5.15
48	2.39	2.88	3.87	7.41	8.65	1.61	1.94	2.45	4.69	5.48
49	2.60	3.13	4.21	8.04	9.38	1.72	2.07	2.61	5.00	5.84
50	2.83	3.41	4.58	8.74	10.19	1.84	2.22	2.79	5.35	6.24
51	3.09	3.72	4.99	9.51	11.09	1.97	2.37	2.98	5.72	6.67
52	3.36	4.05	5.44	10.35	12.06	2.10	2.54	3.18	6.10	7.11
53	3.66	4.42	5.92	11.25	13.10	2.25	2.71	3.40	6.51	7.60
54	3.99	4.81	6.44	12.22	14.23	2.41	2.91	3.65	6.98	8.14
55	4.34	5.23	7.00	13.26	15.43	2.60	3.14	3.94	7.52	8.77
56	4.71	5.67	7.59	14.35	16.69	2.82	3.40	4.26	8.12	9.47
57	5.10	6.14	8.21	15.49	18.01	3.05	3.68	4.61	8.78	10.23
58	5.52	6.64	8.87	16.71	19.41	3.31	3.98	5.00	9.50	11.06
59	5.97	7.19	9.60	18.04	20.94	3.59	4.32	5.42	10.28	11.97
60	6.48	7.79	10.40	19.50	22.63	3.90	4.69	5.88	11.14	12.96

Assurity Life Insurance Company
 Other Insured Term Life Insurance Rider
 Rider Form R I0765
 Initial Level Premium Option - 30 Years
 Annual Premium Rates per \$1000 (Years 1-30)*
 Band 2: \$350,001 and over

Issue Age	Male					Female				
	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non- tobacco	Preferred Tobacco	Standard Tobacco	Preferred+ Non-tobacco	Preferred Non-tobacco	Standard Non- tobacco	Preferred Tobacco	Standard Tobacco
18	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05
19	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05
20	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05
21	0.57	0.71	0.84	1.59	1.83	0.35	0.44	0.51	0.96	1.10
22	0.57	0.71	0.84	1.60	1.84	0.37	0.46	0.54	1.02	1.16
23	0.58	0.72	0.86	1.64	1.88	0.40	0.48	0.58	1.08	1.24
24	0.60	0.75	0.89	1.70	1.95	0.42	0.51	0.62	1.16	1.33
25	0.63	0.78	0.93	1.79	2.05	0.45	0.55	0.66	1.25	1.43
26	0.67	0.83	0.99	1.90	2.18	0.48	0.59	0.71	1.35	1.55
27	0.71	0.89	1.06	2.04	2.33	0.52	0.64	0.77	1.47	1.68
28	0.77	0.96	1.14	2.19	2.51	0.56	0.70	0.83	1.59	1.82
29	0.83	1.03	1.23	2.37	2.71	0.61	0.75	0.90	1.72	1.97
30	0.89	1.11	1.32	2.56	2.93	0.65	0.81	0.96	1.86	2.13
31	0.95	1.18	1.41	2.76	3.16	0.69	0.86	1.02	2.00	2.28
32	1.00	1.25	1.49	2.97	3.40	0.72	0.90	1.07	2.13	2.44
33	1.07	1.33	1.59	3.20	3.66	0.76	0.95	1.13	2.28	2.61
34	1.15	1.42	1.71	3.47	3.97	0.81	1.01	1.21	2.44	2.79
35	1.25	1.55	1.86	3.78	4.32	0.87	1.09	1.30	2.63	3.01
36	1.39	1.72	2.06	4.13	4.72	0.95	1.19	1.42	2.85	3.26
37	1.55	1.93	2.29	4.52	5.16	1.05	1.31	1.56	3.09	3.53
38	1.72	2.15	2.55	4.95	5.64	1.15	1.44	1.72	3.34	3.83
39	1.91	2.38	2.82	5.42	6.17	1.27	1.58	1.88	3.62	4.15
40	2.09	2.59	3.09	5.93	6.75	1.38	1.71	2.05	3.92	4.49
41	2.26	2.75	3.35	6.48	7.37	1.49	1.83	2.22	4.23	4.85
42	2.43	2.88	3.59	7.07	8.04	1.61	1.94	2.39	4.56	5.22
43	2.60	3.02	3.86	7.71	8.75	1.73	2.05	2.56	4.91	5.62
44	2.81	3.22	4.16	8.39	9.52	1.87	2.18	2.76	5.29	6.04
45	3.06	3.50	4.53	9.14	10.30	2.01	2.35	2.97	5.70	6.51
46	3.36	3.88	4.96			2.17	2.55	3.20		
47	3.68	4.31	5.43			2.33	2.77	3.44		
48	4.05	4.82	5.95			2.50	3.02	3.71		
49	4.45	5.39	6.54			2.69	3.30	3.99		
50	4.91	6.05	7.19			2.90	3.60	4.30		

Assurity Life Insurance Company

Other Insured Term Life Insurance Rider

Rider Form R I0765

Band 1: \$50,000 - \$350,000

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$50 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
28	3.64	6.37	2.10	3.33
29	3.61	6.34	2.21	3.54
30	3.57	6.30	2.31	3.75
31	3.54	6.34	2.45	4.03
32	3.57	6.44	2.59	4.31
33	3.68	6.65	2.77	4.66
34	3.75	6.90	2.98	5.11
35	3.92	7.18	3.22	5.57
36	4.10	7.60	3.47	6.02
37	4.34	8.09	3.68	6.41
38	4.66	8.68	3.85	6.79
39	4.94	9.35	4.06	7.21
40	5.32	10.15	4.31	7.67
41	5.78	11.13	4.59	8.19
42	6.34	12.29	4.90	8.86
43	7.00	13.65	5.29	9.59
44	7.74	15.19	5.74	10.47
45	8.54	16.73	6.27	11.48
46	9.35	18.27	6.90	12.67
47	10.01	19.57	7.63	14.14
48	10.54	20.55	8.44	15.89
49	11.20	21.81	9.35	17.85
50	12.08	23.45	10.36	19.95
51	13.20	25.59	11.52	22.26
52	14.56	28.18	12.81	24.75
53	16.14	31.29	14.18	27.44
54	18.13	35.00	15.61	30.31
55	20.37	38.96	17.26	33.36
56	22.68	43.05	19.04	36.61
57	24.92	46.83	20.93	39.90
58	27.16	50.44	22.89	43.33
59	29.79	54.67	24.89	47.01
60	32.97	59.89	26.99	50.82
61	36.86	66.26	29.30	54.95

Assurity Life Insurance Company

Other Insured Term Life Insurance Rider

Rider Form R I0765

Band 1: \$50,000 - \$350,000

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$50 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
62	41.37	73.57	31.75	59.33
63	46.31	81.41	34.34	63.81
64	51.45	89.25	37.17	68.64
65	56.81	96.92	40.32	73.85
66	62.23	104.34	43.75	79.52
67	67.90	111.83	47.57	85.82
68	73.89	119.49	51.80	92.72
69	80.61	127.93	56.42	100.31
70	88.45	137.59	61.64	108.89
71	97.97	149.45	67.59	118.48
72	109.10	163.24	74.10	128.91
73	120.82	177.14	81.20	140.28
74	133.42	192.19	89.08	152.18
75	147.14	208.92	97.72	164.68
76	162.61	227.47	107.21	178.19
77	180.60	248.92	117.71	192.75
78	201.50	273.53	129.15	208.46
79	224.91	300.62	141.72	225.37
80	251.02	330.23	157.33	246.44
81	279.41	361.69	176.51	272.20
82	309.47	394.07	196.81	298.73
83	342.30	428.58	218.12	325.82
84	378.81	467.60	241.89	354.03
85	419.41	511.84	265.97	380.10
86	464.07	559.83	294.42	410.24
87	512.33	610.82	329.56	447.62
88	563.64	663.99	366.63	485.03
89	617.47	718.66	403.52	519.26
90	671.09	771.47	430.68	538.72
91	723.87	821.73	456.65	554.68
92	779.17	873.32	499.70	589.16
93	837.48	926.66	558.04	637.95
94	898.91	983.57	630.70	705.95

Assurity Life Insurance Company

Other Insured Term Life Insurance Rider

Rider Form R I0765

Band 2: \$350,001 and over

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$50 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
28	2.60	4.55	1.50	2.38
29	2.58	4.53	1.58	2.53
30	2.55	4.50	1.65	2.68
31	2.53	4.53	1.75	2.88
32	2.55	4.60	1.85	3.08
33	2.63	4.75	1.98	3.33
34	2.68	4.93	2.13	3.65
35	2.80	5.13	2.30	3.98
36	2.93	5.43	2.48	4.30
37	3.10	5.78	2.63	4.58
38	3.33	6.20	2.75	4.85
39	3.53	6.68	2.90	5.15
40	3.80	7.25	3.08	5.48
41	4.13	7.95	3.28	5.85
42	4.53	8.78	3.50	6.33
43	5.00	9.75	3.78	6.85
44	5.53	10.85	4.10	7.48
45	6.10	11.95	4.48	8.20
46	6.68	13.05	4.93	9.05
47	7.15	13.98	5.45	10.10
48	7.53	14.68	6.03	11.35
49	8.00	15.58	6.68	12.75
50	8.63	16.75	7.40	14.25
51	9.43	18.28	8.23	15.90
52	10.40	20.13	9.15	17.68
53	11.53	22.35	10.13	19.60
54	12.95	25.00	11.15	21.65
55	14.55	27.83	12.33	23.83
56	16.20	30.75	13.60	26.15
57	17.80	33.45	14.95	28.50
58	19.40	36.03	16.35	30.95
59	21.28	39.05	17.78	33.58
60	23.55	42.78	19.28	36.30
61	26.33	47.33	20.93	39.25

Assurity Life Insurance Company

Other Insured Term Life Insurance Rider

Rider Form R I0765

Band 2: \$350,001 and over

Maximum Guaranteed Premiums after the Initial Level Premium Period

Annual Premium Rates per \$1000

Add \$50 Policy Fee

<i>Attained Age</i>	<i>Male Non-Tobacco</i>	<i>Male Tobacco User</i>	<i>Female Non-Tobacco</i>	<i>Female Tobacco User</i>
62	29.55	52.55	22.68	42.38
63	33.08	58.15	24.53	45.58
64	36.75	63.75	26.55	49.03
65	40.58	69.23	28.80	52.75
66	44.45	74.53	31.25	56.80
67	48.50	79.88	33.98	61.30
68	52.78	85.35	37.00	66.23
69	57.58	91.38	40.30	71.65
70	63.18	98.28	44.03	77.78
71	69.98	106.75	48.28	84.63
72	77.93	116.60	52.93	92.08
73	86.30	126.53	58.00	100.20
74	95.30	137.28	63.63	108.70
75	105.10	149.23	69.80	117.63
76	116.15	162.48	76.58	127.28
77	129.00	177.80	84.08	137.68
78	143.93	195.38	92.25	148.90
79	160.65	214.73	101.23	160.98
80	179.30	235.88	112.38	176.03
81	199.58	258.35	126.08	194.43
82	221.05	281.48	140.58	213.38
83	244.50	306.13	155.80	232.73
84	270.58	334.00	172.78	252.88
85	299.58	365.60	189.98	271.50
86	331.48	399.88	210.30	293.03
87	365.95	436.30	235.40	319.73
88	402.60	474.28	261.88	346.45
89	441.05	513.33	288.23	370.90
90	479.35	551.05	307.63	384.80
91	517.05	586.95	326.18	396.20
92	556.55	623.80	356.93	420.83
93	598.20	661.90	398.60	455.68
94	642.08	702.55	450.50	504.25

Appendix II

Commutation Functions - Unitary Reserve Basis
 4.0% 2001 CSO, Male, Non-Smoker, ALB
 w/ Select mortality factors

w = 95
 k = 0.3350

t	xt	i	1000*qx	Dx	1000*CBx	1000*MBx	gp-guar	seg	gp*Dx	Σ gp*Dx	β	β*Dx	Σ β*Dx	Ax:n	tVx
0	45	4.00%	1.05000	10,000.00	10,297	2,839,655	3.58	1	35,800.00	8,319,942.90	1.19946	11,994.60	2,787,553.60	278.75536	-
1	46	4.00%	1.31000	9,605.29	12,339	2,829,358	3.58	1	34,386.93	8,284,142.90	1.19946	11,521.16	2,775,559.00	288.96155	-
2	47	4.00%	1.55000	9,223.76	14,020	2,817,019	3.58	1	33,021.04	8,249,755.97	1.19946	11,063.53	2,764,037.84	299.66513	-
3	48	4.00%	1.81000	8,855.25	15,718	2,802,999	3.58	1	31,701.79	8,216,734.93	1.19946	10,621.52	2,752,974.31	310.88617	-
4	49	4.00%	2.11000	8,499.25	17,586	2,787,281	3.58	1	30,427.32	8,185,033.14	1.19946	10,194.51	2,742,352.79	322.65819	-
5	50	4.00%	2.47000	8,155.11	19,753	2,769,695	3.58	1	29,195.30	8,154,605.82	1.19946	9,781.73	2,732,158.27	335.02398	-
6	51	4.00%	2.90000	7,822.09	22,245	2,749,942	3.58	1	28,003.07	8,125,410.52	1.19946	9,382.28	2,722,376.54	348.03715	-
7	52	4.00%	3.34000	7,499.42	24,563	2,727,697	3.58	1	26,847.94	8,097,407.45	1.19946	8,995.26	2,712,994.26	361.76030	-
8	53	4.00%	3.79000	7,186.90	26,711	2,703,134	3.58	1	25,729.11	8,070,559.51	1.19946	8,620.40	2,703,998.99	376.23992	-
9	54	4.00%	4.26000	6,884.29	28,759	2,676,423	3.58	1	24,645.76	8,044,830.40	1.19946	8,257.43	2,695,378.59	391.52596	-
10	55	4.00%	4.86000	6,591.31	31,414	2,647,664	3.58	1	23,596.89	8,020,184.64	1.19946	7,906.02	2,687,121.16	407.67626	-
11	56	4.00%	5.59000	6,307.00	34,574	2,616,250	3.58	1	22,579.05	7,996,587.75	1.19946	7,564.99	2,679,215.14	424.80040	-
12	57	4.00%	6.21000	6,030.52	36,725	2,581,676	3.58	1	21,589.26	7,974,008.69	1.19946	7,233.37	2,671,650.15	443.02147	-
13	58	4.00%	6.77000	5,762.57	38,257	2,544,951	3.58	1	20,630.00	7,952,419.43	1.19946	6,911.97	2,664,416.78	462.36618	-
14	59	4.00%	7.52000	5,503.42	40,585	2,506,694	3.58	1	19,702.24	7,931,789.43	1.19946	6,601.13	2,657,504.80	482.88250	-
15	60	4.00%	8.46000	5,251.96	43,572	2,466,109	3.58	1	18,802.00	7,912,087.19	1.19946	6,299.51	2,650,903.67	504.74606	-
16	61	4.00%	9.52000	5,007.23	46,746	2,422,537	3.58	1	17,925.90	7,893,285.19	1.19946	6,005.98	2,644,604.16	528.15667	-
17	62	4.00%	10.69000	4,768.81	49,992	2,375,791	3.58	1	17,072.35	7,875,359.30	1.19946	5,720.00	2,638,598.18	553.30294	-
18	63	4.00%	11.90000	4,536.38	52,938	2,325,799	3.58	1	16,240.24	7,858,286.95	1.19946	5,441.21	2,632,878.18	580.39201	-
19	64	4.00%	13.14000	4,310.00	55,537	2,272,861	3.58	1	15,429.79	7,842,046.71	1.19946	5,169.67	2,627,436.97	609.61466	-
20	65	4.00%	14.51000	4,089.77	58,194	2,217,324	56.81	2	232,339.95	7,826,616.92	19.03390	77,844.29	2,622,267.30	641.17687	-
21	66	4.00%	15.90000	3,875.41	60,426	2,159,130	62.23	3	241,166.95	7,594,276.97	20.84984	80,801.73	2,544,423.01	656.55532	-
22	67	4.00%	17.51000	3,667.11	62,968	2,098,704	67.90	4	248,996.74	7,353,110.02	22.74954	83,425.06	2,463,621.27	671.81556	-
23	68	4.00%	19.61000	3,464.33	66,620	2,035,736	73.89	5	255,979.01	7,104,113.28	24.75646	85,764.44	2,380,196.21	687.05907	-
24	69	4.00%	21.97000	3,265.76	70,360	1,969,116	80.61	6	263,252.88	6,848,134.27	27.00796	88,201.51	2,294,431.78	702.57215	-
25	70	4.00%	25.27000	3,071.16	76,106	1,898,756	88.45	7	271,644.48	6,584,881.39	29.63471	91,013.07	2,206,230.27	718.36933	-
26	71	4.00%	27.99000	2,878.42	79,007	1,822,650	97.97	8	281,998.73	6,313,236.90	32.82434	94,482.21	2,115,217.19	734.85376	-
27	72	4.00%	31.17000	2,690.24	82,232	1,743,643	109.10	9	293,505.46	6,031,238.17	36.55339	98,337.48	2,020,734.99	751.13486	-
28	73	4.00%	34.52000	2,506.14	84,837	1,661,411	120.82	10	302,792.08	5,737,732.71	40.48011	101,448.91	1,922,397.51	767.07444	-
29	74	4.00%	38.12000	2,326.57	86,972	1,576,574	133.42	11	310,410.61	5,434,940.63	44.70168	104,001.46	1,820,948.59	782.67608	-
30	75	4.00%	42.04000	2,151.81	88,711	1,489,602	147.14	12	316,616.78	5,124,530.01	49.29849	106,080.81	1,716,947.13	797.90970	-
31	76	4.00%	46.46000	1,982.06	90,304	1,400,891	162.61	13	322,303.09	4,807,913.23	54.48163	107,985.97	1,610,866.33	812.72251	-
32	77	4.00%	51.60000	1,817.28	91,957	1,310,587	180.60	14	328,201.48	4,485,610.15	60.50909	109,962.20	1,502,880.35	826.99259	-
33	78	4.00%	57.57000	1,657.22	93,560	1,218,630	201.50	15	333,930.47	4,157,408.66	67.51153	111,881.67	1,392,918.15	840.51332	-
34	79	4.00%	64.26000	1,501.75	94,634	1,125,070	224.91	16	337,757.91	3,823,478.20	75.35493	113,164.03	1,281,036.49	853.03085	-
35	80	4.00%	71.72000	1,351.20	95,032	1,030,436	251.02	17	339,177.43	3,485,720.29	84.10295	113,639.63	1,167,872.46	864.32445	-
36	81	4.00%	79.83000	1,206.05	94,415	935,404	279.41	18	336,981.62	3,146,542.86	93.61487	112,903.94	1,054,232.82	874.12243	-
37	82	4.00%	88.42000	1,067.08	92,525	840,989	309.47	19	330,230.78	2,809,561.24	103.68631	110,642.11	941,328.88	882.14989	-
38	83	4.00%	97.80000	935.32	89,704	748,464	342.30	20	320,160.20	2,479,330.46	114.68583	107,268.01	830,686.78	888.13063	-
39	84	4.00%	108.23000	811.39	86,117	658,760	378.81	21	307,362.85	2,159,170.25	126.91832	102,980.32	723,418.76	891.57901	-
40	85	4.00%	119.83000	695.74	81,757	572,643	419.41	22	291,801.98	1,851,807.41	140.52114	97,766.74	620,438.44	891.76258	-
41	86	4.00%	132.59000	588.82	76,560	490,886	464.07	23	273,253.77	1,560,005.43	155.48424	91,552.26	522,671.71	887.65932	-
42	87	4.00%	146.38000	491.10	70,496	414,326	512.33	24	251,607.48	1,286,751.65	171.65350	84,299.78	431,119.45	877.85716	-
43	88	4.00%	161.04000	403.09	63,658	343,830	563.64	25	227,199.21	1,035,144.17	188.84465	76,121.91	346,819.67	860.39667	-
44	89	4.00%	176.42000	325.17	56,256	280,172	617.47	26	200,783.85	807,944.97	206.88011	67,271.59	270,697.76	832.47604	-
45	90	4.00%	191.74000	257.50	48,418	223,916	671.09	27	172,808.91	607,161.12	224.84521	57,898.73	203,426.18	789.98976	-
46	91	4.00%	206.82000	200.13	40,589	175,498	723.87	28	144,865.07	434,352.20	242.52888	48,536.29	145,527.45	727.17978	-
47	92	4.00%	222.62000	152.63	33,321	134,909	779.17	29	118,925.16	289,487.13	261.05686	39,845.26	96,991.16	635.46350	-
48	93	4.00%	239.28000	114.09	26,771	101,588	837.48	30	95,546.77	170,561.97	280.59332	32,012.45	57,145.90	500.89134	-
49	94	4.00%	256.83000	83.45	21,018	74,817	898.91	31	75,015.20	75,015.20	301.17512	25,133.45	25,133.45	301.17512	-

Appendix III

Commutation Functions - Nonforfeiture Demonstration
 5.0% 2001 CSO, Male, Non-Smoker, ALB
 w/ Select mortality factors

NLP = 12.80
 r = 0.3861
 EA = 25.9945

t	xt	i	1000*qx	px = 1-qx	Dx	Nx	CBx	MBx	gp.guar	gp*Dx	Σ gp*Dx	P ⁵ x	P ⁵ x*Dx	Σ P ⁵ x*Dx	PV P ⁵ x	PV benefit	tCVx
0	45	5.00%	1.05	0.99895	10,000.00	165,869.52	10.25	2,153.558	3.58	35,800.00	6,166,697.43	1.02480	10,248.00	2,377,376.75	237.74	212.10	-25.64
1	46	5.00%	1.31	0.99869	9,513.81	155,869.52	12.16	2,143.310	3.58	34,059.44	6,130,897.43	1.38223	13,150.29	2,367,128.75	248.81	221.86	-26.95
2	47	5.00%	1.55	0.99845	9,048.90	146,355.71	13.69	2,131.146	3.58	32,395.07	6,096,837.99	1.38223	12,507.68	2,353,978.46	260.14	231.92	-28.22
3	48	5.00%	1.81	0.99819	8,604.64	137,306.81	15.20	2,117.457	3.58	30,804.61	6,064,442.93	1.38223	11,893.61	2,341,470.78	272.12	242.30	-29.82
4	49	5.00%	2.11	0.99789	8,180.07	128,702.17	16.85	2,102.256	3.58	29,284.64	6,033,638.32	1.38223	11,306.75	2,329,577.18	284.79	253.02	-31.77
5	50	5.00%	2.47	0.99753	7,774.10	120,522.10	18.74	2,085.410	3.58	27,831.28	6,004,353.68	1.38223	10,745.61	2,318,270.43	298.20	264.06	-34.14
6	51	5.00%	2.90	0.99710	7,385.62	112,748.00	20.90	2,066.669	3.58	26,440.51	5,976,522.40	1.38223	10,208.64	2,307,524.82	312.43	275.42	-37.02
7	52	5.00%	3.34	0.99666	7,013.52	105,362.38	22.86	2,045.765	3.58	25,108.41	5,950,081.89	1.38223	9,694.31	2,297,316.18	327.56	287.05	-40.51
8	53	5.00%	3.79	0.99621	6,657.24	98,348.86	24.63	2,022.902	3.58	23,832.91	5,924,973.47	1.38223	9,201.84	2,287,621.87	343.63	298.98	-44.65
9	54	5.00%	4.26	0.99574	6,316.20	91,691.62	26.26	1,998.277	3.58	22,611.98	5,901,140.57	1.38223	8,730.45	2,278,420.03	360.73	311.22	-49.51
10	55	5.00%	4.86	0.99514	5,989.80	85,375.43	28.41	1,972.016	3.58	21,443.48	5,878,528.59	1.38223	8,279.29	2,269,689.58	378.93	323.79	-55.13
11	56	5.00%	5.59	0.99441	5,676.85	79,385.63	30.97	1,943.604	3.58	20,323.11	5,857,085.11	1.38223	7,846.72	2,261,410.29	398.36	336.64	-61.72
12	57	5.00%	6.21	0.99379	5,376.30	73,708.78	32.59	1,912.632	3.58	19,247.15	5,836,762.00	1.38223	7,431.29	2,253,563.57	419.17	349.70	-69.47
13	58	5.00%	6.77	0.99323	5,088.49	68,332.48	33.62	1,880.047	3.58	18,216.78	5,817,514.85	1.38223	7,033.47	2,246,132.29	441.41	363.07	-78.34
14	59	5.00%	7.52	0.99248	4,813.37	63,244.00	35.33	1,846.425	3.58	17,231.86	5,799,298.07	1.38223	6,653.19	2,239,098.82	465.18	376.84	-88.34
15	60	5.00%	8.46	0.99154	4,549.69	58,430.63	37.57	1,811.097	3.58	16,287.88	5,782,066.21	1.38223	6,288.72	2,232,445.63	490.68	390.92	-99.77
16	61	5.00%	9.52	0.99048	4,296.38	53,880.94	39.92	1,773.531	3.58	15,381.04	5,765,778.33	1.38223	5,938.59	2,226,156.90	518.15	405.22	-112.93
17	62	5.00%	10.69	0.98931	4,052.84	49,584.56	42.29	1,733.611	3.58	14,509.15	5,750,397.29	1.38223	5,601.96	2,220,218.31	547.82	419.72	-128.10
18	63	5.00%	11.90	0.98810	3,818.58	45,531.73	44.35	1,691.326	3.58	13,670.52	5,735,888.14	1.38223	5,278.16	2,214,616.36	579.96	434.40	-145.56
19	64	5.00%	13.14	0.98686	3,593.47	41,713.14	46.09	1,646.976	3.58	12,864.61	5,722,217.62	1.38223	4,967.00	2,209,338.19	614.82	449.27	-165.55
20	65	5.00%	14.51	0.98549	3,377.38	38,119.68	47.83	1,600.891	56.81	191,868.95	5,709,353.01	21.93424	74,080.27	2,204,371.19	652.69	464.37	-188.32
21	66	5.00%	15.90	0.98410	3,169.88	34,742.30	49.19	1,553.062	62.23	197,261.64	5,517,484.06	24.02689	76,162.37	2,130,290.92	672.04	479.67	-192.37
22	67	5.00%	17.51	0.98249	2,970.93	31,572.42	50.77	1,503.871	67.90	201,726.31	5,320,222.42	26.21607	77,886.17	2,054,128.55	691.41	495.24	-196.17
23	68	5.00%	19.61	0.98039	2,779.92	28,601.49	53.21	1,453.099	73.89	205,407.96	5,118,496.11	28.52880	79,307.65	1,976,242.37	710.90	511.00	-199.90
24	69	5.00%	21.97	0.97803	2,595.62	25,821.57	55.66	1,399.893	80.61	209,232.96	4,913,088.15	31.12338	80,784.48	1,896,934.72	730.82	526.79	-204.03
25	70	5.00%	25.27	0.97473	2,417.71	23,225.95	59.63	1,344.236	88.45	213,846.38	4,703,855.18	34.15039	82,565.71	1,816,150.24	751.19	542.53	-208.65
26	71	5.00%	27.99	0.97201	2,244.39	20,808.24	61.31	1,284.607	97.97	219,883.28	4,490,008.81	37.82605	84,896.55	1,733,584.53	772.41	557.86	-214.55
27	72	5.00%	31.17	0.96883	2,077.69	18,563.85	63.21	1,223.294	109.10	226,675.86	4,270,125.53	42.12332	87,519.15	1,648,687.98	793.52	573.11	-220.41
28	73	5.00%	34.52	0.96548	1,917.07	16,486.16	64.59	1,160.087	120.82	231,620.84	4,043,449.67	46.64839	89,428.40	1,561,168.83	814.35	588.15	-226.20
29	74	5.00%	38.12	0.96188	1,762.76	14,569.08	65.58	1,095.498	133.42	235,187.22	3,811,828.82	51.51323	90,805.37	1,471,740.43	834.91	603.00	-231.91
30	75	5.00%	42.04	0.95796	1,614.82	12,806.32	66.26	1,029.915	147.14	237,604.76	3,576,641.60	56.81050	91,738.78	1,380,935.05	855.16	617.63	-237.53
31	76	5.00%	46.46	0.95354	1,473.27	11,191.50	66.81	963.657	162.61	239,568.50	3,339,036.84	62.78344	92,496.98	1,289,196.27	875.06	632.00	-243.06
32	77	5.00%	51.60	0.94840	1,337.93	9,718.23	67.38	896.852	180.60	241,629.43	3,099,468.34	69.72934	93,292.70	1,196,699.29	894.44	646.00	-248.44
33	78	5.00%	57.57	0.94243	1,208.47	8,380.31	67.90	829.472	201.50	243,505.84	2,857,838.91	77.79880	94,017.18	1,103,406.59	913.06	659.45	-253.62
34	79	5.00%	64.26	0.93574	1,084.66	7,171.84	68.03	761.571	224.91	243,951.16	2,614,333.08	86.83736	94,189.12	1,009,389.42	930.60	672.12	-258.49
35	80	5.00%	71.72	0.92828	966.63	6,087.18	67.66	693.544	251.02	242,643.33	2,370,381.91	96.91838	93,684.16	915,200.30	946.80	683.81	-262.98
36	81	5.00%	79.83	0.92017	854.57	5,120.55	66.58	625.881	279.41	238,776.54	2,127,738.59	107.87971	92,191.21	821,516.14	961.32	694.30	-267.02
37	82	5.00%	88.42	0.91158	748.91	4,265.98	64.63	559.298	309.47	231,764.57	1,888,962.04	119.48582	89,483.89	729,324.93	973.85	703.35	-270.50
38	83	5.00%	97.80	0.90220	650.18	3,517.07	62.06	494.669	342.30	222,556.80	1,657,197.47	132.16143	85,928.79	639,841.04	984.10	710.75	-273.35
39	84	5.00%	108.23	0.89177	558.66	2,866.89	59.01	432.608	378.81	211,625.96	1,434,640.67	146.25788	81,708.41	553,912.25	991.50	716.10	-275.40
40	85	5.00%	119.83	0.88017	474.47	2,308.23	55.49	373.596	419.41	198,998.52	1,223,014.71	161.93347	76,832.98	472,203.84	995.22	718.79	-276.43
41	86	5.00%	132.59	0.86741	397.73	1,833.76	51.47	318.105	464.07	184,574.55	1,024,016.19	179.17661	71,263.91	395,370.86	994.07	717.96	-276.11
42	87	5.00%	146.38	0.85362	328.57	1,436.03	46.94	266.636	512.33	168,334.54	839,441.64	197.80971	64,993.67	324,106.95	986.43	712.44	-273.99
43	88	5.00%	161.04	0.83896	267.12	1,107.46	41.98	219.695	563.64	150,556.86	671,107.10	217.62042	58,129.74	259,113.28	970.04	700.61	-269.44
44	89	5.00%	176.42	0.82358	213.43	840.34	36.75	177.711	617.47	131,785.17	520,550.25	238.40408	50,882.02	200,983.54	941.69	680.13	-261.56
45	90	5.00%	191.74	0.80826	167.40	626.92	31.33	140.962	671.09	112,343.50	388,765.07	259.10667	43,375.63	150,101.51	896.64	647.59	-249.05
46	91	5.00%	206.82	0.79318	128.86	459.51	26.01	109.634	723.87	93,280.22	276,421.57	279.48494	36,015.33	106,725.89	828.21	598.17	-230.04
47	92	5.00%	222.62	0.77738	97.34	330.65	21.15	83.622	779.17	75,847.91	183,141.36	300.83617	29,284.75	70,710.56	726.39	524.63	-201.76
48	93	5.00%	239.28	0.76072	72.07	233.30	16.83	62.471	837.48	60,357.32	107,293.44	323.34956	23,303.85	41,425.81	574.80	415.14	-159.66
49	94	5.00%	256.83	0.74317	52.21	161.23	13.09	45.640	898.91	46,936.13	46,936.13	347.06757	18,121.96	18,121.96	347.07	250.66	-96.41

109.02

32.552

**Assurity Life Insurance Company
Lincoln, Nebraska
Actuarial Memorandum
Critical Illness Indemnity Insurance Rider
Rider Form # R I0762 and R I0763**

1. Scope and Purpose

This actuarial memorandum is in support of a new filing for the issue of the Critical Illness Rider Forms # R I0762 and R I0763. These optional riders will be issued in conjunction with a Term Life policy form, Form # I L0760, which has also been submitted for review and approval at this time.

2. Benefit Description

Subject to the terms, conditions, exclusions and limitations set forth in the rider form and schedule of benefits, the following is a general description of the benefits which will be covered by this rider.

The rider provides a scheduled benefit payable to the insured upon the first ever diagnosis or procedure for any of the following specified critical illnesses or medical procedures. The maximum total percentage of the benefit amount payable per category of specified critical illness is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Major Organ Transplant – Heart or combination transplant including Heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 2	Kidney (Renal) Failure	100%	100%
	Major Organ Transplant – not covered in Category 1	100%	
	Paralysis – not as a result of Stroke	100%	
Category 3	Invasive Cancer	100%	100%
	Carcinoma in situ	25%	

If an insured person receives a percentage of the benefit amount for one specified critical illness within a category in the chart above and then becomes eligible for benefits for another specified critical illness within the same category, the benefit amount payable for the subsequent illness within the same category is the lesser of the percentage amount payable or 100% minus the percentage of the benefit amount received for all previous specified critical illnesses within the same category.

After 100% of the benefit amount shown on the rider schedule has been paid for an insured person within a category in the chart above, no additional benefits will be paid for any specified critical illness in that category for that insured person. Benefits for coronary bypass surgery, cancer in situ and angioplasty will be paid only once per lifetime per insured person.

3. Renewability Clause

This policy is guaranteed renewable to age 75 or to the end of the term period, whichever is earlier.

4. Applicability

This filing is for a new rider form. There are no policies currently in force on this form number.

5. Morbidity

The morbidity assumptions for each of the critical illnesses covered were developed using the following sources:

- Cancer: 2000-2003 SEER Cancer Statistics Review
- Carcinoma in Situ: 2000-2003 SEER Cancer Statistics Review, Regional SEER data, and other sources
- Heart Attack: American Heart Association 2007 Heart and Stroke Statistical Update
- Stroke: American Heart Association 2007 Heart and Stroke Statistical Update
- Coronary Artery Bypass Surgery: American Heart Association 2007 Heart and Stroke Statistical Update
- Angioplasty: American Heart Association 2007 Heart and Stroke Statistical Update
- Major Organ Transplant: Milliman Research Reports on Organ and Tissue Transplant Costs and Discussion published in 2002, 2005, and 2006
- Renal Failure: US Renal Data System 2006 Annual Data Report
- Paralysis: US Vital and Health Statistics

Basic attained age claim costs were derived from the above sources taking into account the effect of underwriting and differences in insured morbidity relative to general population morbidity.

6. Mortality

Mortality used is 52.3% of the 75-80 S&U Table for non-tobacco users and 117.3% of the S&U Table for tobacco users.

Assurity Life Insurance Company
Actuarial Memorandum – Critical Illness Rider
Rider Form # R I0762 and R I0763

7. Persistency

The assumed voluntary lapse rates are:

Policy Year	10 Year Term	15 Year Term	20 Year Term	30 Year Term
1	14%	14%	14%	14%
2	12%	12%	12%	12%
3	10%	10%	10%	10%
4	8%	8%	8%	8%
5	6%	6%	6%	6%
6	6%	6%	6%	6%
7	6%	6%	6%	6%
8	6%	6%	6%	6%
9	6%	6%	6%	6%
10	100%	5%	5%	5%
11		5%	5%	5%
12		5%	5%	5%
13		5%	5%	5%
14		5%	5%	5%
15		100%	4%	4%
16			4%	4%
17			4%	4%
18			4%	4%
19			4%	4%
20			100%	3%
21				3%
22				3%
23				3%
24				3%
25				2%
26				2%
27				2%
28				2%
29				2%
30				100%

8. Expenses

Acquisition expenses are assumed to be 2% of first year premium. Maintenance expenses, including premium tax, are assumed to be 2% of premium in all years. Claims expenses are assumed to be 2% of claims. Commissions are shown in the following table

Policy Year	10 Year Term	15 Year Term	20 and 30 Year Term
1	125.0%	135.0%	143.0%
2-10	3.0%	3.0%	3.0%
11+	0.0%	0.0%	0.0%

9. Interest

5.25% in all policy years.

10. Marketing Method

This policy form will be marketed through agents and call centers.

11. Underwriting

This rider will be fully underwritten using the information provided in the application for the base life insurance policy.

12. Premium Classes

Premiums are level through the term period, and after the term period a YRT rate will be charged based on attained age. All premiums are payable until the rider terminates. Premium rates are shown in Exhibit 1.

13. Issue Age Range

The issue ages for the rider if attached to the 10 Year Level Term Policy or the 15 Year Level Term Policy are 18 to 65. The issue ages for the rider if attached to the 20 Year Level Term Policy are 18 to 60. The issue ages for the rider if attached to the 30 Year Level Term Policy are 18 to 50.

14. Area Factors

The rates will not vary by area.

15. Premium Modalization Rules

The modal premium factors are:

Mode	Factor
Monthly	0.088
Quarterly	0.264
Semi-Annual	0.510
Annual	1.000

16. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. There are currently no claim reserves held since this is a new form.

17. Active Life Reserves

Statutory: Tabular reserves calculated using 2-year full preliminary term method, 2001 CSO mortality, and 4.0% interest. Total termination calculated using minimum of 8% and 80% of the pricing total termination rate.

18. Distribution of Business

By Issue Age:

Issue Ages	10 Year Term	15 Year Term	20 Year Term	30 Year Term
18-22	5%	3%	5%	11%
23-27	8%	5%	8%	15%
28-32	11%	7%	12%	23%
33-37	14%	10%	16%	21%
38-42	13%	10%	13%	19%
43-47	13%	13%	15%	6%
48-52	13%	16%	14%	5%
53-57	11%	14%	12%	0%
58-62	8%	13%	5%	0%
63+	4%	9%	0%	0%

By Term Period:

Term Period	Percent Distribution
10 Year Term	24%
15 Year Term	12%
20 Year Term	50%
30 Year Term	14%

By Smoking Status:

Status	Percent Distribution
Non-Smoker	86%
Smoker	14%

By Gender:

Gender	Percent Distribution
Male	56%
Female	44%

By Mode:

Mode	Percent Distribution
Monthly	60%
Quarterly	20%
Semi-Annual	5%
Annual	15%

19. Anticipated Loss Ratio

The anticipated lifetime loss ratio is greater than 60%, and is calculated by dividing the present value of projected benefits and change in claim reserves by the present value of expected premiums using a 5.25% discount rate.

20. Experience

This filing is for a new form; thus there is no experience on this form.

21. History of Rate Adjustments

This is a new form; thus there is no history of rate adjustments.

22. Number of Policyholders

This is a new form; thus there are no current policyholders that will be affected by this proposed rate schedule.

23. Proposed Effective Date

This is a new form; thus the rate schedule will be effective and will be released to the sales force immediately upon receipt of approval from your department.

24. Actuarial Certification

I, Michelle Dyke, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings. I have been retained by Assurity Life Insurance Company to prepare this memorandum. The purpose of this rate filing is to demonstrate that the anticipated loss ratio of this product meets the minimum requirement of your state. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

In my opinion, the rates included in this actuarial memorandum are developed using reasonable assumptions and in accordance with generally accepted actuarial principles. In my opinion, the benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, nor unfairly discriminatory.

In preparing this actuarial memorandum, I relied on data provided to me by Assurity Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



Michelle Dyke, FSA, MAAA
Consulting Actuary

February 15, 2008
Date

Assurity Life Insurance Company
Critical Illness Indemnity Insurance Rider
Exhibit I

Annual Premium Rates per \$1,000 Benefit
Issue Age Rates for a 10 Year Term Life Policy

Issue Age	Non-Smoker Male	Smoker Male	Non-Smoker Female	Smoker Female
18	0.80	0.95	1.10	1.18
19	0.80	0.95	1.10	1.18
20	0.80	0.95	1.10	1.18
21	0.85	1.02	1.20	1.28
22	0.92	1.11	1.30	1.41
23	1.01	1.24	1.42	1.53
24	1.10	1.39	1.54	1.68
25	1.21	1.55	1.68	1.85
26	1.32	1.74	1.82	2.02
27	1.45	1.93	1.95	2.19
28	1.59	2.16	2.11	2.38
29	1.75	2.44	2.28	2.60
30	1.94	2.78	2.49	2.88
31	2.15	3.17	2.72	3.18
32	2.38	3.58	2.97	3.51
33	2.65	4.05	3.24	3.87
34	2.95	4.64	3.56	4.31
35	3.32	5.36	3.92	4.81
36	3.74	6.20	4.32	5.39
37	4.20	7.13	4.76	6.02
38	4.71	8.18	5.24	6.72
39	5.30	9.38	5.75	7.50
40	5.96	10.75	6.29	8.37
41	6.71	12.30	6.86	9.32
42	7.52	13.99	7.46	10.36
43	8.41	15.83	8.09	11.48
44	9.36	17.84	8.74	12.69
45	10.37	19.99	9.42	14.01
46	11.43	22.25	10.11	15.40
47	12.55	24.61	10.83	16.87
48	13.73	27.15	11.57	18.46
49	15.02	29.95	12.36	20.17
50	16.42	33.08	13.20	22.04
51	17.92	36.47	14.09	24.06
52	19.51	40.09	15.04	26.20
53	21.20	44.02	16.02	28.50
54	23.05	48.34	17.07	30.95
55	25.07	53.16	18.19	33.61
56	27.28	58.52	19.36	36.48
57	29.63	64.34	20.59	39.53
58	32.14	70.58	21.89	42.76
59	34.82	77.18	23.27	46.12
60	37.66	84.07	24.74	49.57
61	40.61	91.11	26.29	53.06
62	43.68	98.32	27.91	56.58
63	46.95	105.96	29.62	60.28
64	50.46	114.25	31.45	64.22
65	54.34	123.44	33.41	68.52

Assurity Life Insurance Company
Critical Illness Indemnity Insurance Rider
Exhibit I

Annual Premium Rates per \$1,000 Benefit
Issue Age Rates for a 15 Year Term Life Policy

Issue Age	Non-Smoker	Smoker	Non-Smoker	Smoker
	Male	Male	Female	Female
18	0.89	1.10	1.22	1.33
19	0.89	1.10	1.22	1.33
20	0.89	1.10	1.22	1.33
21	0.96	1.20	1.32	1.45
22	1.04	1.31	1.43	1.58
23	1.13	1.47	1.56	1.73
24	1.25	1.67	1.70	1.90
25	1.39	1.89	1.86	2.10
26	1.53	2.13	2.03	2.31
27	1.68	2.39	2.19	2.52
28	1.86	2.70	2.38	2.77
29	2.06	3.07	2.60	3.05
30	2.30	3.52	2.85	3.38
31	2.57	4.03	3.12	3.76
32	2.88	4.61	3.41	4.16
33	3.21	5.26	3.73	4.62
34	3.59	6.01	4.08	5.13
35	4.03	6.89	4.47	5.72
36	4.53	7.88	4.89	6.38
37	5.06	8.96	5.36	7.10
38	5.65	10.15	5.85	7.88
39	6.30	11.51	6.36	8.75
40	7.02	13.02	6.92	9.70
41	7.82	14.70	7.51	10.75
42	8.68	16.51	8.12	11.88
43	9.62	18.49	8.77	13.09
44	10.63	20.64	9.44	14.41
45	11.72	23.01	10.14	15.83
46	12.87	25.53	10.87	17.36
47	14.10	28.19	11.61	18.97
48	15.41	31.07	12.40	20.70
49	16.82	34.22	13.23	22.55
50	18.35	37.71	14.11	24.56
51	19.99	41.50	15.05	26.72
52	21.72	45.54	16.02	29.02
53	23.57	49.90	17.06	31.46
54	25.56	54.60	18.15	34.04
55	27.72	59.70	19.33	36.77
56	30.06	65.27	20.57	39.67
57	32.56	71.26	21.88	42.74
58	35.21	77.58	23.26	45.93
59	37.98	84.13	24.73	49.22
60	40.86	90.79	26.29	52.58
61	43.79	97.43	27.94	55.94
62	46.78	104.10	29.67	59.31
63	49.92	111.03	31.50	62.81
64	53.29	118.44	33.45	66.52
65	56.96	126.58	35.55	70.54

Assurity Life Insurance Company
Critical Illness Indemnity Insurance Rider
Exhibit I

Annual Premium Rates per \$1,000 Benefit
Issue Age Rates for a 20 Year Term Life Policy

Issue Age	Non-Smoker	Smoker	Non-Smoker	Smoker
	Male	Male	Female	Female
18	1.04	1.34	1.39	1.53
19	1.04	1.34	1.39	1.53
20	1.04	1.34	1.39	1.53
21	1.12	1.47	1.50	1.67
22	1.22	1.64	1.64	1.83
23	1.34	1.85	1.79	2.02
24	1.49	2.10	1.95	2.23
25	1.66	2.40	2.13	2.47
26	1.85	2.74	2.33	2.73
27	2.05	3.11	2.53	3.00
28	2.27	3.53	2.76	3.32
29	2.53	4.01	3.01	3.66
30	2.82	4.58	3.29	4.06
31	3.15	5.21	3.58	4.50
32	3.51	5.90	3.91	4.98
33	3.91	6.68	4.25	5.50
34	4.35	7.56	4.63	6.09
35	4.85	8.57	5.04	6.76
36	5.40	9.69	5.49	7.50
37	6.00	10.91	5.97	8.30
38	6.64	12.25	6.49	9.18
39	7.36	13.77	7.04	10.13
40	8.16	15.47	7.62	11.19
41	9.04	17.35	8.24	12.35
42	10.00	19.39	8.89	13.59
43	11.03	21.62	9.58	14.92
44	12.13	24.03	10.29	16.36
45	13.32	26.66	11.04	17.91
46	14.60	29.47	11.80	19.57
47	15.94	32.47	12.60	21.33
48	17.37	35.67	13.43	23.19
49	18.90	39.13	14.31	25.19
50	20.56	42.87	15.26	27.31
51	22.35	46.95	16.28	29.60
52	24.29	51.31	17.37	32.05
53	26.32	55.93	18.50	34.60
54	28.40	60.72	19.67	37.22
55	30.51	65.65	20.82	39.85
56	32.59	70.58	21.96	42.43
57	34.67	75.56	23.08	45.00
58	36.81	80.76	24.23	47.64
59	39.09	86.34	25.44	50.44
60	41.58	92.47	26.74	53.49

Assurity Life Insurance Company
Critical Illness Indemnity Insurance Rider
Exhibit I

Annual Premium Rates per \$1,000 Benefit
Issue Age Rates for a 30 Year Term Life Policy

Issue Age	Non-Smoker Male	Smoker Male	Non-Smoker Female	Smoker Female
18	1.51	2.25	1.84	2.17
19	1.51	2.25	1.84	2.17
20	1.51	2.25	1.84	2.17
21	1.66	2.50	2.00	2.38
22	1.83	2.81	2.17	2.63
23	2.02	3.17	2.37	2.90
24	2.24	3.58	2.57	3.20
25	2.48	4.04	2.80	3.54
26	2.74	4.55	3.05	3.90
27	3.02	5.08	3.30	4.27
28	3.34	5.68	3.56	4.69
29	3.69	6.36	3.85	5.15
30	4.07	7.14	4.18	5.67
31	4.50	8.00	4.53	6.24
32	4.97	8.93	4.90	6.86
33	5.47	9.95	5.29	7.53
34	6.04	11.10	5.72	8.26
35	6.66	12.39	6.20	9.08
36	7.34	13.82	6.70	9.98
37	8.07	15.36	7.23	10.94
38	8.86	17.04	7.80	11.98
39	9.72	18.88	8.41	13.10
40	10.68	20.90	9.06	14.32
41	11.74	23.14	9.77	15.67
42	12.92	25.60	10.53	17.12
43	14.14	28.20	11.32	18.65
44	15.39	30.88	12.12	20.21
45	16.63	33.55	12.88	21.78
46	17.82		13.61	
47	18.97		14.30	
48	20.15		15.00	
49	21.41		15.74	
50	22.79		16.53	



P.O. Box 82533 • Lincoln, NE 68501-2533

An Assurity Security Group Inc. Company
(402) 476-6500 • (800) 869-0355 • www.assurity.com

Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201

Filing Company: Assurity Life Insurance Company
NAIC No: 71439-000
Company No:
Company Filing No: I L0760 et al.
Kind of Insurance: Life

Form Numbers	Form Title
I L0760 (AR)	Term Life Insurance
R I0761	Accelerated Benefits Rider
R I0762	Critical Illness Benefit Rider
R I0763	Critical Illness Benefit Rider – Other Insured
R I0764	Return of Premium Benefit Rider
R I0765	Other Insured Term Insurance Benefit Rider
R I0766	Disability Waiver of Premium Benefit Rider
47-350-05051 (R02-08)	Application for Life Insurance
47-352-05051 (R02-08)	General Section of application
47-353-05051 (R02-08)	Health Section of application
47-355-05051 (R02-08)	Life Product Section of application
47-354-05051 (R02-08)	Primary Physician Information/Agreement sections of application
47-362-05051 (R02-08)	Field Underwriter's Statement of application

Dear Sir or Madam:

Assurity Life Insurance Company submits the above captioned forms for review and approval. When approved, the following forms will replace previously approved forms as used with the policies indicated and as listed below:

New Form	Form Being Replaced	Approval Date
I L0760	A-L M00, L T00 and L T01	11/25/1998, 04/15/2004 and 04/15/2004
R I0761	A-R 126 and R T34	11/25/1998 and 03/19/2004
R I0762	N/A	
R I0763	N/A	
R I0764	R T37	03/19/2004
R I0765	R T32	03/19/2004
R I0766	A-R 125	03/04/2004
47-350-05051 (R02-08)	47-350-05051	12/07/2006 (and by the health division on 12/06/2006)
47-352-05051 (R02-08)	47-352-05051	12/07/2006 (and by the health division on 12/06/2006)
47-353-05051 (R02-08)	47-353-05051	12/07/2006 (and by the health division on 12/06/2006)
47-355-05051 (R02-08)	47-355-05051	12/07/2006 (and by the health division on 12/06/2006)
47-354-05051 (R02-08)	47-354-05051	12/07/2006 (and by the health division on 12/06/2006)
47-362-05051 (R02-08)	47-362-05051	12/07/2006 (and by the health division on 12/06/2006)

Please note that the application pages that were also approved by the health division will also be replaced by the above forms. A pdf of the complete application is included.

Form I L0760 is a term life insurance policy.

Issue Ages: 10 year: 18 – 65 up to and including \$350,000; 18 – 75 above \$350,000
15 year: 18 – 65
20 year: 18 – 60
30 year: 18 - 50
Risk Classes: Male/Female
Up to and including \$350,000 – Select+ Non-tobacco, Select Non-tobacco, Standard Non-tobacco, Select+ Tobacco, Select Tobacco and Standard Tobacco
Above \$350,000 – Preferred+ Non-tobacco, Preferred Non-tobacco, Standard Non-tobacco, Preferred Tobacco and Standard Tobacco
Underwriting: Automated underwriting will be utilized on face amounts up to \$350,000; full underwriting will be utilized on face amounts above \$350,000
Benefits: minimum: 50,000
Term Periods: 10 Year, 15 year, 20 year and 30 year

Form R I0761 is a rider that provides an accelerated payment of life insurance proceeds if the insured terminally ill or expected to continue living in a nursing home until death. This is no premium for this rider and it will be attached to all issued I L0760 policies.

Form R I0762 is a rider that provides a lump sum benefit if the insured receives a first ever diagnosis or undergoes a procedure for the first time ever for a specified critical illness.

Form R I0763 is a rider that provides a lump sum benefit if the insured receives a first ever diagnosis or undergoes a procedure for the first time ever for a specified critical illness. This rider is available if there is another insured on the policy.

Form R I0764 is a rider that provides a refund of some or all of the premiums paid if the policy reaches the end of the level period or the policy terminates for any reason other than death.

Form R I0765 is a rider that insures another adult on the policy.

Form R I0766 is a rider that provides for the waiver of premiums if the insured on the policy is totally disabled, as defined in the rider.

Form 47-350-05051 (R02-08) is utilized to record the personal information of the proposed insured, policyowner, beneficiaries, and proposed joint-insured, if any. This page also records the premium payment mode and payor information if the payor is different than the policyowner or proposed insured.

Form 47-352-05051 (R02-08) is utilized to record the answers to the general questions.

Form 47-353-05051 (R02-08) is utilized to record the answers to the general health questions.

Form 47-355-05051 (R02-08) is utilized when applying for life insurance sold by our licensed brokers and agents.

Form 47-354-05051 (R02-08) is utilized to record the primary physician's information and all necessary signatures.

Form 47-362-05051 (R02-08) provides additional underwriting information to the Company from the licensed broker/agent.

Please note that the following previously approved riders will also be available with form I L0760:

Form No.	Form Title	Approval Date
A-R M35	Children's Term Insurance Rider	04/15/2004
R T25	Disability Income Rider	04/15/2004
R T27-E	Accident Only Disability Income Rider	07/29/2005

Should you have any questions or concerns regarding this submission, please contact me at 437-3453. I may also be reached via email at policyfiling@assurity.com.

Best regards,

A handwritten signature in black ink that reads "Andrea Boring". The signature is fluid and cursive, with the first letter of each word being capitalized and larger than the others. The "B" in "Boring" has a long, sweeping tail that extends downwards and to the right.

Andrea Boring
Compliance & Policy Filing
New Business Services



**ACCELERATED BENEFITS RIDER
DISCLOSURE STATEMENT**

**BENEFITS PAID UNDER THE ACCELERATED BENEFITS RIDER MAY BE TAXABLE.
YOU SHOULD CONSULT YOUR TAX ADVISOR TO DISCUSS THIS.**

The Rider provides early (pre-death) payments of life insurance proceeds if the Insured is Terminally Ill or in a Nursing Home as defined in the Accelerated Benefits Rider. Benefits are only paid at Your option and on Your request. The terms and conditions are detailed in the attached Rider. **THIS RIDER IS NOT INTENDED TO PROVIDE HEALTH INSURANCE, NURSING HOME INSURANCE OR LONG TERM CARE INSURANCE. IT MAY NOT COVER ALL NURSING HOME EXPENSES.**

Cash Values, if any, and Death Benefits are reduced when You receive Accelerated Benefits.

Accelerated Benefit payments may adversely affect Your eligibility for Medicaid or other government benefits or entitlements.

Your signature and the agent's signature below indicates that You received this **DISCLOSURE STATEMENT** with a sample Rider at the time or before You applied for coverage.

You will get another copy of this **DISCLOSURE STATEMENT** if and when You request Accelerated Benefits.

Dated this _____ day of _____, _____.

Signature of Applicant

Signature of Agent



**DESCRIPTION OF CHANGES
ACCOMPANYING REQUEST FOR ACCELERATED BENEFITS**

- 1. ACCELERATED BENEFIT PAYMENTS MAY ADVERSELY AFFECT YOUR ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.**
- 2. BENEFITS PAID UNDER YOUR ACCELERATED BENEFITS RIDER MAY BE TAXABLE. YOU SHOULD DISCUSS YOUR REQUEST WITH YOUR TAX ADVISOR.**

The Accelerated Benefit Rider attached to Your Policy provides early (pre-death) payments of life insurance proceeds if the Insured is Terminally Ill or in a Nursing Home. Benefits are only paid at Your option and at Your request. You may only use this Rider once to convert proceeds under Your Policy. The terms and conditions for converting proceeds are detailed in the Rider.

THIS RIDER IS NOT INTENDED TO PROVIDE

- **HEALTH INSURANCE; or**
- **LONG TERM CARE INSURANCE; or**
- **NURSING HOME INSURANCE.**

THIS RIDER DOES NOT COVER HOME CARE OR ADULT DAY CARE SERVICES, AND IT MAY NOT COVER ALL NURSING HOME EXPENSES.

If You elect to convert a portion of Your Policy's benefit, the Policy will remain in force at a reduced amount. Based upon Your request for an Accelerated Benefit amount of \$[30,000], Your Policy will be affected as shown below. A revised Policy Schedule incorporating these changes is attached.

<u>Policy Cost/Value</u>	<u>Yes/No</u>	<u>Amount Before Acceleration</u>		<u>Amount After Acceleration</u>
Cash Value	No	--		--
Loan Value	No	--		--
Policy Loan	No	--		--
Withdrawal Value	No	--		--
Death Benefit	Yes	\$[100,000.00]	reduced to	\$[70,000.00]
Annual Premium	Yes	\$[141.00]	reduced to	\$[119.70]

Your signature and the agent's signature below indicates that You received this **DESCRIPTION OF CHANGES** pursuant to Your request, accompanied by a sample Rider and an **ACCELERATED BENEFIT RIDER DISCLOSURE STATEMENT**. You will receive another copy of this **DESCRIPTION OF CHANGES** if and when You decide to convert Your Policy's proceeds to an Accelerated Benefit Amount.

Dated this _____ day of _____, _____.

Signature of Applicant

Signature of Agent

Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201

Filing Company: Assurity Life Insurance Company
NAIC No: 71439-000
Company No:
Company Filing No: I L0760 et al.
Kind of Insurance: Life

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47-354-05051 (R02-08)	Primary Physician Information/Agreement sections of application
47-362-05051 (R02-08)	Field Underwriter's Statement of application

Dear Linda Bird:

We have received your objection letter of April 9, 2008 and offer the following in response:

1. The Accelerated Benefits rider description and disclosure are being submitted per your request.

Should you have any questions or concerns regarding this submission, please contact me at 437-3453. I may also be reached via email at policyfiling@assurity.com.

Best regards,



Andrea Boring
Compliance & Policy Filing
New Business Services

<i>SERFF Tracking Number:</i>	<i>SEFL-125518811</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38537</i>
<i>Company Tracking Number:</i>	<i>I L0760</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>I L0760/I L0760</i>		

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	Term Life Insurance	03/03/2008	I L0760_Policy_AR .pdf

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POLICY SCHEDULE

FORM	BENEFIT	FACE AMOUNT	ANNUAL PREMIUM	YEARS PAYABLE	MATURITY OR EXPIRATION DATE
I L0760 (AR)	Term Life Insurance	[\$#,###]	[\$#,###.##]	[##]	[Date]
[R I0761	Accelerated Benefits Rider]		Included		[Date]
[R I0762	Critical Illness Benefit Rider]	[##,###]	[###.##]	[##]	[Date]
[R I0763	Critical Illness Benefit Rider – Other Insured [Jane Doe]]	[##,###]	[###.##]	[##]	[Date]
[R I0764	Return of Premium Benefit Rider]		[###.##]	[##]	[Date]
[R I0765	Other Insured Term Rider – [Jane Doe]]	[##,###]	[###.##]	[##]	[Date]
[R I0766	Disability Waiver of Premium Benefit Rider]		[###.##]	[##]	[Date]
[A-R M35	Children’s Term Insurance Rider]	[##,###]	[###.##]	[##]	[Date]
[R T25	Disability Income Rider [John Doe]		[###.##]	[##]	[Date]
	Monthly Benefit	[#,###]			
	Maximum Benefit Period	2 years			
	Elimination Period	90 consecutive days]			
[R T27	Accident Only Disability Income Rider [John Doe]		[###.##]	[##]	[Date]
	Monthly Benefit	[#,###]			
	Maximum Benefit Period	2 years			
	Elimination Period	90 consecutive days]			

[The benefit provided by the Return of Premium Benefit Rider will be a percentage of the sum of the Policy Premium and all optional benefit rider premium, less any benefits paid. See the rider contract for calculation of benefit.]

Renewal premiums are the amounts We charge to keep this Policy in force. Renewal Premiums for the Policy are level and guaranteed for [10, 15, 20 or 30] years, then the Renewal Premiums are guaranteed but will increase annually until age 95. All Renewal Premiums are shown on page 3A. Premiums may change if riders are added or terminated.

Conversion option: Convertible during the conversion period which begins on the Issue Date and ends on the earlier of [one year prior to the end of the level term period for 10 year plan or two years prior to the end of the level term period for 15, 20 and 30 year plans] or the Policy Anniversary on which the Insured has attained age 65.

Insured: [	]	(primary)	Policy Number: []
Owner: [	]		Age: []
Issue Date: [	]		Gender: []
Policy Fee: \$70.00			Class: []
First Premium: \$[	]		Premium Period: []
Amount of Insurance: \$[	]		Policy Term: [	] Years
Modes of Premium Payment Available:		Annual: \$[	] Quarterly: \$[]
		Semi-Annual: \$[	] Monthly: \$[]

YOUR POLICY

Entire Contract. The Entire Contract between You and Assurity includes:

- this Policy, which is the contract of insurance;
- Your Application, which consists of the papers You signed to purchase this Policy. We have attached a copy of Your Application to this Policy on the Issue Date; and
- any riders or endorsements We have attached to this Policy.

Your Policy is issued in return for:

- the attached Application; and
- advance payment of the first Premium (see Premiums provision).

Issue Date. Your Policy is effective on the Issue Date. The Policy Schedule shows the Issue Date. The Issue Date is the date from which We measure Policy Anniversaries and Policy Years. A Policy Anniversary occurs in each succeeding calendar year Your Policy remains in force. The month and day of each Policy Anniversary corresponds to the month and day of the Issue Date. A Policy Year is a period of 12 consecutive calendar months. The first Policy Year begins on the Issue Date. Policy Years after the first begin on the first Policy Anniversary and on each successive Policy Anniversary thereafter.

Policy Termination. Your Policy will terminate on the earliest of the following:

- the date of the Insured's death;
- the Policy Anniversary the Insured has attained age 95 (shown as the Expiration Date on the Policy Schedule);
- the Due Date of any Premium not paid on or before the Due Date unless this Policy's Grace Period Provision applies;
- the date the Grace Period expires for any Premium to which the Grace Period provision applies;
- when You establish residence in a foreign country;
- the effective date this Policy is converted to a new policy; or
- the date You request termination.

Contract Changes. We cannot change Your Policy unless You agree to the change. Only Our President, Secretary or one of Our Vice Presidents can change or waive the terms and conditions of Your contract. Changes must be in writing and signed by one of these officers. No sales representative or any other person has the authority to change Your Policy or waive the terms and conditions of Your contract.

PREMIUMS

Premium Payment. Premiums are payments made to place and keep this Policy in force. Each Premium is due on or before its Due Date. The Due Date for the first Premium is the Issue Date. Payment of the first Premium is required to issue this Policy.

After paying the first Premium, You pay Renewal Premiums to renew Your Policy to the next Due Date. The Due Date for a Renewal Premium occurs and recurs after a Premium Period. A Premium Period is a fixed number of consecutive calendar months measured from the Issue Date. Four different Premium Periods are available under Your Policy. The Policy Schedule shows the amount of Premium payable for each Premium Period. You determine when Renewal Premiums are paid by selecting one of the four Premium Periods described below.

Note: Month(s) refer to calendar month(s):

1. **Annual.** Twelve months separate each Due Date. Annual Renewal Premiums are due on the first and each subsequent Policy Anniversary. Annual Due Dates, like Policy Anniversaries, correspond to the month and day of the Issue Date.

2. **Semi-Annual.** Six months separate each Due Date. Semi-annual Due Dates correspond to the day of the month of the Issue Date in the next and each subsequent six-month period.
3. **Quarterly.** Three months separate each Due Date. Quarterly Due Dates correspond to the day off the month of the Issue Date in the next and each subsequent three-month period.
4. **Monthly.** One month separates each Due Date. Monthly due Dates correspond to the day of the month of the Issue Date in each subsequent calendar month.

Premiums are paid to Assurity at Our Administrative Office. You may request and receive a receipt for Premiums paid. This Policy will terminate on the Due Date of any Premium not paid on or before that Due Date unless the Policy's Grace Period provision applies.

Grace Period. A Premium not paid on or before its Due Date may be paid in that Premium's Grace Period. The Grace Period begins on a Premium's Due Date and ends 31 days later. Your Policy will remain in effect if a Premium is paid during its Grace Period. If the Insured's death occurs during the Grace Period, Proceeds, after deducting the unpaid Premium, remain payable. If You do not pay a Premium by the end of its Grace Period, Your Policy will terminate for nonpayment of Premium.

We will provide written notice that Your Policy will terminate for nonpayment of Premium at least 31 days before such termination would occur. Notice will be to the last known address of the Owner and of an Assignee of record. Notice will include the amount of Premium necessary to keep the Policy in force and the date by which such Premium must be received.

Reinstatement. You can reinstate Your lapsed Policy and any attached riders, if applicable, if:

- You apply for Reinstatement on Our application form within three years of the lapse;
- the Insured and Owner(s), if different, sign the application;
- You pay all past due Premiums together with 6% interest, compounded annually from each Due Date; and
- You provide Us satisfactory Evidence of Insurability. Evidence of Insurability is information about the Insured We use to determine whether to approve or reinstate Your Policy.

The reinstatement of Your Policy is effective on the date We approve Your reinstatement application. You cannot reinstate Your Policy:

- if You requested cancellation under the Right to Cancel provision; or
- after the Policy Anniversary in which the Insured has attained age 95 (shown as the Expiration Date on the Policy Schedule).

INSURED, OWNERSHIP & ASSIGNMENT

Insured. The Insured is the person:

- whose life is insured under this Policy; and
- who is named as the Insured on the Policy Schedule.

The Insured is the Owner of this Policy unless:

- a different Owner is named in the Application and shown on the Policy Schedule; or
- the Owner is changed.

Ownership. During the Insured's lifetime, an Owner, whether or not the Insured, may:

- receive all Policy benefits;
- exercise all rights under this Policy, including naming a new Owner; and
- name or change a Contingent Owner. The Contingent Owner is the person who will become the new Owner of this Policy if the present Owner dies before the Insured. Naming a new Owner or a new Contingent Owner voids any prior designation of a Contingent Owner unless stated otherwise in the new designation.

Change of Ownership. Policy Ownership may be changed while the Insured is alive by:

- completing and signing a form approved by Us for changing Ownership; and
- returning the form to Our Administrative Office for Our written acknowledgement.

When We furnish You written acknowledgment of the change of Ownership the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Ownership change.

Assignment. You can transfer, or Assign, some or all of Your Policy rights to someone else by making a contract with that person, the Assignee. We are not responsible for the validity of any Assignment of this Policy, nor are We bound by any Assignment until We receive a copy of the Assignment at Our Administrative Office.

BENEFICIARY

Beneficiary Provisions. The Beneficiary is the person(s) named in the Application, or by later designation, to receive the Proceeds, if any. Unless otherwise stated:

- in this Policy;
- in any Payment Contract in effect under this Policy; or
- in a Beneficiary designation in effect under this Policy,

the following provisions apply to any and all Beneficiaries:

1. Only surviving Beneficiaries have an interest in any Proceeds. Surviving means living at least 120 hours beyond the Insured.
2. A Beneficiary is either a primary Beneficiary or a contingent Beneficiary. A surviving primary Beneficiary's interest in any Proceeds is superior to and exclusive of that of any contingent Beneficiary. Proceeds are payable to the contingent Beneficiary only if no primary Beneficiary survives the Insured.
3. We will pay Proceeds to the Beneficiaries surviving at the time of the Insured's death. We may require proof of age, gender or of the continued survival of any Beneficiary. We may rely on the affidavit of any responsible person to determine:
 - the identity of any Beneficiaries not identified by name; or
 - whether any Beneficiaries not identified by name are living.
4. All Beneficiaries in the same class will share equally unless You specify otherwise.

5. After the death of all designated Beneficiaries, We will pay:
 - any Proceeds payable, except for any guaranteed payments, to the Owner or to the Owner's successors, transferees or estate; or
 - the withdrawal value of any unpaid guaranteed payments to the estate of the person then receiving such payments. Payment will be in a lump sum.
6. To the extent allowed by law, We will protect the payment of Proceeds or interest to a Beneficiary from creditors' claims and legal process.

Change of Beneficiary. A Beneficiary may be changed while the Insured is alive by:

- completing and signing a form provided by Us for changing a Beneficiary; and
- returning the form to Our Administrative Office for Our written acknowledgement.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Beneficiary change.

PAYMENT OF PROCEEDS

If the Insured dies while this Policy is in force, We will pay this Policy's Proceeds to the Beneficiary. Payment will be made within two months of receiving proof of death at Our Administrative Office. Interest at 8% or the rate required by law will be included on any portion of the Proceeds not paid within 30 days of Our receipt of due proof of death. Such interest will continue until full payment is made.

Amount Payable. The amount of Proceeds payable is equal to the Face Amount in force, less the sum of any Premiums due and unpaid.

Payment will include interest on the Proceeds from the date of death until the date payment is made. The interest paid on Proceeds will be the higher of:

- the rate payable under Payment Option 3; or
- the rate required by state law, if any.

Optional Payment of Proceeds. Upon the death of the Insured, We will pay Proceeds in a lump sum or under a Payment Option. We will not pay Proceeds under a Payment Option unless so elected in a written statement sent to Our Administrative Office. All or part of the Proceeds may be applied to a Payment Option if the amount applied is at least \$5,000 and will provide an installment payment of at least \$50. We will protect Proceeds paid under a Payment Option from creditor's claims and legal process to the extent allowed by law.

You may elect a Payment Option during the Insured's lifetime. A Beneficiary may also elect a Payment Option if Proceeds are payable to the Beneficiary. The person receiving payments under a Payment Option is the Payee. If a Payee chooses lifetime payments, We may require proof of a Payee's age. We must agree to a Payment Option if the Payee is an Assignee or if the Payee is other than a natural person (such as a corporation or a partnership). If Your Policy is assigned as payment of a loan, We will pay the Assignee in a lump sum.

We will provide the Payee with a Payment Contract that explains how We make payments under the chosen Payment Option. The Payment Contract will control payments if a Payee dies before We make all payments. Payment Contracts cannot be assigned.

Payment Option 1: Payment for a Fixed Period. Payments are in equal installments for a fixed period of years not to exceed 30 years. Payments will not be less than as shown in Values for Payment Option 1 and may be increased by additional interest.

Payment Option 2: Payment of Fixed Amount. Fixed payments are made in installments until the Proceeds and interest at 3% are depleted. Additional interest may be paid which will extend the number of payments. Yearly payments must be at least \$60 for each \$1,000 of Proceeds applied.

Payment Option 3: Left at Interest. We will pay interest periodically on amounts left with Us. The Interest rate paid will not be less than 3% per year. Additional interest may be paid.

Payment Option 4: Alternate Payment for Life. Payments are chosen based on Our then published settlement option rates. Payment will not be less than the amount of a monthly annuity that can be purchased:

- as a single premium annuity;
- with the first payment made immediately; and
- at Our then published settlement option rates.

Withdrawal of Proceeds. Unless restricted, a Payee can withdraw unpaid Option 1, 2 or 3 balances. We will discount any Option 1 Proceeds at the Option 1 interest rate.

CONVERSION OPTION

You may elect to convert this Policy's insurance to a new policy without submitting Evidence of Insurability. Conversion will be to a permanent plan of insurance We offer for conversion at the time You elect to convert. Except as otherwise provided, conversion can only be made if all of the following conditions are met:

- the request for conversion is made prior to the end of the conversion period shown on the Policy Schedule (You may not convert this Policy after the conversion period expires);
- the Insured is living and this Policy is in force; and
- all Renewal Premiums have been paid.

Conversion will be effective upon Our receipt of Your request and payment of the new policy's first premium. The new policy's date of issue is the Due Date on which the conversion is made. Insurance coverage under the new policy is effective on the new policy's issue date.

The amount of insurance converted from this Policy cannot exceed this Policy's Face Amount and is subject to the balance, if any, of the Contestability and Suicide provisions, as measured from this Policy's Issue Date. Premiums for the new policy will be based on this Policy's rules for Premium Rate Class and the Insured's Attained Age on the Policy Anniversary nearest the new policy's issue date. Attained Age means the Insured's age at the last birthday plus months and days since the last birthday.

If this Policy includes a Waiver of Premium Benefit Rider, the new policy will include such a rider offered by Us unless the Insured is "totally disabled" as defined in such rider at the time of the conversion. If this Policy does not include a Waiver of Premium Benefit Rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

If this Policy includes a Critical Illness Benefit Rider, the new policy will include such a rider offered by Us unless the Insured has received the maximum percentage of benefit amount for each category or the rider is not in force at the time of the conversion. If any benefit amount has been paid under this rider, such condition(s) will be excluded from coverage under the conversion rider. If this Policy does not include a Critical Illness Benefit Rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

If this Policy includes a Disability Income Benefit Rider, the new policy will include such a rider offered by Us unless the Insured is "totally disabled" as defined in such rider or the rider is not in force at the time of the conversion. If this Policy does not include a Disability Income Benefit Rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

GENERAL PROVISIONS

Application Statements. No statement will void this Policy, or any attached riders, or be used to defend a claim unless You made the statement in Your Application. We can only use Application statements if We attach a copy of Your Application to this Policy on the Issue Date. State law also requires Us to inform You that the statements You make in Your Application are deemed Representations and not Warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements Warranties, We could cancel Your Policy for any inaccuracy – even an honest mistake. Therefore, We regard the statements made in Your Application as Representations, not as Warranties.

Contestable Period. We have the right to contest the validity of this Policy and any attached riders based on material misrepresentations made in the initial Application. However, We cannot contest the validity of the Policy or any attached riders, except for fraudulent misstatements in the Application, after it has been in force during the lifetime of the Insured for two years from the Issue Date.

We have the right to contest the validity of a reinstatement of the Policy and any attached riders based on material misrepresentations made in the application for reinstatement. However, We cannot contest a reinstatement, except for fraudulent misstatements in the reinstatement application, after the reinstatement has been in force during the lifetime of the Insured for two years from the reinstatement date.

Minimum Benefit. This Policy's benefits will not be less than the minimum benefits required by law in the Owner's state of residence.

Misstatement of Age or Gender. If the Insured's age or gender is misstated in the Application, We will revise the amount of the Policy's Face Amount. We will revise the Face Amount to the amount the Premium paid would have purchased for the correct age or gender using Our published rates in effect on the Issue Date.

Nonparticipating Policy. Your Policy is a Nonparticipating Policy, which means it does not participate, or share, in Assurity's earnings. Shares in company earnings are commonly called Dividends. Dividends will not be paid under Your Policy.

Reserves. We use the 2001 Commissioner's Standard Ordinary Smoker/Non-Smoker, Male/Female, Select and Ultimate Mortality Table to establish Policy Reserves. We have filed a detailed statement of calculation methods with the insurance regulator of the state in which this the Application is signed.

Suicide. If the Insured dies by Suicide within two years of the Issue Date, Our liability is limited to a refund of Premiums paid. This provision expires two years after the Issue Date.

VALUES FOR PAYMENT OPTION 1

Fixed Period (Years)	<i>Amount of Each Payment</i>				Fixed Period (Years)	<i>Amount of Each Payment</i>			
	<u>Annual</u>	<u>Semi- Annual</u>	<u>Quarterly</u>	<u>Monthly</u>		<u>Annual</u>	<u>Semi- Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
1	\$1,000.00	\$503.69	\$252.78	\$84.47	16	\$77.29	\$38.93	\$19.54	\$6.53
2	507.39	255.57	128.26	42.86	17	73.74	37.14	18.64	6.23
3	343.23	172.88	86.76	28.99	18	70.59	35.56	17.84	5.96
4	261.19	131.56	66.02	22.06	19	67.78	34.14	17.13	5.73
5	211.99	106.78	53.59	17.91	20	65.26	32.87	16.50	5.51
6	179.22	90.27	45.30	15.14	21	62.98	31.72	15.92	5.32
7	155.83	78.49	39.39	13.16	22	60.92	30.68	15.40	5.15
8	138.31	69.66	34.96	11.68	23	59.04	29.74	14.92	4.99
9	124.69	62.81	31.52	10.53	24	57.33	28.88	14.49	4.84
10	113.82	57.33	28.77	9.61	25	55.76	28.08	14.09	4.71
11	104.93	52.85	26.52	8.86	26	54.31	27.36	13.73	4.59
12	97.54	49.13	24.65	8.24	27	52.97	26.68	13.39	4.47
13	91.29	45.98	23.08	7.71	28	51.74	26.06	13.08	4.37
14	85.95	43.29	21.73	7.26	29	50.60	25.49	12.79	4.27
15	81.33	40.96	20.56	6.87	30	49.53	24.95	12.52	4.18

*Payments are shown for each \$1,000 applied under the Payment Option.
Figures not shown will be furnished on request.*

Assurity Life Insurance Company

TERM LIFE INSURANCE

**Renewable to Age 95 – Nonparticipating Policy
Guaranteed Level Premiums during the Level Term Period
Guaranteed and Increasing Premiums after the Level Term Period
Convertible as shown on the Policy Schedule**

READ YOUR POLICY CAREFULLY!