

<i>SERFF Tracking Number:</i>	<i>CNSC-125634477</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Conseco Insurance Company</i>	<i>State Tracking Number:</i>	<i>39303</i>
<i>Company Tracking Number:</i>	<i>CIC-3018-AR</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Flexible Premium Adjustable Life - CIC-3018</i>		
<i>Project Name/Number:</i>	<i>Worksite UL/</i>		

Filing at a Glance

Company: Conseco Insurance Company

Product Name: Flexible Premium Adjustable Life - CIC-3018 SERFF Tr Num: CNSC-125634477 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed State Tr Num: 39303

Sub-TOI: L09I.001 Single Life Co Tr Num: CIC-3018-AR State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Stacey Farmer, Janet Jones Disposition Date: 07/10/2008

Date Submitted: 06/13/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Worksite UL

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/10/2008

State Status Changed: 07/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The below noted forms are being filed for your review and approval. These forms are new and do not replace any forms currently on file with your department. They contain no unusual or controversial features or language that deviate from normal insurance industry standards. These forms will be effective upon your approval.

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Product Name: Flexible Premium Adjustable Life - CIC-3018
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POLICY

Policy Form CIC-3018-AR is an individual flexible premium, nonparticipating, universal life policy. This policy provides a death benefit payable upon the death of the Primary Insured while the policy is in force. Issue ages limits applicable to the Primary Insured are: Age 15 days to 70 for Non-Tobacco and Ages 16 to 70 for Tobacco.

Form CIC-3018-AR will be marketed with an illustration. The Guaranteed Interest Rate is 3.0% for all policy years.

There is one death benefit option, Option A. The death benefit will be the greater of: (a) the specified amount on the date of the Primary Insured's death, or (b) the Accumulation Value on the date of the Primary Insured's death multiplied by the applicable minimum death benefit multiple for the Primary Insured's attained age (based on the guideline premium test).

This policy may be issued on a guarantee issue basis or require evidence of insurability. Certain requirements must be met to qualify for a guaranteed issue policy.

A Statement of Variability is attached, which explains all the variables of the bracketed information on Policy Form CIC-3018-AR.

MARKETING INFORMATION

This flexible premium universal life insurance policy will be offered to employees of various companies in their place of employment by independent marketing organizations and independent personal producing general agents. This policy may also be offered to individuals outside of the worksite.

APPLICATION FOR LIFE INSURANCE - FORM CIC-8014

Form CIC-8014 is the life application for use with Policy Form CIC-3018-AR and other policies that may be filed at a later date. Section 5, the riders, is bracketed. By making this area variable, in the future we will be able to delete any rider not being offered any longer or to add any new rider (once approved by the insurance departments) to the application.

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The Current Payroll Deduction Options in Section 1 of the application are being filed as variable. By making this area variable, in the future we will be able to delete any payment method no longer being offered or add any new payment method. Also, bracketed on the application are the administrative office address and toll free telephone number.

Please note that in the future we may offer our clients the opportunity to complete this application electronically and will be accepting their signature in an electronic format.

LIFE APPLICATION SUPPLEMENT – FORM CIC-8014A

This form is a life application supplement that will be used with Policy Form CIC-3018-AR and other policies that may be filed at a later date. This supplement will be completed when:

- The Employee is applying for a life insurance policy for his child/grandchild;
- Evidence of Insurability is required on the employee and/or employee's spouse;
- The Owner wishes to make a policy change to an in-force policy; or
- The Owner wishes to reinstate the policy.

The riders in Section 3 of the application are being filed as variable. By making this area variable, in the future we will be able to delete any rider not being offered any longer or to add any new rider (once approved by the insurance departments) to the application. Also, bracketed on the application are the administrative office address and toll free telephone number.

Please note that in the future we may offer our clients the opportunity to complete this application electronically and will be accepting their signature in an electronic format.

RIDERS

The below riders are for use with Policy Forms CIC-3018-AR and other policies that may be filed at a later date.

Form CIC-6048 is an automatic benefit increase rider. This rider allows the Owner to increase annually, without

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evidence of insurability, the scheduled planned periodic premium and specified amount of the policy for a limited number of years. Current Company practice is for up to 10 years duration.

Form CIC-6049 is an accidental death benefit rider, which provides an additional death benefit if the Primary Insured's death results from accidental bodily injury subject to the terms of the rider. There is a cost-of-insurance charge for this rider

Form CIC-6050 is a waiver of stipulated premium rider, which will waive the stipulated premium on a monthly basis, for the policy, upon the total disability of the Primary Insured as defined in the rider. There is a cost-of-insurance charge for this rider.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due to printing constraints.

Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

Company and Contact

Filing Contact Information

Stacey Farmer, Compliance Analyst
11825 N Pennsylvania St
Carmel, IN 46032

stacey_farmer@consecoco.com
(800) 888-4918 [Phone]
(317) 817-2333[FAX]

Filing Company Information

Conseco Insurance Company
11815 N Pennsylvania St
Carmel, IN 46032
(800) 888-4918 ext. [Phone]

CoCode: 60682
Group Code: 233
Group Name:
FEIN Number: 45-0103436

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

SERFF Tracking Number: CNSC-125634477 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50 PER FILING
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Conseco Insurance Company	\$50.00	06/13/2008	20854676

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/10/2008	07/10/2008

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	06/23/2008	06/23/2008	Stacey Farmer	07/10/2008	07/10/2008

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Disposition

Disposition Date: 07/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: Worksite UL/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	VARIABILITY STATEMENT		Yes
Supporting Document	Reg 34 Certs		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Application for Life Insurance		Yes
Form	Life Application Supplement		Yes
Form	Automatic Benefit Increase Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Waiver of Stipulated Premium Rider		Yes
Rate	ACT MEMO		No
Rate	ACT MEMO		No
Rate	ACT MEMO		No
Rate	ACT MEMO		No

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Project Name/Number: Worksite UL/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/23/2008
Submitted Date 06/23/2008

Respond By Date

Dear Stacey Farmer,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/10/2008
Submitted Date 07/10/2008

Dear Linda Bird,

Comments:

Response 1

Comments: We do comply with regulation 34 and have attached certifications. Thank you.

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

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Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Reg 34 Certs

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Janet Jones, Stacey Farmer

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Form Schedule

Lead Form Number: CIC-3018-AR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	CIC-3018-AR	Policy/Cont Flexible Premium ract/Fratern Adjustable Life Insurance Policy Certificate	Initial		56	CIC-3018-AR.pdf
	CIC-8014	Application/ Application for Life Enrollment Insurance Form	Initial		50	CIC-8014.pdf
	CIC-8014A	Application/ Life Application Enrollment Supplement Form	Initial		52	CIC-8014A.pdf
	CIC-6048	Policy/Cont Automatic Benefit ract/Fratern Increase Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	CIC-6048.pdf
	CIC-6049	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate	Initial		52	CIC-6049.pdf
	CIC-6050	Policy/Cont Waiver of Stipulated ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		52	CIC-6050.pdf

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Project Name/Number: Worksite UL/
nt or Rider

CONSECO INSURANCE COMPANY

Chicago, Illinois
Administrative Office: [11825 N. Pennsylvania Street
Carmel, Indiana 46032-4555]
Telephone Number: [1-800-525-7662]

A STOCK COMPANY/HEREINAFTER CALLED THE COMPANY

PLEASE READ YOUR POLICY CAREFULLY

Conseco Insurance Company will pay the Cash Surrender Value, if any, as defined herein to the Owner on the Maturity Date if the Primary Insured is living on that date. We will pay the Death Proceeds to the Beneficiary upon receipt at Our Administrative Office of due proof of death of the Primary Insured, while this policy is in force, subject to the terms of this policy.

All payments are subject to all of the provisions of this and the following pages of this policy signed at the Company's Administrative Office, Carmel, Indiana. This policy is issued in consideration of the application and payment of the initial premium.

NOTICE OF 20 DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If You are dissatisfied for any reason, this policy can be cancelled by You by delivering or mailing the policy to Conseco Insurance Company, Administrative Office: 11825 N. Pennsylvania Street, Carmel, Indiana 46032-4555 or to the insurance agent through whom it was effected before midnight of the twentieth day after receipt of such policy by the applicant. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. We will return all payments made for this policy within twenty days after We receive the returned policy in Our Administrative Office.

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT.**

**DEATH PROCEEDS PAYABLE UPON DEATH OF THE PRIMARY INSURED
PRIOR TO THE MATURITY DATE, FLEXIBLE PREMIUMS PAYABLE DURING THE
LIFETIME OF THE PRIMARY INSURED UNTIL THE MATURITY DATE.
NONPARTICIPATING**

This policy is a legal contract between the Owner and Conseco Insurance Company.

Signed for Conseco Insurance Company by

{ *Karl W Kildig* }

Secretary

{ *D. Bardsley* }

President

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Policy Data Page

PRIMARY INSURED: [JOHN D. DOE]	POLICY NUMBER: [123456789]
ISSUE AGE: [35]	ISSUE DATE: [May 1, 2008]
CLASS OF RISK: [Standard Non-Tobacco]	INITIAL PREMIUM: [\$289.25]
INITIAL SPECIFIED AMOUNT: [\$25,000]	PLANNED PERIODIC PREMIUM: [\$289.25]
DEATH BENEFIT OPTION: A	PREMIUM FREQUENCY: [ANNUAL]
POLICY EFFECTIVE DATE: [May 1, 2008]	MINIMUM ANNUAL PREMIUM: [\$289.25]
MATURITY DATE: [May 1, 2068]	GUARANTEED MINIMUM INTEREST RATE: 3.0%

INTEREST RATE ENHANCEMENT [0.35%] AFTER THE [15TH] POLICY ANNIVERSARY.

GUARANTEED MAXIMUM CHARGES:

*PREMIUM EXPENSE CHARGE:

All Years – [15.0%] of the premiums paid to Us.

*ADMINISTRATIVE CHARGES:

Monthly Administrative Fee Per Policy:

All Years – [\$10].

Monthly Administrative Fee Per \$1,000 Specified Amount:

All Policy Years: [\$1.88] per Month

*At Our discretion, We may charge a lower rate than the guaranteed maximum expense charges.

IT IS POSSIBLE THAT COVERAGE WILL TERMINATE PRIOR TO THE MATURITY DATE IF PREMIUMS PAID AND INTEREST CREDITED ARE NOT SUFFICIENT TO CONTINUE COVERAGE TO SUCH DATE. IT IS ALSO POSSIBLE THERE COULD BE LITTLE OR NO CASH SURRENDER VALUE TO BE PAID UPON THE MATURITY DATE.

POLICY DATA PAGE (continued)

TABLE OF SURRENDER CHARGES

Year	Surrender Charge
1	\$589.75
2	\$558.16
3	\$525.63
4	\$492.13
5	\$457.60
6	\$422.03
7	\$385.38
8	\$347.61
9	\$308.70
10	\$268.59
11	\$227.24
12	\$184.60
13	\$140.62
14	\$95.24
15	\$48.39
16+	\$0.00

**TABLE OF MINIMUM DEATH BENEFITS
FOR GUIDELINE PREMIUM/CORRIDOR TEST**

ATTAINED AGE	PERCENT OF ACCUMULATION VALUE	ATTAINED AGE	PERCENT OF ACCUMULATION VALUE
0-40	250%	65	120%
45	215%	70	115%
50	185%	75	105%
55	150%	90	105%
60	130%	95 AND OVER	100%

FOR AGES NOT SHOWN, THE APPLICABLE PERCENTAGE WILL BE DETERMINED BY REDUCING PROPORTIONATELY BETWEEN THE AGES THAT ARE SHOWN.

POLICY/RIDER BENEFIT SCHEDULE

FORM NUMBER	BENEFIT DESCRIPTION	SPECIFIED AMOUNT	INITIAL MONTHLY COST OF INSURANCE	EXPIRY DATE
CIC-3018	Flexible Premium Adjustable Life	\$25,000	\$1.99	5/1/2068
{CIC-6049	Accidental Death Benefit Rider	\$25,000	\$2.50	5/1/2043}
{CIC-6045	Child Level Term Insurance Rider	\$10,000	\$5.00	5/1/2038}
{CIC-6050	Waiver of Stipulated Premium Rider [\$24.10 Per Month @]	SEE RIDER	\$0.97	5/1/2038}
{CIC-6040	Accelerated Benefit Terminal Illness	See Rider	N/A	5/1/2068}
{CIC-6048	Automatic Benefit Increase Rider ** [\$1] Week Increase for Next [10] years Plan Increase Date: [5/1/08]		\$0.00	5/1/2018}

IF ADDITIONAL BENEFITS/RIDERS ARE PRESENT, THE MONTHLY COST OF BENEFITS MAY VARY – SEE ADDITIONAL BENEFITS/RIDERS PAGE.

{ @ MONTHLY STIPULATED PREMIUM WAIVER AMOUNT }

{ ****THE AUTOMATIC BENEFIT INCREASE RIDER WILL INCREASE THE SPECIFIED AMOUNT OF THE BASE POLICY. THE AUTOMATIC BENEFIT INCREASE RIDER WILL ALSO INCREASE THE MONTHLY PREMIUM AMOUNT OF THE WAIVER OF STIPULATED PREMIUM RIDER, IF RIDER ELECTED.** }

NOTE: AT SOME FUTURE TIME, THE POLICY CASH VALUE LESS INDEBTEDNESS MAY NOT COVER THE NEXT MONTHLY DEDUCTION. IN SUCH A SITUATION, THE POLICY WILL ENTER THE GRACE PERIOD AND WILL TERMINATE AT THE END OF THAT PERIOD IF SUFFICIENT PREMIUM TO COVER THE MONTHLY DEDUCTIONS IS NOT PAID. SEE GRACE PERIOD PROVISION.

ADDITIONAL BENEFITS/RIDERS

BENEFIT	BENEFIT AMOUNT	PREMIUM PAYING PERIOD (YEARS)
(1) CHILD LEVEL TERM INS. RIDER (CR)	\$10,000	30
(2) ACCIDENTAL DEATH BENEFIT RIDER (ADB)	\$25,000	35
(3) WAIVER OF STIPULATED PREMIUM (WSP)	\$289.25	30

**GUARANTEED MAXIMUM MONTHLY
COST OF INSURANCE RATES**

POLICY YEAR	*CR (1)	*ADB (2)	**WSP (3)
01	0.50	0.10	3.36
02	0.50	0.10	3.36
03	0.50	0.10	3.36
04	0.50	0.10	3.36
05	0.50	0.10	3.36
06	0.50	0.10	3.36
07	0.50	0.10	3.36
08	0.50	0.10	3.36
09	0.50	0.10	3.36
10	0.50	0.10	3.36
11	0.50	0.10	3.36
12	0.50	0.10	3.36
13	0.50	0.10	3.36
14	0.50	0.11	3.36
15	0.50	0.11	3.36
16	0.50	0.11	3.36
17	0.50	0.11	3.36
18	0.50	0.11	3.36
19	0.50	0.12	3.36
20	0.50	0.12	3.36
AGE 60	0.50	0.13	3.36
AGE 70	0.00	0.13	0.00
AGE 95	0.00	0.00	0.00

[*Rate Per \$1000]

[**Rate Per \$1000 of Annualized Stipulated Premium]

POLICY DATA PAGE (continued)

**TABLE OF MONTHLY GUARANTEED MAXIMUM POLICY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE	POLICY YEAR	RATE	ATTAINED AGE	POLICY YEAR	RATE
35	1	0.08500	66	32	1.25833
36	2	0.09000	67	33	1.37000
37	3	0.09583	68	34	1.49083
38	4	0.10083	69	35	1.62500
39	5	0.10750	70	36	1.77750
40	6	0.11500	71	37	1.95916
41	7	0.12333	72	38	2.16583
42	8	0.13416	73	39	2.38583
43	9	0.14666	74	40	2.62333
44	10	0.16083	75	41	2.88333
45	11	0.17583	76	42	3.17166
46	12	0.19333	77	43	3.49916
47	13	0.21000	78	44	3.86833
48	14	0.22583	79	45	4.27666
49	15	0.24416	80	46	4.74750
50	16	0.26666	81	47	5.28583
51	17	0.29416	82	48	5.85083
52	18	0.32500	83	49	6.45250
53	19	0.36083	84	50	7.11750
54	20	0.40166	85	51	7.81666
55	21	0.44750	86	52	8.60333
56	22	0.49666	87	53	9.50666
57	23	0.54583	88	54	10.45333
58	24	0.59583	89	55	11.40416
59	25	0.65083	90	56	12.18000
60	26	0.71333	91	57	12.89833
61	27	0.78666	92	58	13.88583
62	28	0.87000	93	59	15.14166
63	29	0.95916	94	60	16.67166
64	30	1.05333	95	61	18.33250
65	31	1.15333			

THE COST OF INSURANCE RATES SHOWN ABOVE ARE BASED ON THE 50% MALE [NON-SMOKER] 2001 COMMISSIONER'S STANDARD ORDINARY TABLE, AGE LAST BIRTHDAY, ULTIMATE COST OF INSURANCE RATES.

POLICY DATA PAGE (continued)

TABLE OF NET SINGLE PREMIUMS PER \$1 OF PAID-UP INSURANCE

ATTAINED AGE	NET SINGLE PREMIUM		ATTAINED AGE	NET SINGLE PREMIUM		ATTAINED AGE	NET SINGLE PREMIUM
0	0.05680		32	0.17417		64	0.49574
1	0.05854		33	0.18042		65	0.50937
2	0.06052		34	0.18689		66	0.52315
3	0.06268		35	0.19359		67	0.53709
4	0.06498		36	0.20052		68	0.55119
5	0.06739		37	0.20769		69	0.56546
6	0.06990		38	0.21509		70	0.57989
7	0.07251		39	0.22275		71	0.59444
8	0.07521		40	0.23067		72	0.60903
9	0.07802		41	0.23885		73	0.62361
10	0.08094		42	0.24729		74	0.63820
11	0.08397		43	0.25598		75	0.65280
12	0.08709		44	0.26493		76	0.66740
13	0.09030		45	0.27413		77	0.68199
14	0.09359		46	0.28358		78	0.69653
15	0.09695		47	0.29328		79	0.71097
16	0.10037		48	0.30326		80	0.72531
17	0.10386		49	0.31353		81	0.73948
18	0.10744		50	0.32409		82	0.75342
19	0.11113		51	0.33493		83	0.76721
20	0.11496		52	0.34602		84	0.78094
21	0.11894		53	0.35735		85	0.79464
22	0.12308		54	0.36891		86	0.80846
23	0.12738		55	0.38068		87	0.82247
24	0.13185		56	0.39265		88	0.83675
25	0.13648		57	0.40481		89	0.85160
26	0.14129		58	0.41719		90	0.86754
27	0.14626		59	0.42980		91	0.88551
28	0.15141		60	0.44264		92	0.90645
29	0.15677		61	0.45569		93	0.93125
30	0.16235		62	0.46890		94	0.96150
31	0.16815		63	0.48225			

THE NET SINGLE PREMIUMS SHOWN ABOVE ARE BASED ON THE 50% MALE [NON-SMOKER] 2001 COMMISSIONER'S STANDARD ORDINARY TABLE, AGE LAST BIRTHDAY, ULTIMATE COST OF INSURANCE RATES.

DEFINITIONS
(Defined terms are capitalized throughout this policy)

ACCUMULATION VALUE – The Accumulation Value is the accumulation of premiums and interest less cost of insurance and expense charges.

ATTAINED AGE – Attained Age is the Issue Age plus the number of completed Policy Years.

BENEFICIARY – The person or persons shown on the application, or later changed by You, to whom We will pay the Death Proceeds.

CASH SURRENDER VALUE – The Cash Surrender Value is the Cash Value less any Indebtedness.

CASH VALUE – The Cash Value is the Accumulation Value less the surrender charge.

DEATH BENEFIT – The calculated policy benefit amount upon the death of the Primary Insured.

DEATH PROCEEDS – The Death Proceeds are the Death Benefit plus any benefits provided by rider, less any outstanding loan and loan interest.

DEFERRED EFFECTIVE DATE OF COVERAGE - A Deferred Effective Date of Coverage may apply if any person covered under the policy is in a hospital, nursing home or other medical facility, which provides skilled medical care, on the Policy Effective Date. The insurance coverage will not become effective until the date the covered person is discharged from the hospital, nursing home, or other medical facility and is able to perform his/her normal activities. We will refund any premium accepted before the Policy Effective Date.

EXPIRY DATE – The date coverage on rider(s) terminates.

INDEBTEDNESS – Indebtedness means all outstanding loans on this policy, including loan interest.

ISSUE AGE – The Primary Insured's age, last birthday, on the Policy Effective Date. The Issue Age is shown on the Policy Data Page.

ISSUE DATE – The date the policy is generated off Our system. This policy is not in force until the Policy Effective Date.

MATURITY DATE – The Maturity Date is shown on the Policy Data Page. It is the date on which insurance coverage will terminate and the Cash Surrender Value is paid to the Owner. It is possible that coverage will terminate prior to the Maturity Date if the premium paid and interest credited are not sufficient to continue coverage to such date.

MINIMUM MONTHLY PREMIUM – Minimum Monthly Premium is one twelfth of the minimum annual premium. The minimum annual premium is shown on the Policy Data Page.

MONTHLY ANNIVERSARY – The same date of each month as the Policy Effective Date.

NET PREMIUM – The total premium paid less the percentage of premium expense charge, which is shown on the Policy Data Page.

NONPARTICIPATING – This is a Nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFYING – Request and information that is received at Our Administrative Office in a form acceptable to Us.

OWNER(S) – The Owner(s) named in the application, unless changed.

POLICY ANNIVERSARY – The same date each year as the Policy Effective Date.

POLICY EFFECTIVE DATE – This is the effective date of Your policy. This date will be used to determine Monthly Anniversaries, Policy Years and Policy Anniversaries.

POLICY DATA PAGE – The Policy Data Page or any supplemental Policy Data Page that We have most recently sent You.

POLICY YEAR – One year from the Policy Effective Date and from each Policy Anniversary.

PRIMARY INSURED – The Primary Insured is named on the Policy Data Page.

SPECIFIED AMOUNT – On the Policy Effective Date, the Specified Amount equals the initial Specified Amount. Thereafter it may be changed in accordance with the terms of the Death Benefit provisions and partial withdrawal provisions, and any attached rider provisions that affect the Specified Amount.

TABLE OF MINIMUM DEATH BENEFITS – The minimum insurance percentages required to qualify the policy as life insurance under the Internal Revenue Code using the guideline premium test.

YOU – “You” or “Your” means the Owner(s) of this policy.

WE, US, or OUR – “We”, “Us” or “Our” means Conseco Insurance Company (the Company).

OWNER, BENEFICIARY AND ASSIGNMENT PROVISIONS

OWNERSHIP – The Owner means the Owner specified in the application unless subsequently changed during the Primary Insured’s lifetime. The Owner has the right to receive every benefit, exercise every right and enjoy every privilege granted by this policy.

Your rights, except for payment of premium and repayment of loans, are subject to the interests of any assignee or irrevocable Beneficiary. If You die before the Primary Insured, then Your estate becomes the new Owner.

BENEFICIARY – If the Primary Insured dies while this policy is in force, the Beneficiary will receive the Death Proceeds provided by the policy and any rider. The Beneficiary is the person(s) or entity You name in the application(s), unless changed by later designation.

You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions except for payment of premiums and loan repayments.

Unless otherwise provided, if more than one person is named as Beneficiary, the Death Proceeds will be paid in equal shares to the surviving Beneficiaries as follows: (1) to any primary Beneficiary surviving at the time of the Primary Insured’s death, otherwise; (2) to any contingent Beneficiary surviving at the time of the Primary Insured’s death, otherwise; (3) to the Owner, or the Owner’s estate.

If the Beneficiary is “children,” this means children born to or legally adopted by the Primary Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age of majority.

OWNER AND BENEFICIARY CHANGE – You may change the Owner and the Beneficiary at any time during the lifetime of the Primary Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us.

The change will take effect following receipt in Our Administrative Office. The change will not apply to any payments made or actions taken by Us before We receive the Notice. If the change is to a viatical or other third party without an insurable interest, We may require additional documentation prior to making a change.

SIMULTANEOUS DEATH – If any Beneficiary dies within 15 days after the death of the Primary Insured, the Death Proceeds will be paid as if the Beneficiary died before such Primary Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

ASSIGNMENT – Subject to the conditions herein, this policy may be assigned. No assignment will be recognized by Us unless: (1) the original instrument or a certified copy is filed with Us at Our Administrative Office; and (2) We send You an acknowledged copy. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to that of the Company, including any debt to the Company. The rights of the Beneficiary and Owner are subject to the rights of any assignee.

PREMIUM, GRACE PERIOD AND REINSTATEMENT PROVISIONS

INITIAL PREMIUM – The initial premium is shown on the Policy Data Page. The initial premium is due as of the Policy Effective Date. There will be no coverage under this policy until the initial premium is paid. The initial premium cannot be less than one twelfth of the minimum annual premium.

PLANNED PERIODIC PREMIUM – The planned periodic premium is shown on the Policy Data Page. This is the amount You have elected to pay. The amount of premiums You pay will affect the Accumulation Value and the period of time the policy remains in force.

MINIMUM ANNUAL PREMIUM GUARANTEE – This policy will not lapse during the first five Policy Years, if on each Monthly Anniversary date during this period (i) is greater than (ii), where (i) is the sum of all premiums paid to date minus any Indebtedness and minus any partial withdrawals; and (ii) is one twelfth (1/12) of the minimum annual premium shown on the Policy Data Page, multiplied by the number of months elapsed since the Policy Effective Date of this policy, including the month following the Monthly Anniversary date.

WHERE PAYABLE – Any check should be payable only to the Company and not to any representative. After the first premium, all premiums are to be paid to Us at Our Administrative Office. Receipts will be given upon request.

AMOUNT AND FREQUENCY – After the initial premium payment, You may make premium payments at any time until the Primary Insured's Attained Age of 95. No premium will be accepted after the Primary Insured reaches Attained Age 95. The amount of premiums You pay will affect the Accumulation Value and the period of time the policy remains in force. The frequency of premium payment shown on the Policy Data Page will serve only as an indication of Your preference as to probable future frequency of payment. You may change the frequency of planned periodic premium payment at any time, subject to a \$25.00 minimum premium requirement.

Section 7702 of the Internal Revenue Code of 1986, as amended, limits the amount of premium payable under a life insurance policy in order for the policy to qualify as life insurance for income tax purposes. If a premium in excess of the applicable premium limitation is received at any time while this policy is in force, the excess premium will be refunded to You. Any interest earned and allocable to the excess premium will also be refunded to You and may be subject to federal and state income tax when paid.

GRACE PERIOD – The grace period begins on the Monthly Anniversary when the Cash Surrender Value is less than the next monthly deduction. You have 61 days from the start of the grace period to pay the premium. We will mail You and any assignee notice of the length of the grace period and the amount of premium due. The amount of premium due is the amount, which is required to keep the policy in force during the grace period plus one additional month's charges. We will send a written notice 31 days before the end of the grace period to Your last known address and the addresses of any assignee of record.

If the Primary Insured dies during the grace period, any past due monthly deductions will be deducted from the Death Proceeds. The policy will remain in force during the grace period, unless surrendered.

See the Minimum Annual Premium Guarantee provision for the method of avoiding lapsing the policy during the first five Policy Years.

REINSTATEMENT – The requirements for reinstatement are:

The policy may be reinstated within five years after the effective date of lapse only if:

1. The policy was not surrendered; and
2. You provide Us with satisfactory evidence of insurability; and
3. You pay sufficient premium to cover past due monthly deductions and to keep this policy in force for three months after the reinstatement; and
4. Interest on any loan amount that is reinstated is paid at the annual rate applicable to policy loans during the period of lapse, from the date the policy terminated.

If the policy lapses and is reinstated during the minimum annual premium guarantee, You may reinstate the minimum annual premium guarantee if:

1. The minimum annual premium guarantee was in effect three months prior to the date of the lapse; and
2. On the date of reinstatement, You pay sufficient premiums such that the sum of premiums paid to date, less any partial withdrawals, loans and loan interest, equals or exceeds the Minimum Monthly Premium multiplied by the number of policy months between the Policy Effective Date and the date of the reinstatement.

The effective date of the reinstatement is the next Monthly Anniversary following Our approval of the reinstatement.

The Accumulation Value on the effective date of reinstatement is equal to the Accumulation Value at the time of termination, less past due charges during the grace period, plus the premium paid at the time of reinstatement. The surrender charge will be based on the number of Policy Years from the original Policy Effective Date.

PAYMENT OF DEATH PROCEEDS PROVISION

DEATH PROCEEDS – We will pay the Death Proceeds to the Beneficiary upon receipt of proof that the Primary Insured died while this policy was in force. If payment of the Death Proceeds is not paid within thirty (30) days of receipt of such proof of death, the Death Proceeds will include interest at the legal rate of interest from the date of death until the date the claim is paid.

The Death Proceeds are:

1. The Death Benefit in force upon the death of the Primary Insured; plus
2. Any benefits provided by rider payable at the Primary Insured's death; less
3. Any Indebtedness.

If the Primary Insured dies during the grace period, the Death Proceeds paid will be equal to the Death Benefit; plus any benefits provided by rider; less loans and loan interest and overdue monthly deductions as of the date of death.

DEATH BENEFIT PROVISIONS

DEATH BENEFIT – This policy provides a Death Benefit on the death of the Primary Insured. The Death Benefit, death benefit option and the death benefit qualification test are described in this section. On the date of death of the Primary Insured, the Death Benefit is calculated as the larger of:

1. The minimum Death Benefit calculated under the guideline premium test; or
2. The Death Benefit as calculated under the death benefit option.

GUIDELINE PREMIUM TEST – MINIMUM DEATH BENEFIT CORRIDOR – The guideline minimum Death Benefit at any time is the Accumulation Value multiplied by the applicable percentage at the Primary Insured's Attained Age as shown in the Table of Minimum Death Benefits on the Policy Data Page.

DEATH BENEFIT OPTION – The death benefit option for this policy is option A (level). The Death Benefit will be the greater of:

1. The Specified Amount on the date of death, less Indebtedness, or
2. The Accumulation Value on the date of death multiplied by the applicable percentage at the Primary Insured's Attained Age as shown on the Policy Data Page in the Table of Minimum Death Benefits For the Guideline Premium Test, less any Indebtedness.

POLICY CHANGE PROVISIONS

CHANGE IN SPECIFIED AMOUNT – You may make the following changes to this policy, as long as the policy is not in the grace period. We will not accept any change which disqualifies this policy as life insurance under federal tax law. Any change in Specified Amount will be reflected on a supplemental Policy Data Page.

Specified Amount Increase – You may request an increase once per Policy Year of the Specified Amount at any time after the first Policy Year. At the request date:

1. This policy must be in force.
2. Evidence of insurability satisfactory to Us must be submitted.
3. The first month's monthly deduction must be paid.
4. The minimum amount of any increase is \$1,000.
5. The increase will be effective as of the Monthly Anniversary following Our approval of the increase.
6. New surrender charges, expense charges, administrative charges, and cost of insurance charges will apply and will be reflected on a supplemental Policy Data Page.

Specified Amount Decrease – You may request a decrease once per Policy Year of the Specified Amount by Notice at any time after the first Policy Year. At the request date:

1. This policy must be in force.
2. The minimum amount of any decrease is \$10,000.
3. The Specified Amount cannot be reduced below the greater of:
 - a) \$5,000; or
 - b) The required amount of insurance to comply with Internal Revenue Code Section 7702 limits.
4. The decrease will be effective as of the Monthly Anniversary following Our receipt of Notice.
5. A decrease will be applied in the following order:
 - a) First, against any increase in the Specified Amount (beginning with the most recent) and then;
 - b) Against the initial Specified Amount.

6. The pro-rata surrender charge will be calculated by determining what percent of the initial Specified Amount is represented by the decrease then applying that percentage to the original surrender charge as the pro-rata surrender charge. Future surrender charges will be reduced by the same percentage as determined for each such decrease.
7. If a decrease in the Specified Amount is made in the second, third, fourth, or fifth Policy Year from issue or from a Specified Amount increase, the minimum annual premium will not be reduced.

POLICY VALUES PROVISIONS

ACCUMULATION VALUE – The Accumulation Value on the Policy Effective Date will be the initial Net Premium. The Accumulation Value on any other day will be calculated as (a) plus (b) minus (c) minus (d) where:

- (a) Accumulation Value on the preceding Monthly Anniversary day plus interest;
- (b) Net Premium paid since the preceding Monthly Anniversary day plus interest;
- (c) Partial withdrawals made since the preceding Monthly Anniversary day plus associated charges, if any, plus interest from the date of withdrawal;
- (d) Monthly deduction on the preceding Monthly Anniversary day plus interest.

The Policy Effective Date will be considered as the preceding Monthly Anniversary day for purposes of calculating the Accumulation Value during the first month after the policy is issued.

INTEREST CREDITS PROVISION FOR ACCUMULATION VALUE – The guaranteed minimum interest rate credited to the Accumulation Value is shown on the Policy Data Page. Additional interest, if any, paid over the guaranteed minimum interest rate will be in an amount and by a method determined by the Company.

INTEREST RATE ENHANCEMENT – If the interest rate declared by Us exceeds the guaranteed minimum interest rate, then We will increase the annualized declared interest rate by the percentage shown on the Policy Data Page after the Policy Anniversary shown on the Policy Data Page. This increase will not apply to any loaned Accumulation Value.

MONTHLY DEDUCTION – The monthly deduction is the sum of:

1. The monthly cost of insurance;
2. The monthly administrative charges as shown on the Policy Data Page; and
3. The monthly cost of any policy riders.

COST OF INSURANCE – The monthly cost of insurance for the policy is calculated as (a) multiplied by the result of (b) minus (c) where:

- (a) Monthly cost of insurance rate as described in the Cost of Insurance Rates section;
- (b) The Death Benefit at the beginning of the policy month divided by 1.00247;
- (c) The Accumulation Value at the beginning of the policy month.

Divide the result by \$1,000.

NET AMOUNT AT RISK – The quantity (b) minus (c) is considered to be the policy's net amount at risk.

COST OF INSURANCE RATES – The monthly guaranteed maximum monthly cost of insurance rates for the policy are based on the 50% Male 2001 Commissioner's Standard Ordinary Table, Age Last Birthday, Smoker Distinct, Ultimate Cost of Insurance Rates. These rates are shown on a Policy Data Page.

The Company will determine the currently monthly cost of insurance rates that will be charged and reserves the right to increase or decrease these rates in the future. In no event will the currently monthly cost of insurance rates be increased to an amount greater than the monthly guaranteed maximum cost of insurance rates listed on the Policy Data Page.

NONFORFEITURE PROVISIONS

SURRENDER – You may surrender this policy any time by Notifying Us before the policy terminates. Upon surrender, there will be two benefit options available to You: Option 1 or Option 2. Option 1 will automatically be the default option unless Option 2 is specifically requested in writing to Us.

Once You have surrendered this policy, We will no longer send You an annual report. Any additional benefits provided by a rider attached to this policy will be terminated.

If You elect Option 1, We will pay You the Cash Surrender Value of this policy. We may defer payment for not more than six months following receipt by Us of the Cash Surrender Value request unless the Cash Surrender Value is to be applied to pay premiums for policies with Us.

If You elect Option 2, We will provide a paid-up insurance benefit until the Maturity Date of this policy. The amount of paid-up insurance benefit will be the Cash Surrender Value of this policy divided by the net single premium for the Primary Insured's Attained Age. The net single premium is shown in the Policy Data Page. If the amount of the paid-up insurance benefit would exceed the Death Benefit less any Indebtedness on this policy, the amount of the paid-up insurance benefit will be equal to the Death Benefit less any Indebtedness on the policy. Any Cash Surrender Value not used to provide the paid-up insurance benefit will be paid to You.

The net single premium is based on the mortality table and interest shown in the Policy Data Page. The Cash Surrender Value of the paid-up insurance benefit will be equal to the amount of paid-up insurance benefit multiplied by the net single premium at the Primary Insured's Attained Age at the time of surrender of the paid-up insurance benefit.

SURRENDER CHARGE – The surrender charge is shown on a Policy Data Page. This amount is charged against the Accumulation Value upon surrender of the policy. A pro-rata portion of the surrender charge may be applied to the Accumulation Value due to a Specified Amount decrease or a partial withdrawal.

The surrender charge is also used to determine the Cash Surrender Value, which affects the grace period provision of this policy. Refer to the grace period provision for details.

PARTIAL WITHDRAWAL – You may surrender part of this policy for cash by Notice to Us at any time after the first Policy Year. No more than one partial withdrawal may be made in any Policy Year. The minimum partial withdrawal that may be made is \$500.00. The amount that may be withdrawn may not exceed the Cash Surrender Value.

A partial withdrawal will affect the Specified Amount. A pro-rata surrender charge will be imposed against the Accumulation Value. The amount of this charge will be based upon the percentage of reduction in the Specified Amount, calculated by determining what percent of the initial Specified Amount is represented by the partial withdrawal, then multiplying that percentage by the original surrender charge to determine the pro-rata surrender charge. Future surrender charges will be reduced by the same percentage as determined for each such decrease. Also, no more than a \$50.000 administrative charge will be imposed.

Subject to evidence of insurability of the Primary Insured satisfactory to Us, the Specified Amount will not be reduced by the amount of a partial withdrawal. In such a case, an administrative charge of no more than \$50.00 will be imposed.

CONTINUATION OF INSURANCE – If the Cash Surrender Value is not sufficient to cover the next monthly deduction, the insurance will continue, subject to the grace period provision and the minimum annual premium guarantee provision, until the earlier of:

1. Monthly Anniversary day on which the Cash Surrender Value will not cover the monthly deduction for the following month; or
2. Maturity Date.

The nonforfeiture values for this policy are equal to or greater than those required by law. The nonforfeiture values are calculated in accordance with the Standard Nonforfeiture Law. A detailed statement of the method of computing values has been filed with the insurance supervisory official of the state of issue.

LOAN PROVISIONS

POLICY LOAN – You may request a loan at any time while this policy is in force. This policy is assigned to Us as sole security for the loan.

LOAN AMOUNT AVAILABLE – The maximum amount of a new loan is equal to the Cash Surrender Value.

We may defer making a loan for not more than six months after application for the loan is made unless the loan is to pay premiums on policies with Us.

LOAN INTEREST – Loan interest will accrue daily from the date of each loan to the next Policy Anniversary date. Loan interest is payable in arrears at the end of each Policy Year. If interest is not paid when due, the amount of the interest will be added to the loan and bear interest on the same terms as the loan. The maximum Indebtedness under the policy is that amount which, with interest to the next Policy Anniversary date will equal the Cash Surrender Value as of the next Policy Anniversary date. A loan secured by this policy will bear interest at the rate of 6% per year.

LOANED ACCUMULATION VALUE – The loan portion of the Accumulation Value will be credited the guaranteed minimum interest rate.

REPAYMENT OF LOANS – You may repay a loan in full or in part at any time while this policy is in force. Unless You request otherwise at the time You make any payments to Us, all amounts received while a loan is outstanding will be considered as premium payments, not loan repayment.

TERMINATION OF POLICY – At any time the total Indebtedness equals or exceeds the Cash Value, the policy will terminate without further value or benefit.

At least 31 days before the policy terminates, We will send a notice of Our intention to terminate the policy. Notice will be mailed to the last known addresses of the Owner and to any assignee of record.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT – The entire contract consists of this policy, any riders or endorsements, the attached copy of the initial application and all supplemental applications to change this policy. All statements in the application and any supplemental applications will, in the absence of fraud, be deemed representations and not warranties. No statement will be used to contest this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications in the policy, which are to be based upon additional evidence of insurability, shall be attached to the policy in order to become part of the contract between the parties.

MODIFICATION OF POLICY – Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of the policy and then only in writing by endorsement. No agent, broker, or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions.

CHOICE OF LAW – The insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Primary Insured, exclusive of such state's choice of laws provisions.

RELIANCES – We are not liable for any request made in accordance with Your instructions. If We make any payments or policy changes in good faith based on Our records, We have fully discharged Our obligations.

INCONTESTABILITY – Except in the case of fraud, We will not contest this policy after it has been in force during the lifetime of the Primary Insured for two years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, and was in force two years from the Policy Effective Date prior to reinstatement, only statements made in the application for reinstatement may be contested. The reinstatement application will be subject to full underwriting.

Except in the case of fraud, any increase in the Specified Amount of this policy will be incontestable after it has been in force during the Primary Insured's lifetime for two years from the effective date of the increase. Only statements used in the supplemental application for the increase may be used to contest said increase.

SUICIDE – If the Primary Insured dies by suicide, while sane or insane, within two years from the Policy Effective Date We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid, less any loan, loan interest, and any partial withdrawal.

If the Primary Insured dies by suicide, while sane or insane, within two years of the effective date of any increase in the Specified Amount that was subject to evidence of insurability We will not pay a Death Benefit on that increase. We will refund the monthly deductions for that increase.

ANNUAL REPORT – At least once a year, without charge, We will send You a report showing premiums paid, expense charges, administrative charges, interest credited, cost of insurance, outstanding loans, current Cash Surrender Value, and all charges made since the last report. Any other information required by the Insurance Department of the State where the application is signed will also be included in the annual report. Please pay close attention to the information provided especially any data relating to lapse. You may wish to increase the amount of premium paid based on this data.

PROJECTION OF BENEFITS AND VALUES – We will provide a projection of illustrative future policy benefits and values at any time upon written request. There will be no charge for the first projection requested each Policy Year. Additional projections will be provided for not more than a \$50.00 fee.

ERROR IN AGE – If the Primary Insured's age has been misstated and the misstatement is discovered after the date of death, the amount of the Death Benefit will be the amount which would have been purchased at the Primary Insured's correct Age by the most recent cost of insurance charge assessed prior to the date We receive proof of death.

If the Primary Insured's age has been misstated and the misstatement is discovered prior to the date of death, the policy values will be corrected to the amounts for the correct age, and any back premium owed will be immediately due and payable.

TERMINATION – This policy will terminate when any one of the following events occurs:

1. You request that coverage terminate;
2. Upon the death of the Primary Insured;
3. The policy matures;
4. The grace period ends without payment of required premiums;
5. The total Indebtedness equals or exceeds the Cash Value.

SETTLEMENT OPTIONS PROVISIONS

ELECTION OF OPTIONS – Any amount payable at the death of the Primary Insured or any other termination of this policy will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent.

Any election must be made in writing to Us. We may require the policy for endorsement.

ELECTION BY OWNER – During the lifetime of the Primary Insured, the Owner may elect to have the Death Proceeds paid under one of the payment options in this policy.

ELECTION BY BENEFICIARY – At the time Death Proceeds are payable to the Beneficiary, the Beneficiary may elect one of the payment options if proceeds are available to the Beneficiary in a lump sum. The Beneficiary has 12 months after payment becomes due to elect one of the following options.

PAYMENTS – Payments will be made monthly unless otherwise elected.

We have the right to change the frequency of payments in order to make a periodic payment of at least \$25.00.

The option date under Options 1, 2 and 3 is the date the Death Proceeds are payable or the date of election, whichever is later. Interest under Option 4 will accrue from such date.

Under Option 3, proof of the age of the payee will be required at the time the first payment is due. We reserve the right to require proof that the payee is alive at the time of each payment.

CHANGE IN PAYMENTS – Partial withdrawal under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with Our consent. The value of any one-sum payment will be the sum of any remaining guaranteed payments discounted at the interest rate used to calculate such payment.

Payments under Option 3 will be commuted only in event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at the interest rate used to calculate such payment.

WITHDRAWAL – The minimum Death Proceeds that may be applied under Option 4 is \$1,000. The minimum Death Proceeds that may remain after a withdrawal under Option 4 is \$1,000. The minimum amount that may be withdrawn is \$1,000. Death Proceeds less than this amount will be paid in a lump sum to the payee.

We may postpone payment of any amount to be withdrawn for not more than six months from the date the written request for withdrawal is received by Us at Our Administrative Office.

ASSIGNMENT – The proceeds payable under one of these options may not be assigned.

BASIS OF VALUES – Minimum income rates are based on the 2000 Individual Annuity Mortality Table age last birthday. Interest is assumed at the rate of 2.0% per year.

OPTION 1. EQUAL PAYMENTS FOR A GUARANTEED PERIOD – Equal monthly payments for the number of years elected, not to exceed 25 years. Payment will begin on the option date. Payments are based on a guaranteed interest rate of 2%.

Guaranteed Minimum Payment for each \$1,000 of net proceeds

ANNUAL YEARS	ANNUAL	SEMI ANNUAL	QUARTERLY	MONTHLY
1	\$1,000.00	\$502.48	\$251.86	\$84.09
2	504.95	253.73	127.18	42.46
3	339.96	170.82	85.62	28.59
4	257.47	129.37	64.85	21.65
5	208.00	104.51	52.39	17.49
6	175.03	87.95	44.08	14.72
7	151.48	76.12	38.15	12.74
8	133.83	67.25	33.71	11.25
9	120.11	60.35	30.25	10.10
10	109.14	54.84	27.49	9.18
11	100.17	50.34	25.23	8.42
12	92.71	46.58	23.35	7.80
13	86.39	43.41	21.76	7.26
14	80.98	40.69	20.40	6.81
15	76.30	38.34	19.22	6.42
16	72.21	36.28	18.19	6.07
17	68.60	34.47	17.28	5.77
18	65.39	32.86	16.47	5.50
19	62.53	31.42	15.75	5.26
20	59.96	30.13	15.10	5.04
21	57.63	28.96	14.52	4.85
22	55.52	27.90	13.98	4.67
23	53.60	26.93	13.50	4.51
24	51.83	26.05	13.05	4.36
25	50.22	25.23	12.65	4.22

OPTION 2. EQUAL PAYMENTS OF A SPECIFIED AMOUNT – Equal monthly payments of at least \$4.22 per month for each \$1,000 of proceeds. Payments will begin on the option date and will continue until the proceeds and interest at the rate of 2.00% compounded annually are exhausted.

OPTION 3. EQUAL PAYMENTS FOR LIFE – Equal monthly payments for a guaranteed period of 10, 15, or 20 years as elected and for life thereafter as shown in the table below. Amount of each monthly installment per \$1,000 net proceeds. Amounts based on 2000 IAM Table age last birthday and an annual interest rate of 2.00%.

MALE

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$2.34	\$2.34	\$2.34	52	\$3.66	\$3.62	\$3.55
19	2.36	2.36	2.36	53	3.74	3.69	3.61
20	2.38	2.38	2.38	54	3.82	3.76	3.67
21	2.40	2.40	2.40	55	3.90	3.84	3.74
22	2.42	2.42	2.42	56	3.99	3.92	3.80
23	2.44	2.44	2.44	57	4.08	4.00	3.87
24	2.47	2.46	2.46	58	4.18	4.08	3.94
25	2.49	2.49	2.48	59	4.28	4.17	4.00
26	2.51	2.51	2.51	60	4.39	4.26	4.07
27	2.54	2.53	2.53	61	4.50	4.36	4.14
28	2.56	2.56	2.56	62	4.62	4.46	4.21
29	2.59	2.59	2.58	63	4.75	4.56	4.28
30	2.62	2.62	2.61	64	4.88	4.66	4.35
31	2.65	2.64	2.64	65	5.02	4.76	4.41
32	2.68	2.67	2.67	66	5.16	4.87	4.48
33	2.71	2.71	2.70	67	5.31	4.97	4.54
34	2.74	2.74	2.73	68	5.46	5.08	4.60
35	2.78	2.77	2.76	69	5.62	5.18	4.65
36	2.81	2.81	2.80	70	5.79	5.29	4.70
37	2.85	2.85	2.83	71	5.95	5.39	4.75
38	2.89	2.88	2.87	72	6.13	5.49	4.79
39	2.93	2.92	2.91	73	6.30	5.58	4.83
40	2.98	2.97	2.95	74	6.48	5.67	4.87
41	3.02	3.01	2.99	75	6.66	5.76	4.90
42	3.07	3.05	3.03	76	6.84	5.84	4.92
43	3.12	3.10	3.08	77	7.02	5.92	4.95
44	3.17	3.15	3.12	78	7.20	5.99	4.97
45	3.22	3.20	3.17	79	7.37	6.05	4.98
46	3.28	3.25	3.22	80	7.54	6.11	5.00
47	3.33	3.31	3.27	81	7.71	6.16	5.01
48	3.39	3.37	3.32	82	7.87	6.20	5.02
49	3.46	3.42	3.38	83	8.01	6.24	5.02
50	3.52	3.49	3.43	84	8.16	6.28	5.03
51	3.59	3.55	3.49	85	8.29	6.31	5.03

FEMALE

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$2.27	\$2.27	\$2.26	52	\$3.41	\$3.38	\$3.35
19	2.28	2.28	2.28	53	3.47	3.45	3.40
20	2.30	2.30	2.30	54	3.54	3.51	3.46
21	2.32	2.32	2.31	55	3.62	3.58	3.53
22	2.34	2.33	2.33	56	3.69	3.65	3.59
23	2.35	2.35	2.35	57	3.77	3.73	3.66
24	2.37	2.37	2.37	58	3.86	3.81	3.72
25	2.39	2.39	2.39	59	3.95	3.89	3.79
26	2.42	2.41	2.41	60	4.04	3.98	3.87
27	2.44	2.44	2.43	61	4.14	4.07	3.94
28	2.46	2.46	2.46	62	4.25	4.16	4.01
29	2.48	2.48	2.48	63	4.36	4.26	4.09
30	2.51	2.51	2.50	64	4.48	4.36	4.16
31	2.53	2.53	2.53	65	4.60	4.46	4.24
32	2.56	2.56	2.55	66	4.74	4.57	4.31
33	2.59	2.58	2.58	67	4.87	4.68	4.39
34	2.62	2.61	2.61	68	5.02	4.79	4.46
35	2.65	2.64	2.64	69	5.17	4.91	4.53
36	2.68	2.67	2.67	70	5.34	5.03	4.59
37	2.71	2.70	2.70	71	5.51	5.14	4.65
38	2.74	2.74	2.73	72	5.68	5.26	4.71
39	2.78	2.77	2.76	73	5.87	5.37	4.76
40	2.81	2.81	2.80	74	6.06	5.49	4.81
41	2.85	2.85	2.84	75	6.25	5.59	4.85
42	2.89	2.89	2.87	76	6.46	5.70	4.88
43	2.93	2.93	2.91	77	6.66	5.79	4.92
44	2.98	2.97	2.95	78	6.86	5.88	4.94
45	3.02	3.01	3.00	79	7.07	5.96	4.96
46	3.07	3.06	3.04	80	7.27	6.03	4.98
47	3.12	3.11	3.09	81	7.47	6.10	5.00
48	3.17	3.16	3.14	82	7.66	6.16	5.01
49	3.23	3.21	3.19	83	7.84	6.21	5.02
50	3.28	3.27	3.24	84	8.00	6.25	5.03
51	3.34	3.32	3.29	85	8.16	6.28	5.03

OPTION 4. PROCEEDS LEFT AT INTEREST

The proceeds may be left with Us for a period of 1 to 25 years. Interest on the Death Proceeds will be paid at the rate of 2.00% compounded annually. The interest may be left with Us to accumulate or be paid at the following rate for each \$1,000 of net proceeds.

1. Annually \$20.00
2. Semiannually \$9.95
3. Quarterly \$4.96
4. Monthly \$1.65

The payee may withdraw portions of the proceeds by Notifying Us. At the end of the specified period, any remaining Death Proceeds with accrued interest will be paid in one sum.

CONSECO INSURANCE COMPANY

Chicago, Illinois

Administrative Office: 11825 N. Pennsylvania Street

Carmel, Indiana 46032-4555

Telephone Number: 1-800-525-7662

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
ADJUSTABLE DEATH BENEFIT.**

**DEATH PROCEEDS PAYABLE UPON DEATH OF THE PRIMARY INSURED
PRIOR TO THE MATURITY DATE. FLEXIBLE PREMIUMS PAYABLE DURING THE
LIFETIME OF THE PRIMARY INSURED UNTIL THE MATURITY DATE.
NONPARTICIPATING**

APPLICATION FOR LIFE INSURANCE

Underwritten by: **Conseco Insurance Company**

Administrative Office: [11825 N. Pennsylvania Street, Carmel, IN 46032]

Toll Free Telephone Number: [1-800-458-9156]



CONSECO

SECTION 1 – EMPLOYEE (APPLICANT/OWNER) INFORMATION – Always Complete

First Name:		MI:	Last name: (indicate if hyphenated name)	
Home Address: (Street / Box No.)			City State, Zip Code	
Employer's Name and Location:				E-Mail Address:
Occupation:		Social Security No:		Work Phone No.:
Employee ID:	Date of Hire:	Department:	How many hours are you regularly working per week with your present employer? _____ hrs	
Current Payroll Deduction Options: [Frequency: <input type="checkbox"/> 9 pay <input type="checkbox"/> 10 pay <input type="checkbox"/> 12 pay <input type="checkbox"/> 13 pay <input type="checkbox"/> 24 pay <input type="checkbox"/> 26 pay <input type="checkbox"/> 52]				

SECTION 2 – EMPLOYEE INSURANCE COVERAGE INFORMATION (Complete ONLY if applying for a life insurance policy on yourself.)

Guaranteed Issued or **Evidence of Insurability** / Finish completing life application CIC-8014 and sign application. Also, complete Sections 1, 5, 6, and 7 of Life Application Supplement CIC-8014A and sign application.

Place of Birth: (State)	Date of Birth:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Have you used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain)				
Primary Beneficiary: _____ Relationship: _____			Contingent Beneficiary: _____ Relationship: _____	

SECTION 3 – SPOUSE INSURANCE COVERAGE INFORMATION (Complete ONLY if applying for a life insurance policy for your Spouse)

Guaranteed Issued or **Evidence of Insurability** / Finish completing life application CIC-8014 and sign application. Also, complete Sections 1, 5, 6, and 7 of Life Application Supplement CIC-8014A and sign application.

First Name:	MI:	Last Name: (indicate if hyphenated name)		
Place of Birth: (State)	Date of Birth:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Work Phone: _____ Has your spouse used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Beneficiary: _____ Relationship: _____			Contingent Beneficiary: _____ Relationship: _____	

SECTION 4 – PLAN OF INSURANCE

	Plan of Insurance	Specified Amount	Planned Periodic Premium
Employee	Flexible Premium Adjustable Life Ins. (UL)	\$ _____	\$ _____ per week
Spouse	Flexible Premium Adjustable Life Ins. (UL)	\$ _____	\$ _____ per week

SECTION 5– RIDERS (Riders and Benefits may vary by plan and may not be available in all states)

	Automatic Benefit Increase Rider	Waiver of Stipulated Premium Rider	*Accidental Death Benefit Rider	**Children's Term Insurance Rider
Employee	<input type="checkbox"/> \$1 Wk. Increase for the first: <input type="checkbox"/> 5 Yrs. <input type="checkbox"/> 10 Yrs. <input type="checkbox"/> \$2 Wk Increase for the first: <input type="checkbox"/> 5 Yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000
Spouse	<input type="checkbox"/> \$1 Wk. Increase for the first: <input type="checkbox"/> 5 Yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000

* **Accidental Death Benefit Amount equal to the initial Specified Amount**

** **For the Children's Term Rider** -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.)

Name (First, Middle Initial, Last Name)	Relationship	Date of Birth

SECTION 6 – REPLACEMENT & IN FORCE INSURANCE – REGARDING ALL INDIVIDUALS TO BE INSURED

1. Will any existing life insurance or annuity with this or any other company be replaced, changed, or used as a source of premium payment for the insurance applied for? (If "Yes", list below). Yes No
2. Does any individual applying for insurance have any in force life insurance policies or annuity contracts? (If "Yes", list below). Yes No

Name of Person	Name of Company	Type of Coverage	Insurance Amount	Accidental Death	Year Issued	To Be Replaced
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7 – DECLARATIONS & AUTHORIZATION

I represent that all statements and answers made in all parts of this application are full, complete and true. It is understood and agreed that:

1. All such statements and answers shall be the basis for and become a part of any life insurance issued as a result of this application.
2. The Company and its reinsurers will use the information in order to determine whether I am insurable pursuant to the Company's underwriting standards. The insurance agent, producer, or broker may also use the information to help update and improve my insurance program.
3. No agent, producer, broker nor examiner has the authority to accept risks, to make or change contracts or to waive any of the Company's rights or requirements.
4. As a condition precedent to coverage taking effect on the Policy Effective Date, all persons to be covered under the policy must be alive and not in a hospital, nursing home or other medical facility, which provides skilled medical care on the Policy Effective Date and the full first premium must be paid. **Deferred Effective Date of Coverage** will apply, if any person to be covered under the policy is in a hospital, nursing home or other medical facility on the Policy Effective Date. The insurance coverage will not become effective until the date the covered person is discharged from the hospital, nursing home or other medical facility and is able to perform his/her normal activities.
5. I authorize my employer to deduct the required premium from my salary for the insurance coverage for which I am applying. These authorized deductions may be made at intervals mutually agreed upon by my employer and the Company, and are to be paid to the Company when due. I understand I am responsible for paying any premium due for which my employer cannot make a regularly scheduled deduction. I understand that in order to revoke this authorization, I must notify my employer in writing to cancel the premium deductions.

Soliciting Agent Statements:

1. Will there be any replacement, as defined by any regulation of the state in which this application is taken? (If "YES", fulfill all state requirements.)
 Yes No
2. I certify that I did not use an illustration in the sale of this life insurance policy. I have informed the applicant/owner that an illustration conforming to the life insurance as issued will be provided no later than at the time of policy delivery.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

Signed at _____ on _____
City and State Month, Day, Year

Sign Full Legal Name

I certify that I did not receive an illustration in the sale of this life insurance policy. I understand that an illustration conforming to the life insurance as issued will be provided no later than at the time of policy delivery.

X _____
 Signature of Applicant/Owner

X _____
 Signature of Witness
 (Licensed Agent must witness where required by law)

X _____
 Agent Signature

X _____
 Print Agent Name

 Agent Number (Company Number)



*NBAP*CIC*WS*

LIFE APPLICATION SUPPLEMENT

Conseco Insurance Company

Administrative Office: [11825 N. Pennsylvania Street, Carmel, IN 46032]

Toll Free Telephone Number: [1-800-458-9156]



CONSECO®

- Child/Grandchild Coverage
- Employee/Spouse –Evidence of Insurability
- Policy Change to Existing Coverage – Policy # _____
- Reinstatement – Policy # _____

SECTION 1 – Employee (Applicant/Owner) INFORMATION – Always Complete

First Name:	MI:	Last Name: (indicate if hyphenated name)
Date of Birth:	Social Security No.:	

SECTION 2– CHILD and/or GRANDCHILD INFORMATION (Complete this section *only* if applying for a life insurance policy for your child and/or grandchild. Section 5 must be completed for a child/grandchild life insurance policy.)

Child/Grandchild #1 (Provide first name, middle initial, last name)	Child/Grandchild #2 (Provide first name, middle initial, last name)
Relationship: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild	Relationship: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Place of Birth: (State)	Place of Birth: (State)
Date of Birth:	Date of Birth
Age:	Age:
For ages 16 and above, has the person applying for insurance used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	For ages 16 and above, has the person applying for insurance used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan of Insurance: Flexible Premium Adjustable Life Insurance (UL) Specified Amount: \$ _____	Plan of Insurance: Flexible Premium Adjustable Life Insurance (UL) Specified Amount: \$ _____
Planned Periodic Premium: \$ _____ per week	Planned Periodic Premium: \$ _____ per week
Riders: <input type="checkbox"/> Accidental Death Benefit (<i>Benefit Amount Equal to Initial Specified Amount</i>) <input type="checkbox"/> Waiver of Stipulated Premium Rider	Riders: <input type="checkbox"/> Accidental Death Benefit (<i>Benefit Amount Equal to Initial Specified Amount</i>) <input type="checkbox"/> Waiver of Stipulated Premium Rider
Primary Beneficiary: _____	Primary Beneficiary: _____
Relationship: _____	Relationship: _____
Contingent Beneficiary: _____	Contingent Beneficiary: _____
Relationship: _____	Relationship: _____

SECTION 3 – POLICY CHANGE TO EXISTING POLICY COVERAGE

Increase Specified Amount to \$ _____ / Increase Planned Periodic Premium to \$ _____

Riders:

*Accidental Death Benefit Rider	Waiver of Stipulated Premium	Children’s Term Insurance Rider	Automatic Benefit Increase Rider
<input type="checkbox"/> Add Rider	<input type="checkbox"/> Add Rider	<input type="checkbox"/> Add Rider <input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000	<input type="checkbox"/> Add \$1 Wk. Increase for the first: <input type="checkbox"/> 5 Yrs. <input type="checkbox"/> 10 Yrs.
		**(<i>List dependent children’s name in the below section</i>)	<input type="checkbox"/> Add \$2 Wk Increase for the first: <input type="checkbox"/> 5 Yrs.

* Coverage amount may not be more than the Specified Amount of Policy.

** **For the Children’s Term Rider** -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.)

Name (First, Middle Initial, Last Name)	Relationship	Date of Birth

SECTION 4 – REPLACEMENT & IN FORCE INSURANCE – REGARDING ALL INDIVIDUALS TO BE INSURED

1. Will any existing life insurance or annuity with this or any other company be replaced, changed, or used as a source of premium payment for the insurance applied for? (If "Yes", list below.) Yes No
2. Does any individual applying for insurance have any in force life insurance policies or annuity contracts? (If "Yes", list below.) Yes No

Name of Person	Name of Company	Type of Coverage	Insurance Amount	Accidental Death	Year Issued	To Be Replaced
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5 – EVIDENCE OF INSURABILITY (Complete as required for all individuals applying for coverage subject to underwriting).

	Employee (Applicant)	Spouse	Child #1	Grandchild #2
1. Provide height and weight for each person applying for insurance coverage.	Height ____ft. ____in. Weight ____lbs	Height ____ft. ____in. Weight ____lbs	Height ____ft. ____in. Weight ____lbs	Height ____ft. ____in. Weight ____lbs
2. In the past 6 months, prior to the application, has the person applying for insurance coverage: (a) been seen by a physician for anything other than a cold, flu, or routine examination; (b) been hospitalized; or (c) been disabled due to accident or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Answer question if coverage is being applied for on the Employee and/or Spouse – In the last 6 months, prior to the application, has the person applying for insurance missed more than five consecutive days of work due to accident and/or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Has the person applying for insurance ever been diagnosed by a physician as having Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. In the past 10 years has the person applying for insurance had heart disease; chest pains; high blood pressure; stroke; diabetes; cancer; tumor; kidney disease; blood disorder (excluding HIV antibodies); liver disease; lung disease; memory loss; dementia; mental disorder; nervous system disorder; or other known health impairments not included on this list?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. In the past 10 years has the person applying for insurance, received medical treatment or counseling, or been advised to seek treatment for alcohol or illegal drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Has the person applying for insurance seen a physician in the past 12 months or currently taking any prescription medications? Below provide details to include: reason seen, medication name, dosage and reason for taking.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

REMARKS – Provide details to "yes" answers for Section 5 Questions 2 – 7 in space provided below. (Attach extra sheet of paper, if necessary.)

Question Number	Name of Person	Details (Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)

SECTION 6 – CONDITIONAL AMENDMENTS TO APPLICATION

If coverage cannot be issued as initially applied for, I hereby authorize Conseco Insurance Company to amend the application under the following circumstances:

- Issue a lesser benefit amount. Yes No
- Issue coverage on the remaining individuals applying for coverage if any one person's coverage is declined. Yes No
- Increase or decrease the premium amount to cover the benefit actually issued. Yes No

NOTE: NONE OF THE ABOVE CONDITIONAL AMENDMENTS CREATE ANY ADDITIONAL OBLIGATION BY CONSECO INSURANCE COMPANY TO ISSUE COVERAGE TO ANY INDIVIDUAL PROPOSED FOR COVERAGE.

CONSECO INSURANCE COMPANY
Chicago, Illinois

Administrative Office: 11825 N. Pennsylvania Street,
Carmel, Indiana 46032-4555
Telephone Number: 1-800-525-7662

AUTOMATIC BENEFIT INCREASE RIDER

CONSIDERATION

This rider is part of your policy. It is issued in consideration of an application. There is no charge to add this rider to the policy.

BENEFIT

An automatic benefit increase is defined as an increase in the Specified Amount of the policy to which this rider is attached. Under the terms of this rider, the Owner will receive an automatic benefit increase for [ten] years, without evidence of insurability. The first plan increase date and the benefit increase amount are shown on the Policy Data Page.

The Automatic Benefit Increase Rider will also increase the monthly premium amount of the Waiver of Stipulated Premium Rider, if rider is attached to the policy. No other riders attached to this policy are affected by the Automatic Benefit Increase Rider.

EFFECTIVE DATE OF BENEFIT

An automatic benefit increase will be effective on each plan increase date, upon payment of the scheduled planned periodic premium, for [ten] consecutive years beginning on the first plan increase date. Before each plan increase date, the Owner will be notified of the scheduled automatic benefit increase. A Supplement Policy/Rider Benefit Schedule will be sent to the Owner that shows the increase in the Specified Amount.

REINSTATEMENT

If this rider is in force at the time the policy lapsed, it may only be reinstated subject to Our approval. The requirements for reinstatement of this rider are the same as those for reinstatement of the policy.

EXPIRATION DATE

This rider will expire on the [eleventh] Policy Anniversary date.

TERMINATION DATE

The Automatic Benefit Increase Rider will terminate upon the earliest of the following:

1. The date of death of the Primary Insured;
2. The date the policy to which this rider is attached terminates;
3. The date the Owner rejects an increase in the policy's Specified Amount;
4. The date We receive the Owner's written request to terminate this rider. Once this rider is terminated by the Owner's request, it may not be renewed;
5. The expiration date of the Automatic Benefit Increase Rider;
6. The date the policy matures;
7. The date We receive a request for a reduction in the policy's Specified Amount;
8. The date when this rider increases the policy's Specified Amount over \$250,000;
9. The date the Owner elects to receive benefits under any type of accelerated benefits rider, if any, attached to the policy; or
10. The date the stipulated premium is waived under the Waiver of Stipulated Premium Rider.

GENERAL PROVISIONS

All provisions of the policy, which are consistent with this rider, apply to this rider.

EFFECTIVE DATE

The rider is in force as of the Policy Effective Date, unless a different date is shown on a supplemental Policy Data Page.

This rider is signed for Conseco Insurance Company.

A handwritten signature in black ink, appearing to read "D. Bauls". The signature is written in a cursive style with a large, sweeping flourish at the end.

President

CONSECO INSURANCE COMPANY
Chicago, Illinois

Administrative Office: 11825 N. Pennsylvania Street,
Carmel, Indiana 46032-4555
Telephone Number: 1-800-525-7662

ACCIDENTAL DEATH BENEFIT RIDER

CONSIDERATION

This rider is issued in consideration of the application and payment of its cost of insurance. The cost of insurance for this rider is payable at the same time and in the same manner as the cost of insurance of the policy.

DEATH BENEFIT

The death benefit specified amount for this rider that is shown on the Policy Data Page or any supplemental Policy Data Page. We will pay the Beneficiary the death benefit upon receipt of proof that the Primary Insured's death:

1. Resulted directly and independently of all other causes from accidental bodily injury;
2. Death occurred within 90 days of the date of such injury and while the policy and this rider were in force; and
3. Coverage was not excluded under "Risks Not Assumed."

RISKS NOT ASSUMED

This benefit will not be paid if the Primary Insured's death resulted from or was contributed to by:

1. Bodily or mental infirmity or any disease or bacterial infection other than infection occurring simultaneously with and as a result of accidental bodily injury;
2. Voluntarily taking of any kind of poison or drugs or inhaling any kind of gas, unless taken as prescribed by a physician;
3. Being legally intoxicated;
4. Medical or surgical treatment except such treatment required as a result of an accident;
5. Intentionally self-inflicted injury; or suicide, while sane or insane;
6. Committing or attempting to commit a felony or participating in a riot;
7. Riding in or descending from any kind of aircraft:
 - a) as a passenger in any aircraft operated by or for the armed forces;
 - b) as a participant in a sporting event or hobby; or
 - c) as a pilot, crew member or participant in training. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or aircraft;
8. Participation in "extreme sports" defined as an activity which is adrenaline-inducing, featuring a combination of speed, height, danger, and spectacular stunts, including but not limited to BASE jumping, BMX freestyle, bouldering, buildering, bungee jumping, free-diving, free running, caving, climbing, mountain biking, mountain boarding, paragliding, rollerblading, skateboarding, skydiving, sky surfing, slicky boarding, snowblading, snowboarding, surfing, whitewater kayaking, whitewater rafting, buggy rollin, and poweriser.
9. Military service in the armed forces of any country at war; and
10. Any act of war; "War" means declared or undeclared war or act of war. "War" includes aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization.

BENEFICIARY

The Beneficiary will be the Beneficiary under the policy. Unless otherwise directed in writing, this benefit will be paid in the same manner as the Death Proceeds of the policy.

COST OF THIS RIDER

The monthly cost of this rider is shown on the Policy Data Page.

CHANGE IN COVERAGE

After the first Policy Year, the death benefit specified amount of the rider may be changed. Any change will be subject to the following conditions:

1. A written request must be submitted to Us;
2. The new death benefit specified amount for the rider may not exceed the current Specified Amount on the policy;
3. For any increase, an application and evidence of insurability satisfactory to Us must be submitted;
4. Any decrease will first be applied to the most recent increase in amount. It will then be applied to other increases in the reverse order in which they occurred and then to the original amount; and
5. For any increase, the first month's cost of insurance must be paid.

VALUES

This rider has no Cash Value, Cash Surrender Value, or loan value.

INCONTESTABILITY

This rider will be incontestable after it has been in force for two (2) years from its date of issue.

For any benefit increase, the two (2) year period will begin on the effective date of the increase.

NONPARTICIPATING

This rider will not share in any of the Company's profits or surplus earnings.

AUTOPSY

If it is permitted in the state where the policy is issued, We have the right to examine the Primary Insured's body or request that an autopsy be performed. Such exam or autopsy will be done at Our expense.

TERMINATION OF RIDER

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

1. The Policy Anniversary on which the Primary Insured is age 70;
2. The Monthly Anniversary day on or next following receipt of a written request for termination; or
3. When the policy terminates.

GENERAL PROVISIONS

This rider is made a part of this policy to which it is attached. All provisions of the policy, which are consistent with this rider, apply to this rider.

EFFECTIVE DATE

The rider is in force as of the Policy Effective Date, unless a different date is shown on a supplemental Policy Data Page.

This rider is signed for Conseco Insurance Company.



President

CONSECO INSURANCE COMPANY
Chicago, Illinois

Administrative Office: 11825 N. Pennsylvania Street,
Carmel, Indiana 46032-4555
Telephone Number: 1-800-525-7662

WAIVER OF STIPULATED PREMIUM

CONSIDERATION

This rider is issued in consideration of the application and payment of its cost of insurance. The cost of insurance for this rider is payable at the same time and in the same manner as the cost of insurance of the policy.

DEFINITIONS

IMMEDIATE FAMILY

Immediate Family means:

1. Your or the Primary Insured's spouse; and
2. Any of Your, Your spouse's, or the Primary Insured's or the Primary Insured's spouse's children, parents, grandparents, grandchildren, brothers, sisters, and their respective spouses.

INJURY

Injury means an accidental bodily injury that occurs while this rider is in force.

PHYSICIAN

A Physician is a duly licensed medical practitioner acting within the scope of his or her license. The Physician may not be You, the Primary Insured or a member of the Primary Insured's Immediate Family.

SICKNESS

Sickness means an illness or injury that first manifests itself while this rider is in force.

STIPULATED PREMIUM

The Stipulated Premium is shown on the Policy Data Page under the Policy/Rider Benefit Schedule or supplemental Policy Data Page.

TOTAL DISABILITY OR TOTALLY DISABLED

The Primary Insured is considered Totally Disabled when due to Injury or Sickness the Primary Insured is:

1. Under the regular care of a Physician;
2. For the first 24 months of disability, the Primary Insured is completely unable to perform the main duties of the occupation or service in which the Primary Insured worked when he or she became disabled; and
3. After 24 months of disability, Total Disability means the Primary Insured's complete inability to engage in the substantial and material duties of any occupation for wage or profit for which he or she is qualified by education, training or prior experience.

BENEFITS

We will waive the Stipulated Premium on a monthly basis upon approval of a claim of Total Disability of the Primary Insured. The amount of the Stipulated Premium to be waived is the amount in effect on the date of disability. The maximum annual Stipulated Premium waived is \$25,000.

The amount of each waived Stipulated Premium will be credited to the accumulation account of the policy. The monthly deduction will continue to be charged. No changes in the policy's Specified Amount or Stipulated Premium and no withdrawals are allowed during a period of disability.

We will credit the actual Stipulated Premium paid to Us after Total Disability begins, if later waived by Us, and credit to the accumulation account of the policy the Stipulated Premium; but not for any period more than six (6) months prior to the date We approved the Total Disability claim.

The Stipulated Premium will not be waived beyond the earliest of the following:

1. The Policy Anniversary following the Primary Insured's Attained Age 65, except as outline in Item 2 below; or
2. The date the monthly charges are being waived through any other rider attached to the policy.

We will consider a claim of Total Disability when:

1. The Primary Insured has provided proof of Total Disability as defined in this rider;
2. Total Disability occurs on or after the Policy Anniversary following the Primary Insured's Attained Age 18 and on or before the Policy Anniversary of Primary Insured's Attained Age 65; if the disability begins on or after the Policy Anniversary following the Primary Insured's Attained Age 60, the Stipulated Premium will be waived to the Policy Anniversary following the Primary Insured's Attained Age 65 or for 2 years, whichever is longer;
3. Total Disability began before this rider or policy terminates;
4. Total Disability has continued for six (6) consecutive months; and
5. The Primary Insured has allowed Us to have one or more Physicians of Our choice examine the Primary Insured at Our expense.

CHANGES IN STIPULATED PREMIUM

After the first Policy Year, the amount of Stipulated Premium may be changed. Any change will be subject to the following conditions:

1. A written request must be submitted to Us;
2. The Stipulated Premium may not exceed the planned periodic premium;
3. No changes are allowed during a period of disability;
4. For any increase, an application and evidence of insurability satisfactory to Us must be submitted; and
5. For any increase, the first month's cost of insurance must be paid.

If the policy's Specified Amount is increased due to the Automatic Benefit Increase Rider, the Waiver of Stipulated Premium will increase proportionately to the increase in the scheduled planned periodic premium for the policy, without evidence of insurability. The amount of increase and frequency are shown on the Policy Data Page or supplemental Policy Data Page.

If the Owner rejects to increase the policy's Specified Amount offered under the Automatic Benefit Increase Rider, all subsequent potential increases to the scheduled planned periodic premium for the Waiver of Stipulated Premium Rider are forfeited.

COST OF THIS RIDER

The cost of this rider is shown on the Policy Data Page under the Policy/Rider Benefit Schedule.

RISKS NOT ASSUMED

The Stipulated Premium will not be waived if disability resulted from:

1. Intentional self-inflicted injury; or suicide, regardless of mental capacity.
2. Any act of war; "War" means declared or undeclared war or act of war. "War" includes aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization.
3. Military Service in the Armed Forces of any country.
4. Traveling or flying in any aircraft operated by or under authority of military or any aircraft being used for experimental purposes.

5. Committing or attempting to commit a felony or participating in a riot.
6. Commission of a crime for which you have been convicted.
7. Being legally intoxicated or being under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a physician.
8. Engaging in any illegal or fraudulent occupation, work, or employment.

NOTICE AND PROOF OF CLAIM

Written notice of a claim and due proof of Total Disability must be given to Us at Our Administrative Office:

1. During the lifetime of the Primary Insured; and
2. Within one year after the beginning of the disability.

Failure to give written notice and proof within one year will not invalidate a claim if it is shown that the notice and proof were given as soon as was reasonably possible; however, no Stipulated Premium due more than six (6) months prior to proof of claim will be waived.

PROOF OF CONTINUANCE

After approval of a Total Disability claim, We may require due proof of the continuance of Total Disability. We may require the Primary Insured to be examined at reasonable intervals by one or more Physicians designated by Us. We will not require proof of examination more often than once a year after Total Disability has continued for two full years. If proof is not furnished on request or if the Primary Insured fails to submit to examination, the Stipulated Premium falling due thereafter will not be waived.

NOTICE OF RECOVERY

The Owner shall give immediate notice to Us when the Primary Insured recovers from Total Disability.

TERMINATION OF RIDER

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

1. When the policy terminates;
2. The Monthly Anniversary day on or next following receipt of a written request for termination; or
3. The Policy Anniversary on which the Primary Insured is age 65; however, such termination will not affect an eligible claim for disability occurring before age 65, as outlined in the Benefit Section.

GENERAL PROVISIONS

This rider is made a part of this policy to which it is attached. All provisions of the policy, which are consistent with this rider, apply to this rider.

EFFECTIVE DATE

The rider is in force as of the Policy Effective Date, unless a different date is shown on a supplemental Policy Data Page.

This rider is signed for Conseco Insurance Company.



President

SERFF Tracking Number: CNSC-125634477 *State:* Arkansas
Filing Company: Conseco Insurance Company *State Tracking Number:* 39303
Company Tracking Number: CIC-3018-AR
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life - CIC-3018
Project Name/Number: Worksite UL/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNSC-125634477 State: Arkansas
Filing Company: Conseco Insurance Company State Tracking Number: 39303
Company Tracking Number: CIC-3018-AR
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life - CIC-3018
Project Name/Number: Worksite UL/

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	05/05/2008
Comments:		
Attachments:		
Certification Rule 19.pdf		
AR Complaint Notice.pdf		
AR Guaranty Notice.pdf		
READABILITY CERTIFICATION.pdf		
Satisfied -Name: VARIABILITY STATEMENT	Review Status:	06/13/2008
Comments:		
Attachment:		
zzz - CIC-3018 - Statement of Variability.pdf		
Satisfied -Name: Reg 34 Certs	Review Status:	07/10/2008
Comments:		
Attachments:		
AR Certification Regulation 34 cert.pdf		
Bulletin 11-83 Act signed.pdf		

CONSECO INSURANCE COMPANY

Arkansas Certification for Compliance

With Rule and Regulation 19

RE: Conseco Insurance Company
CIC-3018-AR –Flexible Premium Adjustable Life Insurance Policy
CIC-8014 – Application for Life Insurance
CIC-8014A– Life Application Supplement
CIC-6048 – Automatic Benefit Increase Rider
CIC-6049– Accidental Death Benefit Rider
CIC-6050 – Waiver of Stipulated Premium Rider

I, Mariann Dobbs, an authorized officer for the company, do hereby certify that the form(s) identified above are in compliance with Arkansas Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance.

Mariann Dobbs

Mariann Dobbs
Assistant Secretary

6/10/2008

DATE

IMPORTANT NOTICE

Should you have any questions concerning this policy, you may direct your question to:

1. If to the Company,

Conseco Insurance Company
11815 N. Pennsylvania St.
Carmel, Indiana 46032-4555
Telephone: 1-800-525-7662

2. If to your licensed representative:

Name: _____

Address: _____

Telephone: _____

3. If to the Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
Third and Cross Streets
Little Rock, Arkansas 72201
Telephone: 1-501-371-2640
1-800-252-5494

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(Please turn to back of page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insurers who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees.)

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

READABILITY CERTIFICATION

Company Name: Conseco Insurance Company

NAIC Number: 233-60682

As an officer of Conseco Insurance Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
55.9	CIC-3018	Indexed Flexible Premium Adjustable Life Insurance Policy
50.1	CIC-8014	Application for Life Insurance
52.1	CIC-8014 A	Life Application Supplement
51.9	CIC-6048	Automatic Benefit Increase Rider
51.6	CIC-6049	Accidental Death Benefit Rider
51.9	CIC-6050	Waiver of Stipulated Premium Rider

Mariann Dobbs

Mariann Dobbs
Assistant Secretary

5/1/2008

DATE

CONSECO INSURANCE COMPANY

Date: 4-30-2008

STATEMENT OF VARIABILITY

FORM CIC-3018 –FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

Policy Form CIC-3018 is a Flexible Premium Adjustable Life Insurance Policy to be issued by Conseco Insurance Company. The language that is bracketed in the attached policy is intended to be illustrative and variable, and may be modified by Conseco Insurance Company on a non-discriminatory basis as described below.

Bracketed Item	Description
<i>Cover Page</i>	
Address	Current Company Address for Administrative Office
(800) Telephone	Current 800 number
Secretary's Signature	Signature of current Secretary
President's Signature	Signature of current President
<i>Page 3</i>	
Primary Insured	Name of the Primary Insured for that particular issue
Issue Age	Issue Age of that particular Primary Insured
Class of Risk	<ul style="list-style-type: none"> • Standard Non-Tobacco • Standard Tobacco
Initial Specified Amount	Initial Specified Amount for that particular issue
Policy Effective Date	Policy Effective Date for that particular issue
Maturity Date	Maturity Date for that particular issue (Policy matures at Attained Age 95)
Policy Number	Policy Number for that particular issue
Issue Date	Issue Date for that particular issue
Initial Premium	Initial Premium For that particular issue
Planned Periodic Premium	Planned Periodic premium for that particular issue
Premium Frequency	Annual, Semi-Annual, Quarterly, Monthly – Electronic Funds Transfer, Payroll deductions: 9 pay, 10 pay, 12 pay, 13 pay, 24 pay, 26 pay, or 52 pay.
Minimum Annual Premium	Minimum annual premium for that particular issue
Interest Rate Enhancement	Minimum 0.0% - Maximum 1.5% / Policy Anniversary Range Minimum 0 years- Maximum 15 years - The Interest Rate Enhancement the policy is issued with is the one that the policy owner will have throughout the length of the policy.
Premium Expense Charges	Minimum 0% - Maximum 25% – The Premium Expense Charge the policy is issued with is the guaranteed maximum premium expense charge the policy owner will have throughout the length of the policy. At our discretion, we may charge a lower rate that the guaranteed maximum.
Monthly Administrative Fee Per Policy	Minimum \$0 – Maximum \$50 – The Monthly Administrative Fee the policy is issued with is the one that the policy owner will have throughout the length of the policy.
Monthly Administrative Fee Per \$1000 of Specified Amount	Minimum \$0 – Maximum \$500 – The Monthly Administrative Fee Per \$1000 of Specified Amount the policy is issued with is the one that the Policy Owner will have throughout the length of the policy.

Page 4	
Surrender Charge	Varies by Issue Age, Duration, and Class of Risk
Page 5	
Policy/Rider Benefit Schedule	<p>Schedule reflects the benefits on the policy. The schedule shows:</p> <ul style="list-style-type: none"> • Form number of optional riders elected by applicant • Benefit Description • Specified Amount for base policy and rider(s) • Initial Monthly Cost of Insurance for policy and rider(s) • Expiry Date – gives date benefit ends <ul style="list-style-type: none"> • If the Automatic Benefit Increase Rider is elected, the following additional information will be shown in the Benefit Description column: <ol style="list-style-type: none"> 1. The amount of the weekly increase; 2. Number of years increase is scheduled for 3. Plan Increase Date for that particular policy 4. If rider is elected on policy, a footnote will print below the Policy/Rider Schedule that states ... The automatic benefit increase rider will increase the specified amount of the base policy. The automatic benefit increase rider will also increase the monthly premium amount of the waiver of Stipulated Premium Rider, if rider elected. • If the Waiver of Stipulated Premium Rider is elected, the following additional information will be shown in the Benefit Description column: <ol style="list-style-type: none"> 1. The monthly stipulated premium waiver amount per month is shown. 2. If rider is elected on policy, a footnote will print below the Policy/Rider Schedule that states . @Monthly Stipulated Premium Waiver Amount.
Page 5A	
Additional Benefits/Rider	<p>This page provides additional information on the optional Benefits/Rider elected on the policy that has a cost of insurance charge. This page shows the benefit, benefit amount, premium paying period (years) and the representative maximum monthly cost of insurance rates for years 1-20, Age 60, Age 70, and Age 95</p> <p>If optional riders Child Term Rider and Accidental Death Benefit Rider are elected, a footnote will appear below the Guaranteed Maximum Monthly Cost of Insurance Rates. The footnote is *Rate Per \$1000.</p> <p>If optional rider Waiver of Stipulated Premium is elected, a footnote will appear below the Guaranteed Maximum Monthly Cost of Insurance Rates. The footnote is **Rate Per \$1000 if annualized Stipulated Premium..</p>
Page 6	
Table of Guaranteed Monthly Policy Cost of Insurance Rates Per \$1,000 of Net Amount of Risk	The highest rates that the Company will apply to calculate the monthly cost of insurance. The basis of values is based on the 50% of Male [non-smoker or smoker] 2001 Commissioner's Standard Ordinary Table, age last birthday, ultimate mortality table.
Page 7	
Table of Net Single Premiums	The Net Single Premium – are based on the 50% Male {non-smoker or smoker} 2001 Commissioner's Standard Ordinary Table, age last birthday, ultimate mortality table.
Back Cover Page	
Address	Current Company Address for Administrative Office
(800) Telephone	Current 800 number

ARKANSAS CERTIFICATE

RE: CIC-3018-AR

I hereby certify, as an officer of the company, that the above policy form is in compliance with Regulations 34 and the External Indexed Guidelines.

Mariann Dobbs

Mariann Dobbs
Assistant Secretary

07/10/2008

DATE

BULLETIN 11-83

EXHIBIT A (REVISED)

**CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL**

The Conseco Insurance Company ("Company") of Carmel, Indiana does here by consent and agree that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Conseco Insurance Company
Company

By: _____


Gregory D. Turner

FSA, MAAA
(Title or Position)